

Application for Temporary Entertainment Event

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

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to ensure compliance with *Local Government Act 2009* and maintain a register of approvals. Your personal information 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 required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.



Applicant Details

Community Group / Organisation Person

Title: Mr Mrs Ms Miss

Contact Person 1:	
Ph <input type="checkbox"/> (w) <input type="checkbox"/> (h)	
Contact Person 2:	
Ph <input type="checkbox"/> (w) <input type="checkbox"/> (h)	
Community Group / Organisation: (if applicable)	
Postal Address:	
Suburb:	
Email Address:	

Event Details

Type of Event - i.e. Concert/ Festival			
Event Name:			
Brief Description of Event:			
Date/s:		Time/s: (Please include Set-up & Pack up timeframes)	
Expected Attendance:			
Name of Venue:			
Address of Venue:			





Checklist

1. Is the Applicant a Not for Profit Organisation? *(if yes, must provide Certificate of Incorporation)*
 Yes No
2. Will you be selling liquor to the public? *(If yes, Liquor Licence from OLGR may be required)*
 Yes No
3. Will you be selling Food to the Public? *(If yes, Temporary Food Business Licences may be required)*
 Yes No
4. Will you have amplified Entertainment at the event? *(Noise Management Plan may be required)*
 Yes No
5. Will Fireworks be part of the event? *(Community consultation may be required)*
 Yes No
6. Will you be closing Roads / Altering traffic flow? *(If yes, a Road Closure Approval will be required)*
 Yes No
7. Will there be Jumping Castles / rides? *(Public Liability Insurance is required and Safety Certificates may be required)*
 Yes Name of Operator: _____ No
8. Do you have enough Amenities for the Event *(Refer to Event toolkit for further information)*



Application Requirements / Attachments

- Event Management Plan
- Emergency Management Plan
- Event Site Maps (including Emergency Evacuation Plans)
- Public Liability Insurance Certificates
- Liquor Licence Certificate *(if applicable)*
- Temporary Food Business Applications



Applicants Signature

Signature:	Name:	Date: / /
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Office Use Only

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

