

## **EVENT APPLICATION**

To check venue availability, please contact the Town of Mosman Park on 9383 6600 prior to completing this form.

Please note that submission of an application form does not automatically imply approval.

Applican	t Details			
Applicant's name/name of organisation:				
ABN:				
Is the organisation not-for-profit?	Υ	∕es □	No $\square$	
If yes, please provide evidence of the organ	nisation's not-for-profit status	by way	of the	
organisation's Articles of Association, Constitu	ition, tax certificate or a statut	ory decla	ration.	
Contact person at organisation:				
Postal address:				
Phone:	Mobile:			
Email:				
Will this event be open to the public?	No $\square$ complete sec	tions 1, 2	& 4	
	Yes□ complete all s	sections		
Section 1 – E	event Details			
Event name:				
Description of event:				
Event Location/Address/Reserve Name:				
$\square$ Site plan attached indicating layout of the	event			
Will you need access to Town toilet facilities?	? γ	∕es □	No 🗆	
Will you need access to clubrooms?	Υ	∕es □	No 🗆	
Date(s) of event:				
Event start time:	Event finish time:			
Event set-up start time:	Event pack-up finish time:			
<b>Expected number of attendees at one time:</b>				
Expected number of attendees over entire ev	vent:			
Section 2 – Public	and Private Events			
Waste Ma	nagement			
How many bins will be available for the event:				
Will you be sourcing bins from an external pr	ovider?	∕es □	No □	
If yes, please provide details:				

Do you require the Town to provide the bins?	Yes $\square$	No $\square$
Please note: there is a cost for extra bins		
If yes, please enter the quantity and type required to be provided by	the Town:	
Waste: Recycling:		
Alcohol		
Will alcohol be consumed or sold at this event? Consumed	Sold 🗌 🛮 1	N/A □
If alcohol will be consumed, please attach an Application for Permission	າ to Consume	Alcohol
on Council Premises		
If alcohol will be sold, an Occasional Liquor Licence must be obtained f	rom the <b>Dep</b>	artment
of Local Government, Sport and Cultural Industries at least 14	days prior	to the
commencement of the booking, with a copy of the licence submitted	to the Town	prior to
the event.		•
Noise		
Will any generators be used?	Yes 🗆	No □
Will there be amplified music or noise at the event? (e.g. live music,		
recorded amplified music etc.)	Yes □	No □
If yes, please provide details including times:		
, , , , , , , , , , , , , , , , , , , ,		
Please note: If the noise from the event potentially exceeds the assigned	noise levels a	ıs stated
in the Environmental Protection (Noise) Regulations 1997, you may n	eed to obtain	n a non-
complying event approval from the Town of Mosman Park. The Town's	Senior Enviro	nmental
Health Officer can be contacted on 9383 6600 for assistance.		
Structures		
Will there be any structures erected for the event i.e. marquees, stag	es, fencing?	
	Yes $\square$	No $\square$
If yes, please attach Certificate of Structures form for structures gro	eater than 55	5m² and
Advice of Structures form for structures greater than 9m <sup>2</sup> .		
Please provide details i.e. numbers and size:		
Amusements Rides & Activities		
Will there be any commercial amusement operators? (including boun	cy castles)	
	Yes $\square$	No $\square$
Will there be any pony rides or petting zoo/farmyards?	Yes $\square$	No $\square$
If yes, please provide details of all commercial amusement operators b	elow or in a s	eparate
attachment.		-
Please provide a copy of the operator's current public liability insura	ance and evic	lence of
the plant registration and a copy of the logbook showing the m	aintenance f	or each
ride/activity or attraction.		

Fireworks				
Will there be fireworks at your event?	Yes □	No 🗆		
Please note: If a permit to discharge fireworks is approved by the <b>D</b>	epartment of	Mines,		
Industry Regulation and Safety, then the Event Organiser must ensure	•	-		
permit are forwarded to the Town at least <b>7 days</b> prior to the event.		j		
Use of Parks and Reserves				
Will your event require any holes dug or tent pegs driven into the ground?				
, , , , , , , , , , , , , , , , , , , ,	Yes □	No □		
If yes, please provide details:				
to produce processes accounts				
Will you require the overnight watering schedule to be turned off?	Yes 🗆	No 🗆		
Will there be line marking on grassed areas?	Yes 🗆	No 🗆		
If yes, please specify the name of the product:	163 🗀	110		
Please specify line marking area on site plan.				
Will you need access to the reserve for vehicles, trucks or heavy mac	hinery?			
will you need decess to the reserve for vehicles, trucks of neavy mach	Yes □	No □		
If yes, please provide details (i.e. estimated number of vehicles on th				
ii yes, piease provide details (i.e. estimated humber of vehicles on th	e reserve)			
Parking & Traffic Management				
Please provide details for the parking arrangements in place for this	event:			
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	event:			
	event:			
Please provide details for the parking arrangements in place for this e	_	No □		
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Please provide details for the parking arrangements in place for this of the parking arrangements are also arrangements.  Are there any accessible parking (disabled) bays available?  If yes, how many?  Will there be parking wardens to assist patrons?  Will a road closure or any variation to traffic arrangements be required by the place of the parking arrangements are also arrangements are also arrangements be required by the parking arrangements are also arrangements are al	Yes  Yes  ed? Yes  et including a	No □ No □ Traffic		
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events. Please provide evidence of current liability insurance coverage with this application.

	Electrical Installations	
Will you be undertaking any	other electrical work in the se	t-up of the event?
		Yes $\square$ No $\square$
If yes, a Form 5 – Certificat	te Of Electrical Compliance m	ust be completed by a licensed
electrician after the electri	ical work is completed and r	returned to the Town's Senior
Environmental Health Office	r within 7 days of the event.	
	Food	
Will there be food and drink	s sold or provided at the event	t? Yes □ No □
If yes, a Notification of a Ten	<b>nporary Food Premises</b> must be	e completed for each stall selling
· · · · · · · · · · · · · · · · · · ·	•	copy of the stallholder's public
	_	on Certificate (if applicable) must
be submitted along with the	application. Fees may apply.	
	Toilet Facilities	
	of toilet facilities to be provide	
Male toilets:	Urinals:	Hand basins:
Female toilets:	Hand basins:	
Disabled toilets:	Hand basins:	
Will there be adequate light	ing for toilets and surrounds?	Yes $\square$ No $\square$
Please provide details on the	e servicing/cleaning the toilet	facilities:
·	G. C	
	First Aid	
Number of qualified first aid	attendants at the event:	
Will the first aid be through	an accredited agency i.e. St Jo	hns Ambulance?
		Yes □ No □
If yes, please provide agency	y name and phone number:	
Miles & Consenses	Fire Safety	2 Diagonal describes the
quantity, location and type		ne event? Please describe the
quantity, location and type of	of the extinguishers.	
	Security	
Please provide details on the security/event liaison arrangements planned for this event		
i.e. number, licensed securit	ty personnel:	

Emergency Evacuation & Risk Management	
s an Emergency Evacuation/Management Plan required for this event? Yes \( \square\) No	
s a Risk Management Plan required for this event? Yes ☐ No	
Please ensure both plans are attached to this application if required.	
Complaints Procedure	
Please provide details of complaints procedure (including details for noise complain	its)
pelow or in a separate attachment.	
Have you received complaints in the past regarding this event?  Yes □ No	
f yes, please provide details of how you will avoid these issues.	
Section 4	
<b>Declaration</b>	
All information provided is true and correct.	
<ol> <li>All information provided is true and correct.</li> <li>I have read, understood and agree to abide by the Town of Mosman Park's "Terms a Conditions of Use for Public Open Space" &amp; Public Event Guidelines.</li> </ol>	ınd
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