

APPLICATION FORM FOR LARGE PUBLIC EVENT

This form is to be completed for the City to adequately assess and grant approval for a large public event in accordance with the requirements of the *Health (Miscellaneous Provisions) Act 1911*. All fields must be completed. If a particular field is not relevant please mark as "not applicable".

If the event is proposed to occur on City owned or controlled land or buildings a booking of the facility is required. Please contact the City's Booking Office on 9397 3244 to make a tentative booking prior to lodging this form.

Event Organiser			
Organisation			
Organisation is a charity or community gr	oup?	Yes	No
Contact Person			
Postal Address			
Phone	1	Mobile	
Email			
Contact person during the event			
Name	1	Mobile	
Event Details			
Name and Address of Proposed Venue			
Is the Event on City owned land?		Yes	No
If yes, please contact the City's Bookings	Office on 9	397 3244 to make a tenta	tive booking.
Booking Reference Number			
Note: Events held on City owned la Office and may incur a hire fee.	nd require	a booking with the Ci	ity's Bookings
Date of Event			
Start Time	Fin	ish Time	
Event Planning			
Type of Event – (Markets / Concert / Other	er)		
Expected number of patrons attending			
The Event will be open to the public?	Yes No	Event will be attende Private Function	ed by the public
Is there a charge to attend this event?	Yes No	If yes, what is the fe	e

CITY of GOSNELLS

Are tickets required?	Yes No						
If yes, how will tickets be distributed / who will sell them							
Type of entertainment (e.g. Live Band / Amplified Music)							
Will security / crowd control be present?	Yes	How mai	ny	No			
If yes, name of company supplying security							
What parking arrangements will be in place (location, controllers etc.)							
Will you require a road closure or traffic man				No			
Note: Events that impact on the safe and efficient use of roads may require a Traffic Management Plan or road closure and may incur a fee. Please contact the City's Technical Services department on 9397 3251 for more information.							
Event Structure							
Will there be temporary structures (e.g. ma	rquees, bounc	y castle)	Yes	No			
If yes, provide details							
What are the electrical requirements?							
How will these be met (e.g. existing fixed or	·		,				
Number and Types of Toilets Proposed			•••••				
Male WC Hand Basins	Urii	nals (num	ber or in me	etres)			
Female WC Hand Basins							
Disabled WC Hand Basins							
Are the toilets existing or temporary: Exist	ting	Tempora	ry (Portaloo)				
Emergency Procedures							
Emergency contact person	Dh	one					
Evacuation Plan developed and distributed			Yes	No			
Risk Management Plan developed (1000 or	• •		Yes	No			
Access for emergency vehicles to event ma	•	•	Yes	No			
Who Will Be Supplying First Aid Service							
Number of first aiders							

Food and Alcohol

Will mobile food operators (including	vehicles and stalls)	be present?	Yes 🗌	No 🗌
Note: All mobile food operators re and will incur a fee.	equire a separate t	rading perm	it from Health	Services
Type of food and drink available				
Alcohol Availability	Alcohol free event			
	BYO Alcohol (perm	nission requir	ed from the land	d owner)
	Alcohol will be sup	plied or sold		
ls a temporary liquor licence require	d?	١	'es	No
Note: Where alcohol is to be su Department of Racing, Gaming an		liquor licend	e is required	from the
Waste Provisions				
Will extra City supplied bins be requi	red? Yes [Number.		No 🗌
Note: Arrangements for extra bing fee	s are to be made w	vith Waste S	ervices and w	ill incur a
Details of Rubbish Removal and Site	e Cleaning			
Required Supporting Documentat	<u>ion</u>			
Public Liability Insurance Certificate	of Currency (minimu	ım \$10M) Y	'es	No
Copy of certificate of currency attach	ed	`	'es	
Site Plan attached		١	'es	
Site plan should include the layout placement of details such as (but no		ne venue spe	ecified including	the
 Entry and exit points Car parking locations Food stalls Toilets 		First Aid Pos Availability o Fire equipme Entertainme	f potable water ent	

In person: City of Gosnells Civic Centre, 2120 Albany Highway, Gosnells

Monday to Friday 8.30am - 5pm

By Mail: PO Box 662, Gosnells WA 6990

By Email: council@gosnells.wa.gov.au

By Fax: 9397 3333



Declaration

I declare the information provided on this application is correct to the best of my knowledge.					
SIGNED APPLICANT	NAME				
DATE					