

CUMBERLAND Event Booking Application Form

| OFFICE USE ONLY | | | | | | | | | | |
|---|---|--------|---|---------|--------------|------------|---------------|------------|--------|----|
| Application N | umber: | | | | Date: | | | С | CO: | |
| LODGEMENT OF APPLICATION | | | | | | | | | | |
| Council: A | Auburn S | ervice | 8:00am-4:30 e Centre - 1 rvice Centre | Śusan | | | | NSW 216 | 60 | |
| Mail: T | The Gene | ral Ma | anager, Cum | berlanc | d City Counc | il, PO Box | 42, Me | rrylands I | NSW 21 | 60 |
| Email: o | council@c | umbe | <u>rland.nsw.go</u> | v.au | | | | | | |
| Important Ir | nformati | on | | | | | | | | |
| Prior to lodgement of this application, please contact Council's Bookings & Community Centre Team on 8757 9000 to confirm availability of date/s required Application must be sent in at least 6 weeks prior to the event If applicable, additional applications must be submitted upon lodgement Temporary Roadside Closure Temporary Food Premises Registration Application for Approval of an Activity – s68 Local Government Act 1993 Applicable hire fees, which are determined by Council and set out in Council's Fees and Charges Policy, must be paid in full, 7 business days prior to the date of the event. In the event that wet weather prevents the use of the outdoor space, please contact Council's Bookings & Community Centres Team to discuss your options. | | | | | | | | | | |
| | | | | · · | | | | | | |
| 1. Applicant | t Details | i | | | | | | | | |
| 1. Applicant Organisation | | i | | | | | | | | |
| | | i | | | | | | | | |
| Organisation | Name: | i | | | | | | | | |
| Organisation ACN/ABN: | Name: me: | W: | | | | | | | | |
| Organisation ACN/ABN: Applicant Nar | Name: me: per(s): | | | | | |] M: | | | |
| Organisation ACN/ABN: Applicant Nar Contact numb | Name: me: per(s): I: | | Unit no: | | | |] M: House | no: [| | |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email | Name: me: per(s): I: | | | | | | | no: [| | |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email | Name: me: per(s): I: | | Unit no: | | | | | no: [| de: | |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email | Name: me: per(s): l: address: | | Unit no: Street: | | | | | L | de: | |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email Organisation | Name: me: ber(s): l: address: tails | | Unit no: Street: | | | | | L | de: [| |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email Organisation | Name: me: ber(s): l: address: tails nt: | | Unit no: Street: | | | | | L | de: | |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email Organisation 2. Event De Name of Ever | Name: me: ber(s): l: address: tails nt: | | Unit no: Street: | | | | | L | de: | |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email Organisation 2. Event De Name of Ever Date/s of Ever | Name: me: ber(s): l: address: tails nt: ent: | | Unit no: Street: | | | | | L | de: [| |
| Organisation ACN/ABN: Applicant Nar Contact numb Contact email Organisation 2. Event De Name of Even Date/s of Even Location: | Name: me: ber(s): l: address: tails nt: ent: f event: | W: | Unit no: Street: | | | From: | | L | de: [| |

| 3. Site Contact Detai | S | | | | |
|--|---|--|--|--|--|
| Site contact person: | | | | | |
| Contact number: | | | | | |
| 4. Estimated Attenda | nce | | | | |
| Number of attendees: | | | | | |
| the vicinity of the event <u>r</u> provide dates, times, an activities that may affect | s greater than 500 , neighbour notification is required – Residents/Businesses within <u>nust</u> be notified 14 days prior to commencement of the event. The notification must y effects/increase to roads, parking or pedestrians, notice of fireworks and any other local residents. of the Notice you have issued to residents and a map highlighting areas the Notice | | | | |
| Notice attached: | Yes No | | | | |
| Map attached: | Yes No | | | | |
| 5. Vehicle Access | | | | | |
| Do you require access | to the proposed site via Council land? Yes No | | | | |
| | those specially approved are permitted on Council's sportsground or reserves an, the vehicle access corridor and vehicle locations | | | | |
| 6. Traffic Manageme | nt | | | | |
| | Plan is required for all events and must include parking details, as well as entry | | | | |
| Do you require full or p | vartial temporary road closures? Yes No | | | | |
| | e the <u>'Temporary Roadside (short term) Closure</u> in accordance with the RMS guide rt for Special Events), please submit this form as part of this application | | | | |
| State MP Representati weeks prior to the eve | tained from the Cumberland City Council Traffic Committee (attended by Council, RMS, ves, Local Police and bus operators) for road closures. This must be requested 6 nt to allow for approval. Failure to comply may jeopardise approval of application. Is must be advised of any road closures prior to the event. | | | | |
| 7. Waste Managemei | nt | | | | |
| - | lan is required for all events. Please include waste reduction strategies and information | | | | |
| Do you require Counci | I to provide bins for your event? Yes No | | | | |
| Council recommends 1 x 240L waste and 1 x 240L recycling bins per 100 attendees. Refer to Council's Fees and Charges - https://www.cumberland.nsw.gov.au/policies-fees-and-charges | | | | | |
| No. of waste bins: | 240L 660L No. of recycling bins required: | | | | |
| Date(s) required: | | | | | |
| Please note - Council will deliver the bins during business hours to a suitable location. | | | | | |
| 8. Sale of Food at the Event | | | | | |
| Do you propose to sel | food? Yes No | | | | |
| If yes, you must complet this application. | e the ' <u>Temporary Food Premises Registration'</u> Form and submit at the same time as | | | | |
| | must comply with the requirements of the NSW Food Act 2003, NSW Food Regulation od Standards Code. | | | | |

| 9. Alcohol | | | | | | |
|--|---|------------------------------------|--------------------|--|--|--|
| Is it proposed that alcohol be cons | sumed? | Yes | No No | | | |
| Is it proposed that alcohol be sold? Yes No | | | | | | |
| If yes to any of the above, you <u>must</u> s | seek prior approval from Co | ouncil before obtaining | g a Liquor Licence | | | |
| If it is proposed to sell alcohol, an ap <u>https://www.liquorandgaming.nsw.go</u> licence is to be provided to Council a Please note alcohol is not permitte | v.au/ Level 13, 323 Castler minimum of 7 days prior to | eagh Street, Sydney. the event. | | | | |
| 10. Noise | | | | | | |
| Noise is controlled under the NSW P Council and the NSW Police. Any ap be required to produce a current cop | proval for use of a reserve i y of your APRA licence. | | | | | |
| Will there be a public address syst | tem used? | Yes | No | | | |
| Times P.A system is proposed to be | used: Fron | n: | То: | | | |
| Are there any other potentially noi | sy activities proposed? | Yes | No | | | |
| If yes, please specify: | | | | | | |
| | | | | | | |
| What type of musical performance is | proposed: | | | | | |
| | L | | | | | |
| Number of speakers/sound power lev | vel (e.g 240 watts speakers | ;): | | | | |
| Times P.A system is proposed to be | used: Fro | m: | To: | | | |
| What measures have been taken to r | | | nts: | | | |
| | · · · | 5 5 | | | | |
| | | | | | | |
| | | | | | | |
| 11. Water Requirements | | | | | | |
| Does your event require access to | Council's water supply? | (where applicable) | Yes No | | | |
| If yes, does the event require connect | tion to supply for the durat | on of the event | Yes No | | | |
| If yes, please indicate the extent and | purpose of such a supply: | | | | | |
| | | | | | | |
| Fees and Charges may apply Not all parks have access to running water | | | | | | |
| 12. Temporary Structures | | | | | | |
| Do you propose to have temporary structures? Yes No | | | | | | |
| If yes, you must complete the 'Application for Approval of an Activity – S68 Local Government Act 1993 found at <u>Council Forms Cumberland City Council</u> and submit at the same time as this application. | | | | | | |
| Temporary structure details | | | | | | |
| Type of Structure | Company Nam | e | Company Contact | | | |
| | | - IL | company contact | | | |
| | | | | | | |
| Include the location and dimension | | the site plan on aerial | man | | | |
| Include the location and dimensions of devices, structures on the site plan on aerial map Council requires a copy of Public Liability from each company supplying the amusement devices and similar devices | | | | | | |

• If there is more than one owner, please provide their details on a separate sheet.

| 13. Pyrotechnics | | | |
|--|--|---------------------------|-----------|
| Is it proposed to have a fireworks display? | Yes | No | |
| If yes, please note that this is subject to Council ap | proval. | | |
| 44 Davie Davie in 1996 | | | |
| 14. Power Requirements | | | |
| Will you be using your own generator? | Yes | No | |
| If yes, please provide the details of the generator p | ower output: | | |
| Generators will need to be supplied at your cost All electrical equipment must have been tested ar Residual current detectors should be used as a se All your power connections must conform to the A Provide location of generators on the site plan on a | afety precaution Australian Standards | | |
| 15. Safety Procedures | | | |
| Please provide safety procedures that will be in pla methods, first aid arrangements etc.) | ice for the event (for e | example evacuation plans, | safe work |
| | | | |
| 16. Security | | | |
| Please detail event security measures that will be in | n place: | | |
| | | | |
| | | | |
| Have you notified emergency services e.g. Polic | ce, Ambulance and | Fire? Yes | No |
| Have you notified emergency services e.g. Polic 17. Risk Management | ce, Ambulance and | Fire? Yes | No |

preparation of risk management plans is the responsibility of the applicant. Council has developed a 'Risk Assessment Checklist' to aid this process. A copy of the checklist will be included with Council's letter of confirmation.

18. Toilets

Adequate toilet facilities including accessible units will need to be supplied at your cost.

Number of portable toilets onsite:

Do you require keys for the amenity block toilets?

| | Yes |
|--|-----|
| | |

No

| 19. Financial | |
|--|--------|
| Are you charging an entry fee for this event? | Yes No |
| If yes, please indicate how much you are charging: | \$ |
| Do you plan to give away products? (other than food) | Yes No |
| Please provide details: | |
| | |

| 20. Current Insurance Cover | | | | | | |
|---|--|--|--|--|--|--|
| a) Assets: Council will not be responsible for any equipment b) Liabilities: Your organisation is to produce a current Public Liability Policy (Certificate of Currency) held with an acceptable Insurance Company with a minimum cover of \$20 million indemnity. | | | | | | |
| A copy of the Certificate of Currency is to be provided to Council with this application at least one (1) month prior to the date of the event, following site confirmation. A receipt for payment of an insurance premium will not be accepted. The event will not be permitted to commence without such a policy in place. | | | | | | |
| c) Personal Accident/Workers Compensation: The event organiser is responsible to ensure that all parties involved in the organisation of the event has suitable insurance cover. Council will not be responsible for any personal injury to event personnel and requires indemnification from the event organiser should any claims be made against Council. | | | | | | |
| | foregoing information is correct to the best of my knowledge and belief and vise Council should there be any alterations or additions to the information supplied. | | | | | |
| Council requires evidence of your current Public Liability Policy, identifying and naming the Cumberland City Council or ' <i>any local government where the activity is taking place</i> ', with a cover of \$20 million. | | | | | | |
| Public Liability Ins | urer: | | | | | |
| Amount of cover: | \$ Expiry Date: | | | | | |
| | | | | | | |
| 21. Bond Refund | | | | | | |
| Direct Deposit - Bond refunds will be deposited directly into your bank account within 7 working days upon inspection and/or return of keys/swipe card following a booking. | | | | | | |
| Name of Bank: | Account Name: | | | | | |
| BSB No: | Account No: | | | | | |

22. Declaration

By signing this form, I confirm the following:

- I have provided all required documentation, and I declare that the information I have supplied is true and accurate to the best of my knowledge.
- I understand that a separate application must be submitted for each individual event.
- I acknowledge that I have read, understood, and agreed to the '<u>Hire Arrangements for Parks and Sport</u> <u>Fields – Terms and Conditions'</u>.

| Applicant's name: | | |
|-------------------|-------|--|
| Signature: | Date: | |

Checklist

| | cument Required | Applicant | OFFICE USE ONLY - CCO |
|-----|---|-----------|-----------------------|
| Pu | blic Liability | | |
| • | Current Public Liability Policy (Certificate of Currency) held with an acceptable Insurance Company with a minimum cover of \$20 million indemnity | | |
| • | Copy of Pyrotechnic Public Liability Policy (if approved) | | |
| • | Copy of Public Liability from each company providing the amusement devices/temporary structures including marquees etc. | | |
| Sit | e Plan on Aerial Map | | |
| • | Location of all temporary structures, including stages, marquees, portable toilets, and food stalls | | |
| • | Location of all amusement devices including any pyrotechnics | | |
| • | Access plan including emergency exits, pedestrian and vehicle entry and exit | | |
| • | Location of power, lighting, generators, parking, and waste bins | | |
| Tra | affic Management Plan | | |
| • | Illustrations of walkways, signs, and general arrangements to control the health and safety and risks associated with event management around traffic including: Street Names Onsite Parking Details Entry and Exit Traffic Flow | | |
| Wa | iste Management Plan | | |
| • | Copy of Waste Management Plan including where bins will be located, how many will be supplied and how often they will be emptied. Council requires 1x240L waste and 1x240L recycling bin per 100 attendees | | |
| Ad | ditional Forms (if applicable) | | |
| • | Application for Approval of an Activity – S68 Local Government Act 1993 | | |
| • | Temporary Road Closure form' (if applicable) for local roads | | |
| • | Temporary Food Premises Registration form for each food vendor | | |

Cumberland City Council

16 Memorial Avenue, PO Box 42, Merrylands NSW 2160. **T** 8757 9000 **W** cumberland.nsw.gov.au **E** council@cumberland.nsw.gov.au