

### GLAMORGAN SPRING BAY COUNCIL PO Box 6 Triabunna TAS 7190

Phone: 6256 4777 Fax: 6256 4774 Email health@freycinet.tas.gov.au

### Application for a Place of Assembly Licence for a Mass Outdoor Public Event

Public Health Act 1997 Section 76 & 81

### You must select one of the following:

	Date: Time: To: Event:
	Expected crowd to attend for two hours or more:
•	Mass Public Event that does expect one thousand people or more, present for two hours or more (please complete entire application form and return to council).
•	Mass Public Event that does <u>not</u> expect one thousand people or more, present for two hours or more (please complete first page only and return to council).

# Applicant Details Name of applicant Postal address Postcode Telephone Email

### **Premises Details**

Name of premises				
Address of premises				
	Postcode			
Postal address for correspondence				
	Postcode			
Emergency contact	Telephone			

# Responsible Person(s) for Compliance with Place of Assembly Conditions

(For mass outdoor public events – At least 2 people must be on-site & available for the duration of the event).

Contact Number 1.			
Name:			
Postal Address:			
Mobile Phone Number:			
Email Address:			
Contact Number 2.			
Name:			
Postal Address:			
	Po	stcode:	
Mobile Phone Number:			
Email Address:			
Will your event include amplified music?	YES	NO	

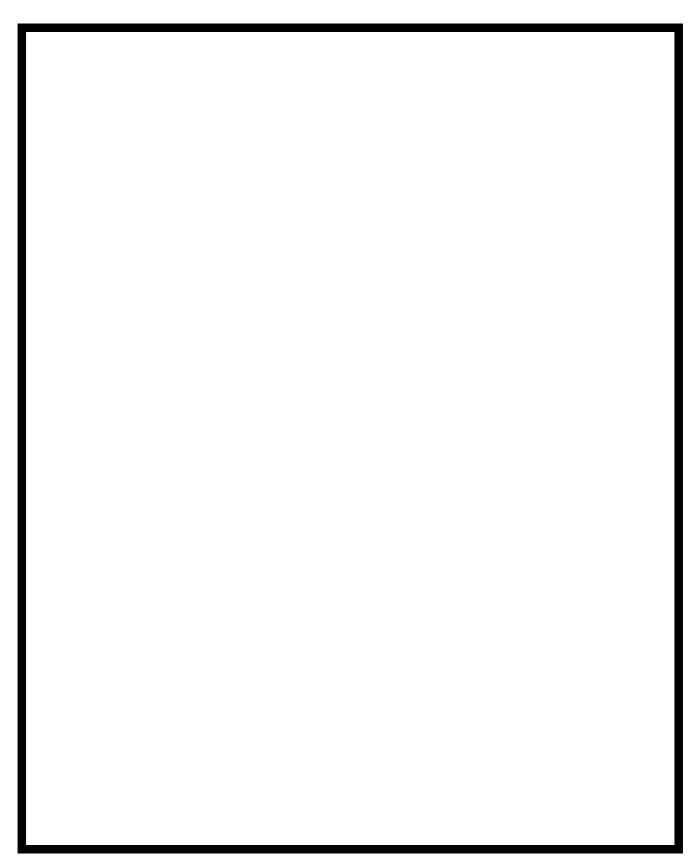
Smoke-Free Management Plan\* (see attached with "A Guide for Event Organisers")

\*Please note the Place of Assembly licence cannot be issued until the Smoke-Free Management Plan has been approved by the Department of Health and Human Services.

will your event nave an effect on local traffic? – Applicant must consult with Local Police prior to lodgement of application					
Police Station:	Officer's Name:				
Advice given:					
Site Plan (see over the page)					
A site plan is required indicating the extent of the site, the <b>location</b> and size of temporary structures e.g. marquees, jumping castles, temporary stands, food vans and food stalls and sanitary facilities.					
Sanitary facilities to be provided (type, num	ber for each sex, disabled facilities, etc.)				
Male number ( ) Female number (	) Disabled ( ) Unisex ( )				
Fee and Signature					
Application fee: \$55.00	Local non-profit community group - Free				
Signature of applicant					
/					

Please lodge your completed application form and fee with the Environmental Health Officer

## **Mass Outdoor Public Event - SITE PLAN**



# Office Use Only

# To be considered by Council prior to issue of Licence: Smoke-Free Management Plan approved by DHHS Will the event interfere with the peace and good order of the area? - Proposed hours - Excessive noise levels Prevention of smell Prevention of pollution Prevention of other nuisances The effect of traffic on highways, roads or streets Will the event compromise public health? Police consultation Natalie Rogers Date **Environmental Health Officer** Receipt No.:

Date: