

## FORM 1

## **Application For Public Event Approval**

Health Act 1911 HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

Event Details					
Event Name					
Event Location					
Event Sponsor					
Event Description (Type	of Ente	rtainment Prov	vided)		
Start Time			Finish Time	e	
Date of Event					
Is it a Community Even	t 🗆	or Comme	cial Event		
Who is the Target Audio	ence	□ Y	outh (<25 ye	ears) 🗆 Family	□ General
		□ Other			
Expected Number of P	atrons a	t any one time	)		
Details of Event Infrastr					
Numbers and Types of	Toilet Fa	cilities Propose	ed		
Male WC's	Har	nd Basins	Urinals	(Number or M	etres)
Female WC's	Har	nd Basins			
Disabled WC's	Har	nd Basins			
Are any of these facilities temporary (i.e. portaloo's)?					
Number of Crowd Con	trollers P	roposed			
Name of Company Su	pplying (	Crowd Control	lers		
Parking Arrangements	(Where,	How directed	etc)		
Items Prohibited from V	'enue (i.e	e. Alcohol, foc	od/drink etc	) \$	
	•				

How are people no	otified	of these restrictions prior?	
Who will be supplying	ng Fir:	st Aid?	
		2 ś	
Details of Rubbish R	emo	val and Site Cleaning	
Types of Refreshme	nts A	vailable (Food/Drinks)	
(*Please note that all fo on 9622 6100 for further		lls will require approval from the Shire's Health Services. You may contact	then
Emergency Evacua	ıtion F	Plan/Procedures - Please attach documentation to your	
		Site Plan	
Please attach site plimited to);  • Toilets • Entry and Exi • Food stalls • Free Potable • Bar Areas and any other relevant	it Poir Wate	<ul><li>Entertainment areas/stages</li><li>Fire equipment</li></ul>	
		Alcohol	
Alcohol Availability		Alcohol Free Event	
		BYO Alcohol (permission in writing required from land own	er)
		Alcohol will be supplied or sold (a Liquor Licence will be	
		required. Please contact Liquor Licensing for further information)	
Liquor Licensee Co	ntact	<b>Details</b> (If alcohol is to be supplied).	
Name			
Address			
Phone			

	Event Organisers Details					
Org	aniser's Name (Contact Person)					
	mpany Name					
	tal Address					
Pho	ne		_			
Fax_						
Emc	ail					
Web	o Address					
Con	ntact During the Event (if different to c	organiser)				
Nan	me					
Pho	ne Number (mobile)					
	Land or Building Owner Authorisation					
this (		ave given pe	he owner of the building/land on which ermission for this event to be held on my			
Reminder – Have you attached?						
	Copy of Risk Management Plan					
	Site plan		Emergency evacuation plan			
	Parking Management plan		Copy of public liability insurance			
	Food Stall applications		Liquor Licence approval			
	Additional Supporting Information	n as request	ed (such as police contact, FESA			
	contact)					
	Regulation 18 Noise Exemption Ap	pplication fo	orm			

## **Application Fees**

	Risk level		
	Low Risk	Medium Risk	High Risk
Community Public Event	□ \$154	□ \$154	□ \$871 (max)
Commercial Public Event	□ \$154	□ \$154	□ \$871 (max)

Note: These fees are non-refundable. Signed					
Name	Dat	e			
PAY IN PERSON	DI FACE COMPLETE THIS SECTION IS DAVING BY ODE	DIT CARD			
	PLEASE COMPLETE THIS SECTION IF PAYING BY CREIN Name as shown on Card				
At Shire of Northam Council Office, 395 Fitzgerald Street, Northam during					
hours 8:30am to 4:30pm Monday to	Card Holder Address				
Friday.	Signature				
PAY BY MAIL	Bankcard Mastercard	Visa Card			
Send completed form together with your cheque or money order; or if paying by credit card complete the section provided on the right and set to Shire of Northam, PO Box 613, Northam, WA 6401.	Amount \$	Expiry Date/			