



MINOR EVENT APPLICATION FORM (Under 50 Attendees)

1. EVENT ORGANISER DETAILS

Organisation: _____

Address: _____

Contact Person: _____ Position _____

Telephone: _____ Facsimile: _____

After Hours: _____ Mobile: _____

Email: *(If applicable)* _____

2. EVENT DETAILS

Event Name: _____

Description of Event: _____

Event Date(s): From _____ To _____

Event Times: Start _____ am / pm Finish _____ am / pm
(Events lasting longer than 1 day must complete a major Event Application Permit Form)

Proposed Venue: _____

Venue Address: _____

Venue / Site Preparation: Date _____ Time _____

Venue / Site Vacated: Date _____ Time _____

3. INSURANCE

Do the event organisers have public liability and professional indemnity insurance (minimum \$10 million) to cover the event? **YES / NO**

Please provide a copy of the certificate of currency.

Attached: YES / NO

If you answer **YES** to any of the following questions, please contact Council to determine if any further information is required.

4. STALL HOLDERS

Are there any organisations, apart from the event organiser participating in this event? YES / NO

COMMENTS:

5. NOISE

Will your event include amplified music or speeches etc? YES / NO

COMMENTS:

6. ROAD CLOSURES

Will it be necessary to close any roads for the event? YES / NO

COMMENTS:

7. ALCOHOL

Will Alcohol be provided at this event? YES / NO

COMMENTS:

8. FOOD

Will food be served at this event? YES / NO

COMMENTS:

9. TOILETS AND ABLUTION FACILITIES

Will additional Toilets and Ablutions be required at this event? YES / NO

COMMENTS:

10. WASTE MANAGEMENT

Will this event require assistance with Waste management? YES / NO

COMMENTS:

11. EMERGENCY SERVICES

Have Emergency Services been notified of the event details and consulted as to their recommendations / requirements? YES / NO

COMMENTS:

12. FIRST AID FACILITIES

Will First Aid services be available at this event? YES / NO

COMMENTS:

13. ANIMALS

Does the event involve the use of animals? YES / NO

COMMENTS:

14. AMUSEMENT STRUCTURES

Will there be any amusement structures operating at this event? YES / NO

COMMENTS:

15. FIREWORKS

Will there be any fireworks or pyrotechnics at this event? YES / NO

COMMENTS:

16. SECURITY

Will there be qualified security personnel in attendance at this event?

YES / NO

COMMENTS:

17. BUILDING AND STRUCTURE REQUIREMENTS

Will the event include any temporary structures?

YES / NO

COMMENTS:

18. VOLUNTEERS

Will volunteers be used at this event?

YES / NO

COMMENTS

19. SIGNAGE

Will your event require temporary signage?

YES / NO

Will any signage be larger than 2m²?

YES / NO

20. RISK ASSESSMENT AND RESPONSE

Has the Event Safety Checklist been completed?

YES / NO

21. BOND REFUND DETAILS

Contact Person:
Telephone No:
Mailing Address:
Direct Credit Details:	BSB:.....
	ACCOUNT:

22. GENERAL CONDITIONS

The issuing of this permit is subject to:

- A. The permit holder agreeing to the General Conditions of the permit as contained herein.
- B. The permit holder agreeing to all Special Conditions which the Council may determine.
- C. The permit holder paying the prescribed fee.
- D. The permit holder providing a copy of all appropriate insurances as required by either the General Conditions or Special Conditions of permit.

General Conditions of Permit:

1. The permit holder agrees to indemnify and to keep indemnified the Council, its servants and agents and each of them from and against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against them or any of them arising out of or in relation to the issuing of the permit.
2. The permit holder shall take out and keep current a public risk insurance policy in the name of the permit holder insuring the permit holder for the minimum sum of ten million dollars (\$10,000,000) against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against the permit holder in relation to the activity.
3. The permit holder must provide confirmation of insurance to the Council. Such policy shall bear the endorsement of the Insurer indicating the Insurer accepts the indemnity given by the permit holder.
4. The permit holder, where appropriate, shall ensure that it is licensed or registered to carry out the activity authorised by the issuing of this permit.
5. The permit is not transferable.
6. The permit holder shall comply with and give all notices required by any Act of Parliament, Ordinance, Regulation or By-law relating to the activity.
7. No food or drink will be offered for sale by any permit holder without the prior approval of the Council.
8. No music system or amplified sound to be used by any permit holder without the prior approval of the Council.
9. The permit holder shall ensure that its site or sites are left in a clean and tidy condition at the end of the event. Failure to do so may result in cleaning fees being charged.
10. The permit holder must provide to the Council evidence of Workplace Services Registration for all Amusement Structures used to provide rides to the public for a fee. A fee includes any fee payable for entry to the Event.
11. The use of power by permit holders shall not exceed that agreed to and approved by the Council.
12. This permit is liable to be revoked by Council if the permit holder fails to comply with a condition of this permit or may be revoked in any other justifiable circumstance.
13. **Please Note: This permit will not come into operation until proof of the appropriate insurance has been provided to the Council and a copy of this document, signed by the Council has been returned to you.**

Any Additional Conditions:

I acknowledge that I have read and understand the permit conditions and agree to abide by the said conditions.

Signed for and on behalf of the event organiser:

Name _____ Date: _____
 Position _____ Signature: _____

23. COUNCIL AUTHORISATION

COUNCIL USE ONLY			
Insurance	YES / NO	Permit	APPROVED / DENIED
Signed	_____	Date: _____	
Position	_____		

Booking Noted: _____ Where: _____
If Applicable

Initial

Works Staff tasked: _____ Who: _____
If Applicable

Initial

Fees Paid: \$ _____ Date: _____
If Applicable

Initial

Bond Paid: \$ _____ Date: _____
If Applicable

Initial

Bond Refunded: \$ _____ Date: _____
If Applicable

Initial

Collection of Keys: _____ Returned: _____
If Applicable

Initial

Supplementary Forms Completed:

If Applicable
