



Application for Medium Impact Outdoor Event

Name of Event: _____

Location: _____

Event Date/s: _____ **Time From:** _____ **Until:** _____

Patron Numbers: **At any one time:** _____ **Overall:** _____

Brief Description of Event: e.g. sporting, commercial, types of entertainment

Please ensure an event site plan is attached to this application.

Applicant Details

Company / Organisation: _____

Not For Profit Organisation: **Yes** **No** If yes, please provide evidence of Not for Profit status.

Public Liability Insurance: **Yes** **No** Please attach a copy of the Certificate of Currency

ABN: _____

Contact Person: _____

Postal Address for Approval: _____

Suburb _____ **Postcode** _____

Contact Number: _____

Email Address: _____

Event Details

Will there be amplified music or noise at the event? **Yes** **No**

Will any food or drink be provided or sold at your event? **Yes** **No**

Will any non-edible products be provided or sold at your event? **Yes** **No**

Will there be any amusements or activities at your event? **Yes** **No**

Will you be using any temporary structures over 3m x 3m? **Yes** **No**

Is the event an on road event i.e. cycling, triathlon etc.? **Yes** **No**

First Aid

Please provide details on the first aid arrangements for the event below:

Name	Qualifications	Agency



Toilets

What toilet facilities will be provided for staff, volunteers and patrons at the event?

	Male Only		Female Only	Unisex	Accessible	Parents Room
	Urinal	Toilet				
Total Toilet Numbers (Existing & Additional)						
Total Basin Numbers (Existing & Additional)						

Please indicate the location of all toilets, existing and portable, on your site plan.
It is the responsibility of the event organiser to ensure all toilets (existing and additional) are serviced and cleaned for the duration of the event.)

Please provide details below on arrangements made for servicing / cleaning the toilet facilities:

Please ensure you have considered the lighting of toilets interior and exterior
Applicable for events after sunset.

Waste Management

Will you require the hire of additional City of Rockingham bins? Yes No

If yes, please refer to the Schedule of Fees and Charges for current costs per bin.

If no, please provide the details of the contractors who will be supplying rubbish bins.

Company: _____

Contact Number: _____

If requesting bins from the City, please detail the number required below:

General Waste		Recycling	
240L Waste bins	_____	240L Recycle bins	_____
660L Skip bins	_____	660L Recycle skip bins	_____
1100L Skip bins	_____	1100L Recycle skip bins	_____

Declaration

I, the undersigned, certify that I have authority on behalf of the company / organisation to submit this application and that the information contained herein is, to the best of my knowledge, true and correct.

Name: _____

Signature: _____

Date: _____

If you have any queries or require help in completing this application, please contact the Events and Permits Administration Officer on 9528 0449.

This form will be assessed and the City will notify you of the outcome. Please note that you may be determined that you are required to submit a High Risk Outdoor Event Application.