

9 Melbourne Street (PO Box 6) Triabunna TAS 7190

@ 03 6256 4777

岛 03 6256 4774

<u>admin@freycinet.tas.gov.au</u>

www.gsbc.tas.gov.au

Event Information and Check List

TEMPORARY STRUCTU	JRES (Separate application for	m required – you	ı will need to ei	ngage a building surveyor)
Will temporary structu	ires be used at your ever	nt:		
□ Yes	□ No ′			
Type of Structure	Number	Dimensio	ons in m²	Stage/Platform
Type of Structure	Number	Dillielisio	ווו ווו כווע	=
	1	I		Height
TRAFFIC MANAGEMEN	NT (Traffic Management Plan m	ay be required)		
	osures proposed for you			
☐ Yes	□ No	· CVCIIC		
	that will be disrupted by the eve	nt.		
Road Name	Section	Start	Finish	Road to be Closed
Road Name	Section			
		Time	Time	Yes/No
				,
/				
	${\sf T}$ (Waste Management Plan ma	y be required)		
How will you manage v	waste at your event:			
FOOD VENDORS (Separa	ate application form required or	copy of state-wi	de food busine	ss registration)
	ate application form required or		de food busine.	ss registration)
Will food be offered fo	or sale or donation at you		de food busine.	ss registration)
Will food be offered fo ☐ Yes	or sale or donation at you □ No	ur event:		
Will food be offered fo	or sale or donation at you	ur event:	de food busine. Number	Statewide
Will food be offered fo ☐ Yes	or sale or donation at you □ No	ur event:		
Will food be offered fo ☐ Yes	or sale or donation at you □ No	ur event:		Statewide
Will food be offered fo ☐ Yes	or sale or donation at you □ No	ur event:		Statewide
Will food be offered fo ☐ Yes	or sale or donation at you □ No	ur event:		Statewide
Will food be offered fo ☐ Yes	or sale or donation at you □ No	ur event:		Statewide
Will food be offered fo	or sale or donation at you No Operator	contact		Statewide
Will food be offered fo Yes Business Name ALCOHOL (Approval require	or sale or donation at you No Operator Ted from the Department of Justin	Contact		Statewide
Will food be offered for Yes Business Name ALCOHOL (Approval require Will alcohol be served,	or sale or donation at you No Operator Ted from the Department of Justin	Contact		Statewide
Will food be offered for Yes Business Name ALCOHOL (Approval require Will alcohol be served, Yes	r sale or donation at you No Operator red from the Department of Justice or BYO permitted at you No	Contact		Statewide
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Will food be offered for Yes Business Name ALCOHOL (Approval require Will alcohol be served, Yes If yes, please provide	or sale or donation at you No Operator red from the Department of Justice or BYO permitted at you No details:	ce) ur event:		Statewide
Will food be offered for Yes Business Name ALCOHOL (Approval require Will alcohol be served, Yes If yes, please provide	or sale or donation at you No Operator Ted from the Department of Justice or BYO permitted at you No details:	ce) ur event:		Statewide
Will food be offered for Yes Business Name ALCOHOL (Approval requir Will alcohol be served, Yes If yes, please provide AMUSEMENT DEVICES Will there be amusement	or sale or donation at you No Operator red from the Department of Justice or BYO permitted at you No details: 6 (Separate application form requent devices used at your	ce) ur event:		Statewide
Will food be offered for Yes Business Name ALCOHOL (Approval require Will alcohol be served, Yes If yes, please provide	or sale or donation at you No Operator Ted from the Department of Justice or BYO permitted at you No details:	ce) ur event:		Statewide

Will your event require the entry of vehicles onto Council land:

☐ Yes	□ No		
If yes, please provide de	tails:		
FIRST AID			
Will your event have Firs	t Aid personnel:		
☐ Yes	□ No		
Organisation	Number of First Aid	Start Time	Finish Time
G	Personnel		
EMERGENCY EVACUATION	ON		
Does your event have an	Emergency Evacuation	n Plan	
□ Yes	□ No		
If yes, please provide de			
yes, pieuse provide de			
Nama of naminated in	room to grather and a ser	Combook	e during the succet:
Name of nominated pe		Contact number	during the event:
evacua	tion:		
TOILETS			
Will additional toilets be	required for your ever	nt:	
☐ Yes	□ No		
If yes, please provide de	tails:		
FIREWORKS (Approval requi	red from the Department of Ju	stice)	
Will there be fireworks a	t your event:		
☐ Yes	□ No		
ANIMALS			
Will your event require t	he entry of animals on	to Council land:	
☐ Yes	□ No		
If yes, please provide de	tails:		
, ,, ,			
LOST CHILDREN			
What will you do if a chil	d gets lost.		
at tim you do it a cim	- ₀ - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
BAD AND DANGFROUS	WEATHER		
BAD AND DANGEROUS		ad or dangerous weath	ner.
Does your event have a	contingency plan for ba	ad or dangerous weath	ner:
Does your event have a o	contingency plan for ba □ No	ad or dangerous weath	ner:
Does your event have a	contingency plan for ba ☐ No	ad or dangerous weath	ner:
Does your event have a o	contingency plan for ba ☐ No	ad or dangerous weath	ner:

NOISE	
Will your event use PA systems, amplified mus	ic or noise generating equipment:
☐ Yes ☐ No	
If yes, please provide details:	

CHECK LIST		Attached	
Completed Event Site Plan	Mandatory		
Parking			
• Toilets		Yes	
Temporary structures – if applicable			
 Food stalls – if applicable Petting zoo and hand washing 			
stations – if applicable			
• Amusement devices – if applicable			
• Bins			
Emergency Assembly Points			
Public Liability Insurance Certificate of Currency	Mandatory	Yes	
(minimum \$20 million)			
Completed Mobile Food Business Application Form	If applicable	Yes	No
and provided valid copy of statewide food business			
registrations			
Traffic Management Plan	If applicable	Yes	No
Waste Management Plan		Yes	No
Fireworks Permit	If applicable	Yes	No