

Event Application

City Futures

Event Name _____	Is this a pre-approved event? Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Location _____	If yes, please clearly state in the Event Details (section 2 of this form) what has changed and provided relevant attachments.
Event Address _____	
Event Day/s & Date _____	Has Council (Development Services Section ph. 02 4429 3486) reviewed your event to ascertain if your activity requires a Development Application? Yes <input type="checkbox"/> No <input type="checkbox"/>
Set Up Date _____	
Pull Down Date _____	

1. Applicant Details

Name of Event Organiser _____

Organisation _____ ABN _____

Address _____

Suburb _____ State _____ Postcode _____

Daytime Phone _____ Mobile _____

Email _____ Website _____

Is this organization a registered charity? Yes No

If yes, please quote registered charity number _____

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.

Signature of Event Manager _____ Date _____

2. Event Details

Set Up Start Time _____ Set Up Finish Time _____

Pull Down Start Time _____ Pull Down Finish time _____

Daily Event Start Time _____ Daily Event Finish Time _____

Estimated Daily Attendance _____ Target Audience _____

Aim of Event _____ Number of Staff/ Volunteers _____

Is this event: Community (Free) Commercial (for Profit) Other

Is this an annual event? Yes No

If yes, please quote next years proposed date/s and location _____

Event Details Cont'd

If public land (such as car parks, public roads, showgrounds, halls, beaches etc) other than the event address included at the start of this application form is required for the event please include details below

Address _____

Set Up Start Time _____ Set Up Finish Time _____

Pull Down Start Time _____ Pull Down Finish Time _____

Address _____

Set Up Start Time _____ Set Up Finish Time _____

Pull Down Start Time _____ Pull Down Finish Time _____

Address _____

Set Up Start Time _____ Set Up Finish Time _____

Pull Down Start Time _____ Pull Down Finish Time _____

Address _____

Set Up Start Time _____ Set Up Finish Time _____

Pull Down Start Time _____ Pull Down Finish Time _____

3. Event Site Plan

- | | | |
|--|---|---|
| <input type="checkbox"/> Entry/Exit Points | <input type="checkbox"/> Food & Drink Counters (incl. alcohol sales where applicable) | <input type="checkbox"/> Wide Entry/ Exit Points for Accessibility Guests |
| <input type="checkbox"/> Food & Drink Counters for Accessibility Guest | <input type="checkbox"/> Emergency Evacuation Points | <input type="checkbox"/> Stallholder Locations |
| <input type="checkbox"/> Emergency Vehicle Entry/Exit Points | <input type="checkbox"/> Marquees & Other Temporary Structures | <input type="checkbox"/> Internal Pedestrian Flow Paths |
| <input type="checkbox"/> Additional Lighting/PA or other | <input type="checkbox"/> Designated Parking Areas | <input type="checkbox"/> Additional Bins/Waste Management Measures |
| <input type="checkbox"/> Parking Areas for Accessibility Guests | <input type="checkbox"/> Toilets | <input type="checkbox"/> Traffic Management Measures |
| <input type="checkbox"/> Toilets for Accessibility Guests | <input type="checkbox"/> First Aid Stations | <input type="checkbox"/> Amusement Rides |
| <input type="checkbox"/> Barricades/Temporary Fencing | <input type="checkbox"/> Fireworks/ Pyrotechnics | <input type="checkbox"/> Security Personnel Locations |
| <input type="checkbox"/> Location of Activities | <input type="checkbox"/> Stallholder Locations | <input type="checkbox"/> Stage/Platform size _____m2 |
| | | <input type="checkbox"/> Other Infrastructure |

4. Event Insurance

Insurance Company (must be APRA approved): _____

Insurance Policy No. _____ 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 \$20million, 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".

Note: this will only require a phone call to your insurance company and they will be able to email the amended Certificate directly to you.

5. Public Safety Information

Police

Have the Police been notified of the event? Yes No

If yes, please provide a copy of the Police notification and name of Officer notified _____

If no, please advise why Police notification is not required:

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

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

- WorkCover Certificate
- Public Liability Insurance
- Risk Assessment for the use of fireworks at the event
- Fireworks site plan clearly indicating exclusion zones
- [Firework Display Checklist](#)

Amusement Rides

Will there be amusement rides at the event? Yes No

If yes, please provide the following:

Company _____ Start Time _____ Finish Time _____

Please confirm that you have sighted the Amusement Device Operator's current WorkCover certificate, public liability insurance (including the exact name of each of the rides that will be provided at your event) and Council Permit. Yes No

Medical Assistance

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

If yes, please confirm that you have sighted the certification of the medical/ambulance assistance
Yes No

Animals

Will there be live animals at the event? Yes No

If yes, please confirm that you have sighted the provider's current WorkCover certificate and public liability insurance. Yes No

Communication / Stakeholder Notification

Have residents and businesses in the immediate vicinity been notified (in writing) of your event

Yes No

6. Event Stallholders

Number of Stalls _____ Types of Stalls _____

Please confirm that you have 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

Will you be serving alcohol at your event? Yes No

If yes, please provide Liquor Licence No. _____

7. Event Operations

Traffic

Will your Event impact on or create:

Public Roads Yes No

Road Closures Yes No

Existing Parking Yes No

Pedestrian Traffic Yes No

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

Waste

Number of bins on site _____ Number of bins required: General Waste _____ Recycle _____

If the number of bins required is greater than the number of bins on site please prepare and attach a Waste Management Plan (WMP) for your event. The requirements of a WMP are included in the [Event Policy](#).

Toilets

Number of Toilets on site (including toilets for accessibility guests) _____

Number of Toilets Required (including toilets for accessibility guests) _____

Toilet requirements are included in the [Event Policy](#). If the number of toilets required is greater than the number of toilets on site you are required to provide the additional toilets for your event.

Noise & Lighting

Will you require Council Power and/or Lighting? Yes No

Please specify locations of power and/ or lighting on the event site: _____

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

If yes, please specify times and source of noise at locations shown on site plan: _____

8. Event Sustainability

Council encourages the consideration and implementation of sustainability measures that can reduce the environmental impact of your event. Please prepare and attach a Sustainable Event Management Plan for your event. Further information (including a Sustainable Event Management Plan template) is included in the [Event Policy](#).

9. Disability Inclusion and Accessibility

Consideration must be given to disability inclusion and accessibility, as per the NSW Family & Community Services Disability Inclusion Plan 2015. In the case of a community event an “accessibility guest” includes: a person with mobility needs (eg. wheelchair user), a person with sensory considerations, older people, a person with a temporary injury or illness and parents with prams.

To supplement the information shown on your site plan, please attach written evidence to show how you have addressed the following in the context of your event.

- various forms of accessible communication including up to date access information, signage and websites that comply with the International Web Content Accessibility Guidelines 2.0
- public and/or private transport options to and from your event (door to door accessibility)
- safety considerations/ risk management for accessibility guests, including controlling of crowd numbers, security, evacuation procedures and guide dogs
- holistic sensory considerations staff/ volunteer disability awareness training

10. Council’s Calendar of Events

Shoalhaven Tourism has an [Events Calendar](#) where you can promote your event for free.

11. Privacy Notification

The information on this form is being collected by Council for administrative and assessment purposes. It will be used by Council staff and other organisations for the purpose mentioned and may be included on a public register. Personal information contained on this form will be displayed on [Council’s website](#) as required by the GIPA Act 2009. Persons identified on this form may, at any time apply to Council for access or amendment of the information.

This form may be displayed on Council’s website in accordance with Government Information (Public Access) Act 2009.

12. What happens from here?

Please return 90 days in advance of your event, marked to the attention of:

Events Liaison Officer at events@shoalhaven.nsw.gov.au or PO Box 42, Nowra, NSW, Australia, 2541

Your completed application will be considered by Council and a member of the Events Liaison Team will be in touch with you soon.