

APPLICATION FOR NON-FOOD STALLHOLDER PERMITS AND AMUSEMENT STRUCTURE PERMITS FOR EVENTS

This form is for application of a permit under the City of Rockingham's Public Places and Local Government Property Local Law 2018.

Event Details		
Name of Event:		
Location:		
Event Date/s:		
Operating Time:	From:	То:
Applicant Details		
A		
Applicant Name:		
Applicant Name: Business Name:		
Business Name: Not For Profit Organisation:	☐ Yes ☐ No If	yes, please provide evidence of Not for Profit st
Business Name: Not For Profit Organisation: ABN:	☐ Yes ☐ No If	yes, please provide evidence of Not for Profit st
Business Name: Not For Profit Organisation: ABN: Residential	☐ Yes ☐ No If	yes, please provide evidence of Not for Profit st
Business Name: Not For Profit Organisation: ABN: Residential Address:		
Business Name: Not For Profit Organisation: ABN: Residential Address:		
Business Name: Not For Profit Organisation: ABN: Residential Address: Postal Address for Application:	Suburb	Postcode
	Suburb	Postcode



Details of Proposed Activity:			
Details of type of activity for this permit (detail what services you will deliver/products you will sell on the reserve)			
What equipment will you use on the reserve? (Include marquees, tables, chairs, and any other equipment for the activity).			
Compliance (Amusement structures only)			
Please provide evidence of how you comply with Australian Standard 3533.2 (maintenance logs, risk management procedures), including photos. For more information, please see http://www.saiglobal.com/			
Checklist for Submission			
☐ All sections of this application form completed			
□ Copy of current public liability insurance for a sum not less than \$10,000,000 (ten million dollars)			
□ Photographs of any amusement structures			
□ Evidence of compliance with Australian Standard 3533.2 (Plant Registration, Maintenance Log books)			
□ Risk Management Plan (if requested)			
Declaration			
I (name of applicant)			
declare that the information contained in this application is true and correct in every particular			
Signature: Date:			
Do you agree to your contact details being given out to the public?			
Office Use Only			
Date Application Received:			
☐ Application Approved ☐ Application Refused Date			
Total Fees: Date Debtors Invoice Raised:			