

## NOTIFICATION OF EVENT

| Information Required                                        | Your Response               |                                        |                                                                  |                                                                                       |
|-------------------------------------------------------------|-----------------------------|----------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>EVENT NAME:</b>                                          |                             |                                        |                                                                  |                                                                                       |
| <b>PURPOSE:</b> (Community, Commercial, Fundraising)        |                             |                                        |                                                                  |                                                                                       |
| <b>ORGANISATION / GROUP:</b>                                |                             |                                        |                                                                  |                                                                                       |
| <b>INSURANCE:</b> *you must have Public Liability Insurance |                             |                                        |                                                                  |                                                                                       |
| <b>CONTACT PERSON:</b> (Event Organiser – 18+)              |                             |                                        |                                                                  |                                                                                       |
| <b>TELEPHONE (DAY):</b>                                     |                             |                                        |                                                                  |                                                                                       |
| <b>EMAIL ADDRESS:</b>                                       |                             |                                        |                                                                  |                                                                                       |
| <b>DATE / TIME:</b>                                         |                             |                                        |                                                                  |                                                                                       |
| <b>VENUE:</b>                                               |                             |                                        |                                                                  |                                                                                       |
| Have you booked / received owner's permission?              |                             |                                        |                                                                  | Please ensure ease of access to your venue and clearly legible advertising.           |
| <b>ACTIVITIES</b> (please list):                            |                             |                                        |                                                                  | Suppliers should provide you with their public liability insurance.                   |
| <b>ALCOHOL:</b>                                             |                             |                                        |                                                                  | Please ensure that you apply for a licence should you be providing / selling alcohol. |
| <b>ATTENDANCE EXPECTED:</b>                                 |                             |                                        |                                                                  | If in a public building this cannot exceed the 'maximum accommodation' number.        |
| <b>ELECTRICAL ITEMS</b> (please list):                      |                             |                                        |                                                                  | All items must be tagged. Please ensure that cables / connections aren't hazards.     |
| <b>ENTERTAINMENT:</b>                                       |                             |                                        |                                                                  | Suppliers should provide you with their public liability insurance.                   |
| <b>FIRST AID:</b>                                           |                             |                                        |                                                                  | If you do not have a first aider or first aid post please advise your 'plan'.         |
| <b>FOOD:</b>                                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes           |                                                                  |                                                                                       |
| <b>LIGHTING:</b>                                            | <input type="checkbox"/> OK | <input type="checkbox"/> Hired         | Consider the requirement for lighting.                           |                                                                                       |
| <b>PARKING:</b>                                             |                             |                                        |                                                                  | If your venue does not have sufficient parking please advise of your plan.            |
| <b>RISK MANAGEMENT</b> (attach plan):                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | Please consider the list of items in the Guidelines.             |                                                                                       |
| <b>SECURITY / CROWD CONTROL:</b>                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | This can be a requirement of some event approvals.               |                                                                                       |
| <b>SHELTER:</b>                                             | <input type="checkbox"/> OK | <input type="checkbox"/> Hired         | Consider the requirement for shade / shelter.                    |                                                                                       |
| <b>SIGNAGE:</b>                                             |                             |                                        |                                                                  | Please provide details of temporary signage related to the event.                     |
| <b>SITE LAYOUT</b> (attach plan):                           | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | Please consider the list of items in the Guidelines.             |                                                                                       |
| <b>TEMPORARY STRUCTURES</b> (list types):                   |                             |                                        |                                                                  |                                                                                       |
| <b>TOILETS:</b>                                             | <input type="checkbox"/> OK | <input type="checkbox"/> Hired         | Please consider the requirements in the Public Event Guidelines. |                                                                                       |
| <b>TRAFFIC MANAGEMENT</b> (attach plan):                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | Remember this process, if required, can take up to four months.  |                                                                                       |
| <b>WASTE REMOVAL:</b>                                       | <input type="checkbox"/> OK | <input type="checkbox"/> Hired         | Please include recycling facilities where possible.              |                                                                                       |
| <b>WATER:</b>                                               | <input type="checkbox"/> OK | <input type="checkbox"/> Supp-<br>lied | Potable water should be available at your event.                 |                                                                                       |
| <b>COVID EVENT PLAN:</b>                                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes           | Refer to COVID safety Guidance                                   |                                                                                       |
| <b>Signed (Event Organiser)</b>                             |                             |                                        |                                                                  | *By entering your name you acknowledge you are responsible for this notification.     |
| <b>Date:</b>                                                |                             |                                        |                                                                  |                                                                                       |

**Office Use Only:**

Notes

|                                                              |          |  |       |  |
|--------------------------------------------------------------|----------|--|-------|--|
| <b>The event is APPROVED. *</b>                              | Officer: |  | Date: |  |
| <b>The event will be the subject of a report to Council.</b> | Officer: |  | Date: |  |
| <b>The event is REFUSED.</b>                                 | Officer: |  | Date: |  |
| <b>Chief Executive Officer</b>                               |          |  | Date: |  |

**\*subject to compliance with the Health (Public Buildings) Regs. 1992.**