

# Application for a Temporary Entertainment Event

**2019/2020**

Cairns Regional Council Local Law No. 1 (Administration) 2016

Cairns Regional Council Local Law No. 9 (Temporary Entertainment Events) 2016

All required sections must be full completed and required documentation submitted with this application. An incomplete application will not be accepted and will delay assessment. PLEASE NOTE: It can take a minimum of 60 days to assess a completed application for a major event and 30 days for a minor event

## 1. Expected Attendance Numbers (over entire event)

|                                      |   |   |
|--------------------------------------|---|---|
| < 99 people <input type="checkbox"/> | 100 - 999 people <input type="checkbox"/> | ≥ 1,000 people <input type="checkbox"/> |
|--------------------------------------|---|---|

## 2. Applicant's Details

|   |  |   |
|---|--|---|
| Is the applicant a Not for Profit Organisation? | Yes <input type="checkbox"/> (Please attach supporting documents from ATO) | No <input type="checkbox"/>               |
| Who is making this application?                 | Individual   | <input type="checkbox"/> Go to Section 3A |
|   | Corporation / Incorporated Association                                     | <input type="checkbox"/> Go to Section 3B |

|   |                             |                              |                               |   |
|---|-----------------------------|------------------------------|-------------------------------|---|
| <b>2A Individual</b>                                | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>   |
| Applicant Name                                      | First/Given Name (s):       |                              | Last/Family Name:             |   |
| Trust Name<br><i>(if applicable) as trustee for</i> |                             |                              |                               |   |
| ABN<br><i>Attach copy of ABN</i>                    |                             |                              |                               |   |
| Contact Number/s                                    | Phone Number:               |                              | Mobile Number:                |   |
| Contact Email                                       |                             |                              | <input type="checkbox"/>      | <i>Tick to opt-in for postal notifications regarding future renewal notices / reminders</i> |
| Residential Address                                 |                             |                              |                               |   |
| Postal Address                                      |                             |                              |                               |   |

|   |                  |  |                          |   |
|---|------------------|--|--------------------------|---|
| <b>2B Corporation / Incorporated Association*</b>   |                  |  |                          |   |
| Name  |                  |  |                          |   |
| Trust Name<br><i>(if applicable) as trustee for</i> |                  |  |                          |   |
| ABN<br><i>Attach copy of ABN</i>                    | Director Names*: |  |                          |   |
| Contact Name  |                  |  |                          |   |
| Contact Number/s<br><i>(for event)</i>              | Phone Number:    |  | Mobile Number:           |   |
| Contact Email                                       |                  |  | <input type="checkbox"/> | <i>Tick to opt-in for postal notifications regarding future renewal notices / reminders</i> |
| Registered Address                                  |                  |  |                          |   |
| Postal Address                                      |                  |  |                          |   |

## 3. Event Details

|                           |          |                   |  |
|---------------------------|----------|-------------------|--|
| Event Name                |          |                   |  |
| Event Address             |          |                   |  |
| Name of land owner        |          |                   |  |
| Consent of land owner     |          |                   |  |
| Address of land owner     |          |                   |  |
| Real property description | Lot #    | Registered plan # |  |
| Date/s of event           | From:    | To:               |  |
| Time/s of event           | Start:   | Finish:           |  |
|                           | Bump in: | Bump Out:         |  |

### Event Description

Please give a detailed statement of the nature of the entertainment to be provided at the event and when the event is to be open to the public. Provide as much information as possible to assist your application or attach a proposal.

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### Event Checklist

|                                      | Number |  | Yes / No |
|--------------------------------------|--------|--|----------|
| Staff on Site                        |        | Will food be sold/provided? *<br><i>(*Note: If food is to be sold/provided the Event Organiser must contact Council to discuss food licencing requirements &gt;30 days prior to event)</i> | Yes / No |
| Estimated customers (total)          |        | Will alcohol be sold?*   | Yes / No |
| Rubbish bins provided                |        | Is there access for emergency vehicles?  | Yes / No |
| Security Guards                      |        | Will there be fireworks?   | Yes / No |
| Toilets – Male                       |        | Is first aid provided?   | Yes / No |
| Urinals – Male toilets <i>length</i> | m      | Is Disabled access provided?   | Yes / No |
| Hand wash basins – Male              |        | Will animals be involved?  | Yes / No |
| Toilets – Female                     |        | Will inflatable devices be used?   | Yes / No |
| Hand wash basins – Female            |        | Will structures be erected (eg. Tents, stages, tiered seating etc.)?<br><i>(*Note: Documentation from a RPEQ and Building Certifier must be attached to confirm compliance)</i>            | Yes / No |

|   |  |
|---|--|
| Who is responsible for Waste Collection?<br><i>(Provide name and contact details)</i> |  |
| Who is responsible for Site clean-up?<br><i>(Provide name and contact details)</i>    |  |
| Who is the Security Provider?<br><i>(Provide name and contact details)</i>            |  |
| List all Fire Safety precautions  |  |

## 4. Supporting Documentation

|  |                          |
|--|--------------------------|
| <b>Please attach copies of all of the following documentation to your application:</b>   |                          |
| Detailed Site Plan <i>(Include direction of speakers/PA system, location of food stalls, bars, toilets, fencing, entry &amp; exists etc)</i> | <input type="checkbox"/> |
| Fire Safety Management Plan  | <input type="checkbox"/> |
| Traffic Management Plan  | <input type="checkbox"/> |
| Event Management Plan  | <input type="checkbox"/> |
| Liquor Licence <i>(must show hours of operation and map of licenced area)</i>  | <input type="checkbox"/> |
| Public Liability Insurance in the amount of \$20million for the event <i>(nominating Cairns Regional Council as an interested party)</i>     | <input type="checkbox"/> |

## 5. Applicant Declaration

If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

I declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information. It is also an offence to undertake a Temporary Entertainment Event without a permit.

|   |  |
|---|--|
| Name of Individual / Organisation                           |  |
| Name of Signatory<br><i>If applicant is an organisation</i> |  |
| Position<br><i>Proprietor, Director, Manager etc.</i>       |  |
| Signature   |  |
| Date  |  |

## 6. Fee Schedule

|  |              |  |              |
|--|--------------|--|--------------|
| <b>Minor Event</b><br><i>Expected attendees ≤ 999 people</i> | <b>\$364</b> | <b>Major Event</b><br><i>Expected attendees ≥ 1,000 people</i> | <b>\$572</b> |
|--|--------------|--|--------------|

|                                       |           |       |               |
|---------------------------------------|-----------|-------|---------------|
| OFFICE USE ONLY<br>Receipt Type T 727 |           |       |               |
| Fee:                                  | Receipt # | Date: | Officer Name: |
|                                       |           |       |               |

### Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your application. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.