

Event Application

City Futures

1. Applicant Details

Name of Event Organiser: _____
 ABN: _____ Website: _____
 Address: _____ Suburb: _____ State: _____ Postcode: _____
 Mobile: _____ Email: _____
 Is this organisation a registered charity? No Yes Registered charity number: _____

2. Event Details

Event Name: _____
 Event Address: _____
 Event Date/s: _____
 Daily Event Start Time/s: _____ Daily Event Finish Time/s: _____
 Estimated Daily Attendance: _____ Number of Staff/Volunteers: _____
 Target Audience: _____
 Aim of Event: _____
 Is this event: Community (Free) Commercial (for profit) Private (fully fenced/ticketed) Other
 If other, please specify the type of event: _____
 Is this an annual event? Yes No
 If yes, please quote proposed date/s and location for next year: _____
 Are you submitting a [Development Application](#) in conjunction with this event application? Yes No
 If public land (such as car parks, public roads, showgrounds, halls, beaches etc.) other than the event address included above is required for the event, please include details below:
 Additional Address 1: _____
 Additional Address 2: _____
 Additional Address 3: _____

3. Event Bump In/Out Details

Bump In Date/s: _____ Bump Out Date/s: _____
 Bump In Start Time: _____ Bump Out Start Time: _____
 Bump In Finish Time: _____ Bump Out Finish Time: _____

4. General Security Bond – Refundable

A non-negotiable bond will need to be paid to Council, a minimum of 7 days prior to the event. The amount of this bond will be calculated using the following criteria:

- Length, type, and size of the event
- Equipment and other infrastructure to be used at the event
- Event location and existing infrastructure
- History of the event or similar events

Please provide bank details for bond refund processing post event:

Account Name: _____

BSB: _____

Account Number: _____

5. Office Use Only

Related Documents: POL22/35
 Owned by (Department): City Futures
 Review Date: 07/2026



F O R M 3 6 2 0

6. Event Insurance – Public Liability

Insurance Company (must be APRA approved): _____

Insurance Policy Number: _____ Expiry Date: _____

Please attach a **current copy** of your APRA Approved Insurance Certificate of Currency for Public Liability to the amount of a **minimum of \$20 million**, with the following sentence included:

“Shoalhaven City Council and the Minister administering the Crown Lands Act are noted as interested parties for their respective rights and interests”.

7. Event Site Plan / Requirements

A site plan must be submitted with this application.

Please indicate key site requirements on the checklist below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Marquees & Other Temporary Structures (incl. size on plan) | <input type="checkbox"/> Stallholder Locations | <input type="checkbox"/> Internal Pedestrian Flow Paths |
| <input type="checkbox"/> Barricades/Temporary Fencing | <input type="checkbox"/> Location of Activities | <input type="checkbox"/> Additional Bins/Waste |
| <input type="checkbox"/> Entry/Exit Points (incl. accessible entry/exit points) | <input type="checkbox"/> Food & Drink Counters (incl. alcohol sales where applicable) | <input type="checkbox"/> Traffic Management Measures |
| <input type="checkbox"/> Emergency Vehicle Entry/Exit Points | <input type="checkbox"/> Additional Lighting/PA or Other Sound Systems | <input type="checkbox"/> Amusement Rides |
| <input type="checkbox"/> Emergency Evacuation Points | <input type="checkbox"/> Toilets (incl. accessible facilities) | <input type="checkbox"/> Fireworks/Pyrotechnics |
| <input type="checkbox"/> First Aid Stations | <input type="checkbox"/> Designated Parking Areas (incl. parking areas for accessibility guests) | <input type="checkbox"/> Security Personnel Locations |
| | | <input type="checkbox"/> Stage/Platform Size: _____ m ² |
| | | <input type="checkbox"/> Other Infrastructure |

8. Supporting Information

Event Stall Holders

Number of Stalls: _____ Types of Stalls: _____

Have you sighted relevant insurance details of all Food Vendors and Stallholders? Yes No

Food Vendors are required to hold a [Temporary Food Licence](#) issued by Council.

Alcohol Sales / Service

Will you be selling or serving alcohol at your event? Yes No

If yes, please provide Liquor Licence Number: _____

Police

Have the Police been notified of the event? Yes No

Please ensure you have submitted a NSW Police Notice and Request for Services (Form 1) and/or Schedule 1 - Notice of Intention to Hold a Public Assembly Form to scpderecords@police.nsw.gov.au, and also copy in events@shoalhaven.nsw.gov.au.

Security

Will there be security personnel at the event? Yes No

If yes, how will they be identified? _____

If no, please advise why security personnel are not required: _____

Risk Assessment

Have you undertaken a Risk Assessment of your event? Yes No

Have you undertaken the [Crowded Places Self-Assessment](#)? Yes No

Medical Assistance

Will there be medical/ambulance assistance at the event? Yes No

If yes, have you sighted the certification of the medical/ambulance assistance? Yes No

Amusement Rides

Will there be amusement rides at the event? Yes No

If yes, please provide a copy of the amusement operators Public Liability Certificate of Currency and SafeWork NSW registration.

Type of amusement ride/s: _____

Number of amusement ride/s: _____

A Section 68 may be required for amusements via the [NSW Planning Portal](#) in conjunction with this application.

Fireworks/Pyrotechnics

Will there be fireworks at the event? Yes No

If yes, please provide the following:

Company: _____ Start Time: _____ Finish Time: _____

Please attach a current copy of the company's:

- | | |
|---|---|
| <input type="checkbox"/> SafeWork NSW Certificate | <input type="checkbox"/> Fireworks site plan clearly indicating exclusion zones |
| <input type="checkbox"/> Public Liability Insurance | <input type="checkbox"/> Community notification letter |
| <input type="checkbox"/> Firework Display Checklist | <input type="checkbox"/> Risk Assessment for the use of fireworks at the event |

Communication / Stakeholder Notification

Have nearby residents and businesses been notified in writing of your event? Yes No

Please include a copy of all community notifications and distribution schedule with this application.

Traffic

Will your event impact on:

Public Roads Yes No

Existing Parking Yes No

Will your event create:

Road Closures Yes No

Pedestrian Traffic Yes No

If Yes (to any of the above), please prepare and attach a Traffic Management Plan (TMP) and Traffic Guidance Scheme (TGS) for your event. The requirements of a TMP are included in the [Event Policy](#).

Waste Management & Toilets

Are there existing waste bins on site? Yes No Waste bins: _____ Recycling bins: _____

Are additional waste/recycling bins required? Yes No Waste bins: _____ Recycling bins: _____

Are there existing toilet facilities on site? Yes No Existing toilets: _____

Are additional toilet facilities required? Yes No Additional toilets: _____

The requirements of a Waste Management Plan (WMP) and Toilets are included in the [Event Policy](#).

Power, Noise & Lighting

Will you require the use of Council Power ([fees and charges](#) may apply)? Yes No

Will you require the use of Council Lighting? Yes No

Will P.A. systems or amplified music be operating during the event? Yes No

If yes to any of the above, please specify times and source of power, lighting and noise at locations shown on site plan:

Camping

Do you require onsite camping as part of your event? Yes No

If yes, a Development Application may be required. Contact our [Development Services Team](#) for details.

Animals

Will there be live animals at the event? Yes No

If yes, provide details: _____

If yes, have you sighted the provider's current SafeWork NSW and Public Liability certificates?

Yes No

Event Sustainability

Does this event follow the [Event Sustainability Guidelines](#)? Yes No

Disability Inclusion and Accessibility

Does this event follow the recommendations for [Hosting an Inclusive and Accessible Event](#)? Yes No

Council's Calendar of Events

Promote your event for free on Shoalhaven Tourism's [Events Calendar](#).

9. Privacy Notification

This form collects information for administrative and assessment purposes by the Council. It may be used by Council staff and other organizations and may also be included on a public register. Personal information on this form will be displayed on the Council's website as required by the GIPA Act 2009. Persons named on this form can apply to the Council at any time for access or amendment of the information.

10. What happens from here?

Please submit your completed event application and supporting documents **90 days** before your event to the Event Liaison Officer at events@shoalhaven.nsw.gov.au.

Your application will be reviewed by the Council, and a member of the Events Team will contact you shortly.

Please note, late fees apply for event application submissions within 90 days of your event date.

11. Declaration

I declare that all the information in the application is to the best of my knowledge, true and correct. I also understand that if the information is incomplete, processing of the application may be delayed or more information may be requested.

Name of Event Organiser: _____

Signature of Event Organiser: _____ Date: _____

12. Supporting Document Check List

Please tick all of the below supporting documents supplied with this event application form:

- | | |
|--|--|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Community Notification |
| <input type="checkbox"/> Event Management Plan | <input type="checkbox"/> Police Notification |
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Traffic Management Plan (TMP) (If applicable) |
| <input type="checkbox"/> Certificate of Currency | <input type="checkbox"/> Traffic Guidance Scheme (TGS) (If applicable) |