

Date received:

Application fee: Receipt No:

PO Box 103 Glenorchy Tas 7010 Ph: (03) 6216 6800 gccmail@gcc.tas.gov.au

Licence No: ABN: 197 5325 2493

## Place of Assembly – Mass Outdoor Event Application

Public Health Act 1997 Sections 76 & 81

Disclaimer Notice: The non-refundable application fee is required to be paid upfront before assessment will be undertaken by Council staff. Any additional fee/s will be invoiced after the event.

PART 1: APPL	ICANT DETAILS							
Title Given Name/s			Family Name					
Company Nam	ne (linked to ABN/ACN)							
ABN / ACN			Date of Birth					
Postal Address	s (for business correspond	lence)						
Business Phon	e Number	Mobile Number		_				
Email Address								
PART 2: EVEN	NT DETAILS							
Event Name								
Event Location	1							
Start Date & T	ime	End Date & Time						
Total Patron A	ttendance Expected	Patron Numbers at Any Given Time		Venue Capacity				
Male Toilets		Male Urinals		Male Wash Hand Basins				
Female Toilets	Female Toilets Female Wash Hand Basins		ns					
Accessible Toil	ets	Accessible Wash Hand Basins						
		erate Noise, Odour or Other	Pollutants					
Examples inclu	ıde – amplified music, fire	eworks etc.						
1								

## PART 3: SUPPORTING DOCUMENTATION

(Pleas	ie tick ( $\checkmark$ ) tick box of those that are included with this application)
	Event site plan
	Smoke free management plan (as approved by the Department of Health)
	Event management plan
	Event program (if applicable)
	Noise management plan (if applicable)
	Traffic management plan (if applicable)
	Temporary food registration/s or list of food stallholders (if applicable)
	Temporary occupancy permit (if applicable)

## **PART 4: APPLICANT DECLARATION**

- I declare that the information provided on this form is accurate, complete, and correct.
- I acknowledge that this application is not valid, and assessment of the application will not commence until the application fee is paid in full.
- I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the *Electronic Transaction Act 2000* to the Council using that email address as a method of contact and for the provision of information by the Council.
- I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name	_	Applicant Signature	Date

## **PART 5: PAYMENT**

Payment by phone	Payment in person				
Credit card payments can be made by calling	Payment can be made in person at our Customer				
(03) 6216 6800.	Service Centre located at 374 Main Road,				
	Glenorchy.				
	Business hours are: 8.30am – 5.00pm Monday to				
	Friday.				

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You do not have to provide your personal information but if full information is not provided the Council may be unable to action your application or request.

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