

## Request to Hold Event in Council Park

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

<b>Applicant/s Details</b>	<b>Section 1</b>	
	Club/Group Name:	ABN:
	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) .....
	Family name:	
	Given names:	
	Position:	
<b>Contact Details</b>	<b>Section 2</b>	
	Telephone Number:	Mobile:
	Email:	
	Facsimile:	
	Street Address:	
	Suburb:	Post Code:
	Postal Address: <i>(if different from above)</i> :	
	Street Address:	
Suburb:	Post Code:	
<b>Venue/ Location Details or Event</b>	<b>Section 3</b>	
	Name of Park:	
	Street Address:	
Town:		

<b>Activity Details</b>	<b>Section 4</b>							
	Name of Event:							
	<input type="checkbox"/> Commercial				<input type="checkbox"/> Not for Profit			
	Duration of Event:							
	<b>Days</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
	<b>Date</b>							
	<b>Time</b>							
	Anticipated number of attendees:							
	<b>Consumption:</b>				<input type="checkbox"/> Food		<input type="checkbox"/> Alcohol	
	<p><i>** In the event of Alcohol being consumed, please ensure your local Police Station has been notified.</i></p> <p><i>** Selling of alcohol is prohibited, unless an Alcohol Permit obtained for the duration of the event</i></p>							
<b>Noise:</b>								
Do you intend to use any amplification equipment or is your event likely to generate noise which is audible beyond the boundary of the park? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please provide full details:								
<b>Services</b>	<b>Section 5</b>							
	<b>Electrical:</b>							
	Do you require electrical supply?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If yes, please detail your requirements below :							
	<b>Amenities:</b>							
Do you require additional public amenities to those already in the park?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, please detail your requirements below:								
<p><i>** In some cases, Council may not be able to assist in providing these additional services, therefore, Local Contractors may need to be utilised and shall be at the expense of the applicant</i></p>								

<b>Structures</b>	<b>Section 6</b>
	What structures are to be used during your event (marquees, tents, jumping castles etc):
	What signage and barricading is to be used during your event:
<p><i>** Please note, an onsite meeting will be required with Council's Parks &amp; Open Spaces Advisor prior to the event to ensure structures do not impose on nearby infrastructure</i></p>	
<b>Road Closures and Parking</b>	<b>Section 7</b>
	Do you intend to carry out any road closures for your event: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please complete Council's "Temporary Road Closure Form" and submit to the Infrastructure Services Department at least one month prior to your event taking place.
<p><i>**Please note - if your closure is planned to cross a State Controlled Road, you will need to submit an application to the Department of Transport and Main Roads. For further information DTMR can be contacted on 4931 1614 or via <a href="mailto:cmo.rockhampton@tmr.qld.gov.au">cmo.rockhampton@tmr.qld.gov.au</a></i></p>	
<b>Site Plan and Safety</b>	<b>Section 8</b>
	If applicable to your event, please attach a clear site plan:
	<ul style="list-style-type: none"> <li>• Detailing location and placement of all rides, structures, toilets, entertainment, car parking, food stalls etc</li> <li>• Defining all access points for emergency vehicles</li> </ul>
	Should power leads/rope or any other trip hazards be utilised during your event, please outline the safety measures intended to reduce any injuries or damages to the public or infrastructure located in the area:
<b>Standard Public Liability Insurance</b>	<b>Section 9</b>
	It is a requirements for an Organisation/Company to provide:
<ul style="list-style-type: none"> <li>• A Certificate of Currency for a standard Public Liability Insurance Policy for an amount no less than \$20 Million for any single event</li> </ul>	

<b>Attachments</b>	<p><b>Section 10</b></p> <p>When submitting this request, if applicable to your event, please ensure the below list of attachments have been completed and are attached:</p>
	<ul style="list-style-type: none"> <li>• A detailed site plan including all specific details and activities <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• All safety measure documentation <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• A certified copy of any other registrations, licenses, permits or approvals required for your activity under any other law <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• A Certificate of Currency for a standard Public Liability Insurance Policy, not less than \$20 Million (for any single event) and indemnifying Banana Shire Council and that State from all liability <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<b>Indemnity</b>	<p><b>Section 11</b></p> <p>I/we hereby authorise that the information provided above in this application is true and correct.</p> <p>In making this application, I/We hereby indemnify Banana Shire Council against all actions, proceedings, claims, demands, costs, losses, damages, liability and expenses which may be brought against or made upon Council.</p> <p>I/We will respect all equipment, vegetation, structures and signage during the time of the event and on the occasion that damage is sustained to any of the above, I/We take responsibility in reimbursing costs associated to damaged infrastructure.</p>
	Signature of Applicant:
	Date:

OFFICE USE ONLY	
Date Received:     /     /	Registration Number:
Response Letter Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Posted:     /     /	Registration Number:
Notification provided to relevant teams: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Inspection Date:     /     /	Was there any damage sustained: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details of damage, incl. costs:	