



STALL HOLDER/EXHIBITOR PERMIT

1. CONTACT DETAILS

I _____ for and on
(Name)
behalf of _____ (hereinafter called the permit holder)
(Organisation, Business, Group)
of Address _____
of Telephone _____

Hereby make application to the THE DISTRICT COUNCIL OF BARUNGA WEST
(Council)

For the _____
(Name of the Event)
to be held at _____ on the _____
(Location) (Date)
between the hours of _____ and _____

2. If food and/or drink is to be sold, please provide details

Will alcohol be provided at this event YES / NO
(Please Provide a copy of the appropriate Liquor Licence)

3. If music will be played, please provide details

4. If Amusement Structures are to be operated, please provide details

5. Council will provide power to existing power outlets only. If required, please provide details (you may be required to complete an additional power usage form)

6. 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.

7. 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. Stalls and exhibitors sites will be allocated by the Council and no allocated sites may be altered without the approval of the Council.
10. 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.
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. 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.

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: _____

8. COUNCIL AUTHORISATION

COUNCIL USE ONLY

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

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

Supplementary Forms Completed:

If Applicable
