



Sydney Harbour Foreshore Authority Commercial and Casual Berthing Licence

APPLICATION FORM

To:

**Senior Place Manager – Darling Harbour
Sydney Harbour Foreshore Authority
PO Box N408
GROSVENOR PLACE NSW 1220**

I/We wish to apply for a berthing licence relating to the use of facilities located in Darling Harbour.

Attached are the following required items which relate to my/our application:

- A completed original of the Sydney Harbour Foreshore Authority Commercial and Casual Berthing Licence Agreement.
- Evidence of existing Public Liability Insurance for the operation of the vessel which is the subject of the licence application in the amount outlined in Schedule 1, Item 10 of the Agreement.
- Evidence of a current Vessel registration for the vessel which is the subject of the licence application eg NSW Maritime Certificate of Survey or other such relevant registration from NSW Maritime.
- Payment in full or evidence of payment in full of the Licence fee relevant to the licence type for which this application is made, in accordance with the Table of Berthing Fees contained in Schedule 2 of the Agreement.

(Please each box above as confirmation of the inclusion of those documents with this application).

I/We acknowledge that the Authority is not bound to offer me/us a new licence and that any offer of a licence to me/us by the Authority is subject to approval by the Foreshore Authority CEO or delegated Officers.

.....

.....
Licensee (signature)

.....

.....
Licensee (signature)

.....

.....
Print Name

.....

.....
Print Name

.....

.....
Position (if company)

.....

.....
Position (if company)

.....

.....
Company Name

.....

.....
ABN/ACN

Date: ____/____/____

NOTE:

Fee Payment may be made either by:

- B-pay
- Internet bank transfer.
- Deposit at a Westpac Bank.
- Cheque made payable to "Sydney Harbour Foreshore Authority".

Bank account details are as follows:

**Account Name: Sydney Harbour Foreshore Authority
Bank: Westpac - The Rocks
BSB: 032-100
Account Number: 000004**

OFFICE USE ONLY:

Document Received : ____/____/____

Recommended:

Date :

___/___/___

(Senior Place Manager - DH)
