

## NOTIFICATION OF A PUBLIC 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?				<i>Please ensure ease of access to your venue and clearly legible advertising.</i>
<b>ACTIVITIES</b> (please list):				<i>Suppliers should provide you with their public liability insurance.</i>
<b>ALCOHOL:</b>				<i>Please ensure that you apply for a licence should you be providing / selling alcohol.</i>
<b>ATTENDANCE EXPECTED:</b>				<i>If in a public building this cannot exceed the 'maximum accommodation' number.</i>
<b>ELECTRICAL ITEMS</b> (please list):				<i>All items must be tagged. Please ensure that cables / connections aren't hazards.</i>
<b>ENTERTAINMENT:</b>				<i>Suppliers should provide you with their public liability insurance.</i>
<b>FIRST AID:</b>				<i>If you do not have a first aider or first aid post please advise your 'plan'.</i>
<b>FOOD:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>LIGHTING:</b>	<input type="checkbox"/> OK	<input type="checkbox"/> Hired		
<b>PARKING:</b>				<i>If your venue does not have sufficient parking please advise of your plan.</i>
<b>RISK MANAGEMENT</b> (attach plan):	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>SECURITY / CROWD CONTROL:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>SHELTER:</b>	<input type="checkbox"/> OK	<input type="checkbox"/> Hired		
<b>SIGNAGE:</b>				<i>Please provide details of temporary signage related to the event.</i>
<b>SITE LAYOUT</b> (attach plan):	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>TEMPORARY STRUCTURES</b> (list types):				
<b>TOILETS:</b>	<input type="checkbox"/> OK	<input type="checkbox"/> Hired		
<b>TRAFFIC MANAGEMENT</b> (attach plan):	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>WASTE REMOVAL:</b>	<input type="checkbox"/> OK	<input type="checkbox"/> Hired		
<b>WATER:</b>	<input type="checkbox"/> OK	<input type="checkbox"/> Supp- lied		
<b>OTHER COMMENTS:</b>				
<b>Signed (Event Organiser)</b>				<i>*By entering your name you acknowledge you are responsible for this notification.</i>
<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.