



# Event Application Form

Please complete this form using the Event Guide found on Council's website.

**Privacy Notice:** in using this form, you are providing personal information such as name and contact details. This information will be used for the purpose of processing your application. Your personal information will be accessed by persons who have been authorised to do so. Your information is handled in accordance with the *Information Privacy Act 2009*.

## Before submitting this application:

- Contact the Visitor Information Centre on 02 6799 6762 to check your event date and what other events are on.
- You will need to submit this form and all attachments up to twelve (12) weeks' prior to your event date if:
  - your event is significant potentially attracting large crowds;
  - requires road closures and/or traffic management;
  - requires specific development / town planning / environmental health approval.
- Excepting the above, this application is required at least four (4) weeks' prior to your event.
- Your event will not be confirmed until Council receives all relevant information to approve your event.

## 1. Applicant Details

Name: .....

Organisation Name: .....

Postal Address:  
.....  
.....

Town: ..... State and Postcode: .....

Phone Number: ..... Mobile Number: .....

Fax Number: ..... Email Address: .....

## 2. Event Details

Name of Event:.....

What is the purpose of your event?: .....  
.....

Start Date..... End Date.....

Bump In Time: ..... Bump Out Time: .....

How Many People do you expect to be at your event? .....

## 3. Location Details

In which town do you wish to hold your event?.....

At which park, reserve or facility do you wish to hold your event? .....

Do you intend serving alcohol at your event? .....

Do you intend serving food at your event? .....

Will you be playing live or recorded music at your event? .....

Do you intend having fireworks at your event? .....

#### **4. Site Details**

Do you intend erecting any structures for your event (marquees, tents etc)? .....

Do you require power for your event? .....

Will you be using Amusement Rides or Devices? .....

#### **5. Waste Management**

How many additional toilet facilities are you providing for your event? .....

What waste management service (rubbish and recycling bins) have you arranged? .....

#### **6. Traffic Management**

Do you need to close roads for your event? .....

Do you need to manage traffic including car parking for your event? .....

#### **7. Checklist**

Please attach / enclose with your completed application the following:

- Site Plan detailing location of structures, toilets, car parking, emergency access, food and alcohol stalls etc.
- Certificate of Currency for standard liability insurance policy, not less than \$20 million for any single event and indemnifying Narrabri Shire Council from all liability.
- Request for Suspension of Alcohol Free Zones if alcohol is to be consumed.
- Risk Management Plan
- Transport Management Plan if relevant
- Development Application if relevant

**Please refer to Council's Event Guide before submitting this application.**

**[www.narrabri.nsw.gov.au](http://www.narrabri.nsw.gov.au)**

**Declaration**

I declare that the information provided in this application is true and correct. In making this application I agree to indemnify Narrabri Shire Council from and against all actions, claims, demands, notices, losses, damages, costs and expenses which Council may incur or become liable for in respect of the subject works and activities in anyway in relation to the subject works and activities and this permit and agree to keep in effect, during the continuance of this permit, an appropriate public liability policy with an indemnity of not less than \$20 million, which policy shall indemnify Narrabri Shire Council and the State in respect of such actions.

Signature of Applicant: .....Date.....

| OFFICE USE ONLY   |                                   |              |
|---|-----------------------------------|--------------|
| Date:     /     /   | Receipt no:                       | Amount paid: |
| Council Officer Name:   | Registered/scanned document ID #: |              |
| Send copy to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Planning and Development</li> <li><input type="checkbox"/> Community Facilities</li> <li><input type="checkbox"/> The Crossing Theatre</li> <li><input type="checkbox"/> Design Services</li> <li><input type="checkbox"/> Tourism</li> </ul> |                                   |              |