

Office Use:
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**PERMIT APPLICATION TO CONDUCT A WORKING BEE**

CLUB/PROMOTER:	_____	CONTACT NAME:	_____
POSTAL ADDRESS:	_____	CONTACT NO:	_____
	_____	FAX:	_____
EMAIL:	_____		
VENUE:	_____		
DATE OF WB:	_____	FEE PAID: \$	_____

(PRIVATE PROMOTER ONLY)

WORKING BEE TO BE CONDUCTED BETWEEN THE HOURS OF _____ am/pm AND _____ am/pm
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NOMINATED REPRESENTATIVE TO BE IN ATTENDANCE AT WORKING BEE :	_____
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- Nominated Representative must be present at Working Bee
- Please notify MNSW immediately of any changes

Please describe work to be carried out during Working Bee (i.e. Grass Cutting, grading of track etc)
_____
_____
_____

<p><b>ALL CONTRACTORS USING MACHINERY MUST BE LICENCED AND INSURED.</b></p> <p><b>A COPY OF THIS INSURANCE MUST BE PROVIDED WHEN APPLYING FOR YOUR WORKING BEE PERMIT</b></p>
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The following activities will be conducted by the Promoter during the event and application to have these activities covered by the Motorcycling Australia Public Liability Policy is applied for:

<input type="checkbox"/> Canteen/Sale of Food	<input type="checkbox"/> Car Park Facility	Any other activity, please contact MNSW Office
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The decision to cover such events is at the discretion of the Management of Motorcycling NSW Limited. It is at the Promoter's discretion and highly recommended that insurance cover is in place for activities not covered by MA insurance policy

**This application is made with the approval of the landowner and/or any authority controlling the use of the land. I understand and hereby accept that the promoter is responsible for paying the excess on any public liability insurance claims arising out of this permit.**

APPLICANTS NAME (Print):	SIGNATURE:	DATE:
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- All applications, **FULLY COMPLETED MUST** be received in the MNSW Office **no later than 2 WEEKS** prior to the event.
- Return your **COMPLETED** applications to the MNSW Office. The application **WILL NOT BE PROCESSED** until the MNSW Office receives all supporting documentation ie: Copies of Insurance if applicable, etc.

Office use only:	Date Received	Fee Paid	Invoice No
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