

**Contact Details:**

Postal Address: PO Box 177, Macksville NSW 2447
Telephone: (02) 6568 2555

Office Location:

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Please use the Guide to Applying for and Conducting Events on Council Land and Roadways to assist with completing this form.

EVENT ON COUNCIL LAND APPLICATION

Event Name

Description of Event

Location of Event

Street Address

Locality

Date/s of Event:

From:

To:

Times:

Set Up

Pull Down

Public Start

Public Finish

EVENT CO-ORDINATOR / ORGANISATION

Organisation Name:

Event Contact (1)

Name

Position

Email Address

Postal Address

Phone No:

Event Mobile

Event Contact (2)

Name

Position

Email Address

Postal Address

Phone No:

Event Mobile

| | | |
|-------------------------------------|-----|----|
| Is the organisation not-for-profit? | YES | NO |
|-------------------------------------|-----|----|

*If **YES**, please provide evidence to support this.*

| | | |
|---|-----|----|
| Does the organisation have a minimum \$20M Public Liability Insurance | YES | NO |
|---|-----|----|

*If **YES**, please attach a Certificate of Currency, noting the name of the event and Nambucca Valley Council as an interested party.*

| | | |
|---|-----|----|
| Are you unable to get insurance due to the nature of the event? | YES | NO |
|---|-----|----|

*If **YES**, please attach a statement advising why.*

| | | |
|--|-----|----|
| Do you require approval from a Committee of Management or a Reserve Trust? | YES | NO |
|--|-----|----|

*If **YES**, please **attach** a copy of their letter of approval.*

| | | |
|---|-----|----|
| Have you consulted Council's Development and Environment section as to whether this event requires a Development Consent? | YES | NO |
|---|-----|----|

*If **NO**, please contact the Duty Planner on (02) 6568 2555 for advice*

| | | |
|--|-----|----|
| <i>If YES, do you need to complete a Development Application?</i> | YES | NO |
|--|-----|----|

*If **YES**, please **attach** the Development Application?*

EVENT DETAILS

Expected Attendance numbers

| | | |
|--------------------------------|-----|----|
| Will there be an admission fee | YES | NO |
|--------------------------------|-----|----|

*If **YES**, please complete the following*

Admission Fees

Adult

Child

Concession

Other

\$

\$

\$

\$

AIRCRAFT

| | | |
|---|-----|----|
| Will a helicopter or a joy flight operate at the event? | YES | NO |
|---|-----|----|

ALCOHOL

| | | |
|------------------------------------|-----|----|
| Will alcohol be sold at the event? | YES | NO |
|------------------------------------|-----|----|

*If **YES**, please **attach** a copy of the Liquor Licence*

AMUSEMENT DEVICES * Fees may apply

| | | |
|---|-----|----|
| Does the event include amusement rides? | YES | NO |
|---|-----|----|

*If **YES**, please complete the following:*

Type of Ride

How many of this type?

CATERING AND FOOD STALLS * Fees may apply

Will food be prepared or sold at the event? YES NO



Note: Home Jurisdiction Rule applies please provide copy of inspection report from local authority.

Is there an adequate supply of potable (drinking) water for the number of persons in attendance? YES NO

If YES, please advise how the water will be supplied:

CONTINGENCIES

Have you got a contingency plan for inclement weather or other interruptions YES NO

If YES, please describe your contingency plan or attach a separate document

ELECTRICITY * Fees may apply

Do you require electricity at the event YES NO

If yes, please identify the source

Generators ☐ Council power ☐ Other – please specify

EMERGENCY MANAGEMENT

If an enclosed space is to be used for entertainment, have Emergency Exits, Signage and appropriate lighting been provided? YES NO

If an outdoor event, has a clear access of 2.5 metres been provided for access by emergency service vehicles? YES NO

Are water hydrants able to be accessed at all times? YES NO

ENVIRONMENT

Will your event have an impact on flora and fauna or possible pollution? YES NO

If YES, please describe how will you manage this?

FIREWORKS (Pyrotechnics)

Will the event use pyrotechnics (fireworks)? YES NO

If YES, please advise

Time of display:

Name of company supplying the pyrotechnics:



*Please **attach** a copy of the licensed operator's Public Liability Insurance*



*Please **attach** a copy of the licensed operator's Safework NSW Certificate*

FIRST AID

How will you manage First Aid at this event?

LIGHTING

Will the event use lighting equipment?

YES

NO

If YES, please specify

MEDIA PLAN

Will you be promoting your event through the media?

YES

NO

If YES, please specify how

Nambucca Valley Tourism

YES

NO

Press Releases

YES

NO

Other - *If YES, please specify*

YES

NO

NOISE

Will any personal address systems or amplification systems be used?

YES

NO

Will you use generators or other noise producing equipment?

YES

NO

If you have answered YES, please provide details of curfew times, methods of noise reduction

POLICE NOTIFICATION

Have you notified the Police of your intention to hold this event?

YES

NO



*If YES, please **attach** a copy of the Notice of Intention to Hold a Public Assembly*

PROGRAM OF ACTIVITIES

Have you attached a program of activities?

YES

NO

RISK MANAGEMENT

Have you completed the Risk Assessment?

YES

NO



If **YES**, please **attach** a copy

SECURITY AND CROWD CONTROL

Have you engaged security for your event?

YES

NO

If **YES**, please provide the following details of the company or firm providing the security service

Company

Contact Person

Email Address

Phone No

Start Time

End Time

If **NO**, please complete the following:

If you are not engaging security, will supervision be carried out by responsible adults?

YES

NO

If **YES**, please complete the following:

Name

Phone

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SITE PLAN

Have you attached a site plan/sketch for your event?

YES

NO

Note: The site plan/sketch must identify stall locations, First Aid stations, amusement devices, emergency exits, access and egress for Emergency vehicles, Muster Point?

TEMPORARY STRUCTURES

Will any structures be erected for the event – for example (eg marquees, stage, platforms and lighting rigs)?

YES

NO

If **YES**, please complete the following

| <u>Structure Type</u> | <u>Size</u> | <u>Quantity</u> |
|-----------------------|-------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOILET FACILITIES

Are there adequate toilets on site for the estimated attendance? YES NO

Note: The Guide to Applying For and Conducting Events provides a guideline for the minimum amount required..

If YES, please complete the following:

| | Disability Accessible | Female | Male |
|----------|-----------------------|--------|-------|
| Quantity | _____ | _____ | _____ |

If NO, please provide details of arrangements for temporary toilet facilities:

TRAFFIC AND PARKING MANAGEMENT * Fees may apply

| | | |
|--|-----|----|
| Is your event being held on a Council road? | YES | NO |
| Will the event be conducted under total Police control? | YES | NO |
| Will the event affect or impact on, the Pacific Highway? | YES | NO |



If YES, please contact the Roads and Maritime Services to determine if you will need a Road Occupancy Licence. If YES, please attach a copy of same to this application.

PART A - CLASS OF EVENT

Please indicate the Class which best describes your event.

Note: The Guide to Applying For and Conducting Events provides a guideline on Class of Event.

| CLASS 1 | CLASS 2 | CLASS 3 | CLASS 4 |
|---------|---------|---------|---------|
|---------|---------|---------|---------|

PART B - RMS CONTACT INFORMATION - CLASS 1 APPLICATIONS ONLY

Contact Person: _____

Email: _____

Phone: _____ Mobile _____ Fax _____

PART C - POLICE CONTACT INFORMATION - CLASS 4 APPLICATIONS ONLY

Contact Person: _____

Email: _____

Phone: _____ Mobile _____ Fax _____

PART D - ROAD CLOSURES

Will the event require any temporary road closure? YES NO

If YES, please complete the following – times are to include set-up and pack-up

| Road Name and Locality | Closure | | Reopen | |
|------------------------|---------|-------|--------|-------|
| | Date | Time | Date | Time |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| | | |
|---|-----|----|
| Have you prepared a Traffic Control Plan (TCP)? | YES | NO |
|---|-----|----|

 If **YES**, please **attach** a copy of the TCP (compulsory for Classes 2, 3 and 4)

| | | |
|--|-----|----|
| Have any traffic risks been identified in the Event Risk Assessment? | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| Have you prepared a map of the route and/or location? | YES | NO |
|---|-----|----|

 If **YES**, please **attach** a copy of the map

| | | |
|---|-----|----|
| Do you have accredited traffic controllers? | YES | NO |
|---|-----|----|

If **YES**, please provide the following details of the company or accredited personnel

Company

Contact Person

Email Address

Phone No

| | | |
|---|-----|----|
| Have you notified the Police, Fire and Ambulance of this event? | YES | NO |
|---|-----|----|

 If **YES**, please **attach** a copy of the notifications – this is compulsory

| | | |
|---|-----|----|
| Will public transport be available to and from the event? | YES | NO |
|---|-----|----|

 If **YES**, please **attach** details

| | | |
|---|-----|----|
| Does your event have unique traffic management requirements | YES | NO |
|---|-----|----|

 If **YES**, please **attach** details

| | | |
|--|-----|----|
| Do you propose to use Portable Variable Message Signs? | YES | NO |
|--|-----|----|

 If **YES**, please **attach** details of proposed messages and locations

PART E - IMPACTS ON THE COMMUNITY

Will the event restrict access for any of the following:

| | | |
|--------------------------|-----|----|
| Businesses | YES | NO |
| Emergency vehicles | YES | NO |
| Public transport network | YES | NO |
| Local residents | YES | NO |
| Users of the space | YES | NO |
| Traffic flow | YES | NO |
| Pedestrians | YES | NO |

If **YES**, please **answer** the following:

How will you inform local residents, business and other users of the area of the event and the potential interruption that the event may cause?

How will people be able to gain access to facilities / residences during your event?

What plans do you have in place to mitigate potential issues with access, traffic flow, pedestrians or any other issues?

PART F - PARKING

How will parking be provided for the event?

WASTE MANAGEMENT * Fees may apply

(For events that directly generate waste eg events with food stalls and the like)

| | | | |
|---|--------------------|--------------|----------|
| Type of Waste that will be generated | Mixed Waste | Recycling | Organics |
| What type of bins will be provided? | Skip/Bulk Bins | Wheelie Bins | |
| Method of waste collection and disposal | Private Contractor | Self Haul | Other |

*If **OTHER**, please provide details:*

WATER ACTIVITIES

Note: NSW Roads and Maritime approval is required for activities on enclosed waters

Do you require approval from NSW Roads and Maritime Services YES NO



*If **YES**, please attach a copy of the approval form NSW Roads and Maritime Services*

WHAT WILL THIS COST?

- *There are no Application fees for Not-For-Profit organisations.*
- *There may be fees associated with inspections for Amusement Devices and Food Stalls and costs involved with the supply of Electricity, Road Closure advertising and Waste Management disposal.*
- *Please refer to the Fees and Charges available on Council's website at:
<http://www.nambucca.nsw.gov.au>*

EVENTS ON COUNCIL LAND CHECKLIST

The Event Applicant / Organiser is responsible for liaising with Council and all external agencies to gain approvals. All approvals and information should be attached to this application form at time of lodgement. Approval to operate the event will be not given until all documentation, approvals and licences have been reviewed.

The following checklist is intended to guide your preparation of these forms and approvals:

MUST be provided for all events

YES

NO

| | | |
|---|--|--|
| Completed Application and Event Proposal | | |
| Notice of Intention to Hold a Public Assembly | | |
| Public Liability Insurance – Certificate of Currency \$20M minimum | | |
| Program of Activities | | |
| Risk Assessment | | |
| Site Plan | | |
| | | |
| MAY be required to assess and approve your event | | |
| Certificate of Incorporation or other evidence of not-for-profit status | | |
| Committee of Management or Trust approval | | |
| Development Application | | |
| Liquor Licence | | |
| Amusement Device operator's Certificate of Currency | | |
| Inspection report under Home Jurisdiction Rule for food stalls | | |
| Pyrotechnic operator's Certificate of Currency (Public Liability) | | |
| Pyrotechnic operator's Safework NSW Certificate | | |
| Approval from NSW Roads and Maritime Services | | |
| Traffic Control Plan | | |
| Proof of Accreditation of Traffic Controllers | | |
| Approval from Police or other authority | | |

APPLICANT SIGNATURE AND CONDITIONS

- I/We apply for approval to carry out the event described in this application.
- I/We have read and understood the requirements for conducting events on Council land and roadways as set out in the Guide to Applying for and Conducting Events on Council Land (including Roadways).
- I/We also understand that if the information is incomplete, the application may be delayed, rejected, or refused without notice.
- I/We give consent to Nambucca Valley Council to use the application, plans and documents provided in support of this application for advertising and notification purposes.
- Any information or evidence required to assess this application has been provided or will be prior to conducting the event.
- Council managed land used for the staging of the event is left in a clean and tidy condition and that any additional cleaning and waste removal undertaken by Council on behalf of the application will incur costs.
- I/We declare that all the information in the application and checklist is, to the best of my/our knowledge, true and correct.
- Council reserves the right to cease the event if it is not conducted as outlined in the application.

Applicants Name (Please print)

Applicants Signature

Date