Customer Contact **1300 COUNCIL (1300 268 624)** 07 4679 4000 www.wdrc.qld.gov.au

info@wdrc.qld.gov.au



## **Application for Temporary Entertainment Event**

Subordinate Local Law No. 1.12 (Operation of Temporary Entertainment Events) 2011

information collected on thi information will be accessed	is form will be used to ensure complia	ance with <i>Local Government Act 2009</i> at to do so. Your information will not be given	nce with Local Government Act 2009. The personal and maintain a register of approvals. Your personal wen to any other person or agency unless required by
Application type:	New Approval \$56.00	Amendment to Approval EH	l:
Applicant De	tails		
Business Name:			
Trading Name:			
Contact Person:			
Postal Address:			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			
Property Det	ails		
Property Name (if applicable):		Lot on Plan:	
Address:		·	
Suburb:		Postcode:	
Owner Name:			

Document Set ID: 1509600 Version: 8, Version Date: 30/06/2022

Owner Consent:

Owner Postal Address:

Date/s:	Time/s:	
Expected attendance		
	ed statement of the nature of the entertainment to b	e provided (attach additional sheets if required)
ivature of activities. Frovide a detaile	statement of the nature of the entertainment to b	e provided (attach additional sheets in required)
Food Provided: Provide details of f	food to be provided and vendors	
<b>Attachments</b>		
Plans identifying each of the following	ng applicable to the application:	
- Boundaries of the place of		
- Water supply system		
- Position of each waste con	tainer	
- All advertising devices at th	ne place (note off-site advertising devices may require	e additional approval for advertising devices)
	lace, including all sanitary conveniences	,
	ood preparation and sale areas (note these may also	require Food Business Licences)
		dings to be used in conjunction with the activity, or on
premise		
Copy of Public Risk Insurance Policy t	to the value of at least \$10,000,000 indemnifying Cou	ıncil
Written consent from property owners	er (if application not signed)	
1		
Customer Signature		
	Marra	Date / /
Signature:	Name:	Date: / /

/	`
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## Office Use Only

Assessment number:	EH No.:	
Amount paid:	Date paid:	/ /
Receipt number:	Initials:	