



1. Applicant details

1a. Organisation name

1b. Postal address (include postcode and rural delivery details)

1c. Organisation details if different from above

1d. Contact person
First name(s) Surname

1e. Contact details
Phone Mobile

1f. Email address

2. Event details

2a. Event name

2b. Type of event Parade/street march Sport (e.g. triathlon, fun run)
Concert Celebration
Crowd management Other - please specify below

2c. Traffic management start date and time

2d. Traffic management end date and time

2e. Road(s) to be used for the event. List below and attach a map identifying all road(s), and show the event route, where applicable.

Map showing event route and identifying all road(s), attached.

2f. Traffic management company
TMP attached.
TMP uploaded to Submittica. Please provide number: **E**

2g. Traffic management contact person (STMS). Please provide details of main contact for traffic management.
Contact person
First name(s) Surname
Contact details
Business phone Mobile
Email address

Please turn over

OFFICE USE ONLY

Date received	<input type="text"/>	Applicant	<input type="text"/>	Application #	<input type="text"/>
Time received	<input type="text"/>	Document #	<input type="text"/>	Receipt #	<input type="text"/>
Received by	<input type="text"/>	Property ID	<input type="text"/>	Amount paid	<input type="text"/>
		Legal ID	<input type="text"/>		\$ <input type="text"/>

3. Event details

3a. Description of event. Please provide a brief outline of your event (attach additional details if required).

3b. Number of people you expect to attend the event

Less than 100 100 - 200

More than 200 - please specify

3c. Is your event open to the public?

Yes No

3d. If yes, is your event a free community activity or will an entry fee be charged?

3e. Is your event fundraising for a charitable organisation?

Yes No

If yes, please specify

3f. Event start date and time

3g. Event end date and time

3h. Is your event also on private property?

Yes No

If yes, please provide details

3i. Does your event involve other Council venues/permits?

Yes No

If yes, please provide details

3j. Public Liability insurance attached.

4. Emergency contacts

4a. 24/7 Event contact persons to be on-site during the event:

(i) Contact person

First name(s)

Surname

Mobile phone contact

Email

(ii) Contact person

First name(s)

Surname

Mobile phone contact

4b. Health and Safety contact person

First name(s)

Surname

Mobile phone contact

Email

4c. Health and safety

Tick to indicate that, as the event organiser you accept responsibility for identifying and managing all risks associated to the event. A copy of health and safety documentation for the event must be provided to the Council.

Health & Safety plan attached.

5. Privacy statement

The Privacy Act 2020 applies to the personal information provided in this application. For the purposes of this application the Council may disclose that personal information to another party. If you want to have access to, or request correction of, that personal information, please contact the Council.

6. Applicant's declaration

I confirm that the information contained in this application is true and correct and that I have read, understood and agree to such terms and conditions applying to this application, including the disclosure of my personal information. I have also attached all additional documentation as required and detailed in this application form.

Signature of applicant

Date