

**SHIRE OF GOOMALLING**

PO Box 118, Goomalling WA 6460

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| **NOTIFICATION OF A PUBLIC EVENT** |
| *This form should be completed with reference to the Shire of Goomalling Guidelines for Public Events (supplied with this document)* |
| **Shire Event Assistance** |
| **PROMOTION:** Unless otherwise advised your event will be listed on the Shire web calendar & shared through our contacts. |
| **EQUIPMENT:** Please complete and attach a Furniture & Equipment Hire Form if there are items that you would like to borrow / hire. |
| **Part A** |
| **INFORMATION REQUIRED** | **YOUR RESPONSE** |
| **EVENT NAME:** |  |
| **PURPOSE:** (Community, Commercial, Fundraising) |  |
| **ORGANISATION / GROUP:** |  |
| **INSURANCE:** \*you must have Public Liability Insurance |  |
| **CONTACT PERSON:** (Event Organiser – 18+) |  |
| **TELEPHONE (DAY):** |  |
| **EMAIL ADDRESS:** |  |
| **DATE / TIME:** |  |
| **VENUE:** |  |
| Shire Venues: have you completed a booking form? |  |
| Other Venues: do you have the owner’s permission? |  |
| **Signed (Event Organiser)** I confirm that I have referred to the Guidelines for Public Events. | ***\*****By entering your name you acknowledge you are responsible for this notification.* |
| **Date:** |  |
| **Office Use Only: - File**  |
| **Event Classification** *(as per attached)***:** |  | File Refs: |  |  |
| **The above event is APPROVED subject to compliance with the Health (Public Buildings) Regs. 1992.** | Officer: |  | Date: |  |
| **The above event requires PART B (reverse) to be completed.** | Officer: |  | Date: |  |
| **Chief Executive Officer** |  | Date: |  |
| *Low risk events require Part A only to be completed, to ascertain the risk factor of your event please call the Shire’s CDO on 96291101 so that an assessment can be undertaken over the phone.* |

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| **Part B** |
| **INFORMATION REQUIRED** | **YOUR RESPONSE** |
| **ACCESSIBILITY:** |  | *Please ensure ease of access to your venue and promote clearly.* |
| **ACTIVITIES** *(please list)***:** |  | *Suppliers should provide you with their public liability insurance.* |
| **ALCOHOL:** |  N/A |  Bar Sales |  Tastings |  BYO | *Please ensure that you apply for a licence should you be providing / selling alcohol.* |
|  |  I understand that alcohol is prohibited outside of licensed areas. | *Alcohol consumed outside of licensed areas constitutes as street drinking and infringements may apply.* |
| **APRA** *(music licence)***:** |  | *Your entertainer/s may provide their own licence.* |
| **ATTENDANCE EXPECTED:** |  | *If in a public building this cannot exceed the ‘maximum accommodation’ number.* |
| **ELECTRICAL ITEMS** *(please list)***:** |  | *All items must be tagged. Please ensure that cables / connections aren’t hazards.* |
| **ENTERTAINMENT:** |  | *Suppliers should provide you with their public liability insurance.* |
| **FIRST AID:** |  | *If you do not have a first aider or first aid post please advise your ‘plan’.* |
| **FOOD:** |  | No |  | Yes | *Please ensure you have approval should you / stalls be providing / selling food.* |
| **NOISE:** |  | *If your event might be noisy please consider advising the neighbours.* |
| **PARKING:** |  | *If your venue does not have sufficient parking please advise of your plan.* |
| **POLICE** *(advised)***:** |  | No |  | Yes | *If you are serving alcohol please advise Police of the event.* |
| **RISK MANAGEMENT PLAN** *(attached)***:** |  | No |  | Yes | *Please consider the list of items in the Guidelines.* |
| **SECURITY / CROWD CONTROL:** |  | No |  | Yes | *This can be a requirement of some event approvals.* |
| **SHELTER / LIGHTING:** |  | OK |  | Hired | *Consider the requirement for shade, shelter and / or lighting.* |
| **SITE PLAN** *(attached)***:** |  | No |  | Yes | *Please consider the list of items in the Guidelines.* |
| **TEMPORARY STRUCTURES** *(list types)***:** |  |
| **TOILETS:** |  | OK |  | Hired | *Please consider the requirements in the Guidelines.* |
| **TRAFFIC MANAGEMENT** *(attached)***:** |  | No |  | Yes | *Remember this process, if required, can take up to four months.* |
| **WASTE REMOVAL:** |  | OK |  | Hired | *Please include recycling facilities where possible.* |
| **WATER:** |  | OK |  | Supp- lied | *Potable water should be available at your event.* |
| **OTHER COMMENTS:** |  |
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| **Signed (Event Organiser)** I confirm that I have referred to the Guidelines for Public Events. | ***\*****By entering your name you acknowledge you are responsible for this notification.* |
| **Date:** |  |
| **Office Use Only:** |
| **The above event (PART A & B COMPLETE) is APPROVED subject to compliance with the Health (Public Buildings) Regs. 1992.** | Officer: |  | Date: |  |
| **Chief Executive Officer** |  | Date: |  |
| **The above event (PART A & B COMPLETE) will be the subject of a report to Council.** | Officer: |  | Date: |  |
| **The above event is REFUSED.** | Officer: |  | Date: |  |