



**Contact Details:**

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

**Website:**

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

**Email:**

[council@nambucca.nsw.gov.au](mailto:council@nambucca.nsw.gov.au)

**Office Location:**

44 Princess Street, Macksville NSW 2447

**Updated:** July 2023 19452/2016

*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

If YES, do you need to complete a Development Application?

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 - <i>If YES, please specify</i>	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 <u>attached</u> 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

Structure Type

Size

Quantity

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## 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:

Quantity	Disability Accessible	Female	Male
	_____	_____	_____

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 Date	Time	Reopen 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	<b>YES</b>	<b>NO</b>
Emergency vehicles	<b>YES</b>	<b>NO</b>
Public transport network	<b>YES</b>	<b>NO</b>
Local residents	<b>YES</b>	<b>NO</b>
Users of the space	<b>YES</b>	<b>NO</b>
Traffic flow	<b>YES</b>	<b>NO</b>
Pedestrians	<b>YES</b>	<b>NO</b>

*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:

<b>MUST be provided for all events</b>	<b>YES</b>	<b>NO</b>
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		
<b>MAY be required to assess and approve your event</b>		
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