

# City of Cockburn

## Public Event | Application Form



This form is for the purpose of obtaining approval to hold an event in accordance with Schedule 2 – Form 1 Health (Public Buildings) Regulations 1992 Application to Construct, Extend or Alter a Public Building.

Submission of this form does not, in any way, guarantee approval. The City of Cockburn has the right to determine whether the type of event is in the best interest of the City. Application to be submitted to [health@cockburn.wa.gov.au](mailto:health@cockburn.wa.gov.au)

### Part A – Applicant Contact and Venue Booking Details

| 1. Applicant Details  |  |             |                                     |              |  |
|---|--|-------------|-------------------------------------|--------------|--|
| Title:  | Surname:                                   |             | Given Name:                         |              |  |
| Organisations Name  |  |             |                                     |              |  |
| Address:  |  |             |                                     | Postcode:    |  |
| Phone (W) :   |  |             | Phone (H):                          |              |  |
| Email Address:  |  |             |                                     |              |  |
| Commercial: <input type="checkbox"/>  |  |             | Non-Profit <input type="checkbox"/> |              |  |
| 2. Venue Details  |  |             |                                     |              |  |
| Name of Event:  |  |             |                                     |              |  |
| Has this Event been held previously in Cockburn?  | If yes, when was the last time it was held |             |                                     |              |  |
| Venue:  |  |             |                                     |              |  |
| Specific Site Location if Venue is Large Open Space Area:                                       |  |             |                                     |              |  |
| Reason/s for hosting the event at this Venue:   |  |             |                                     |              |  |
| Date of Event/s (1 <sup>st</sup> Preference)  |  | Start Time: |                                     | Finish Time: |  |
| Date of Event/s (2 <sup>nd</sup> Preference)  |  | Start Time: |                                     | Finish Time: |  |
| Explain the reason for choosing this date to hold your event?                                   |  |             |                                     |              |  |
| Number of People attending the event (at any one time)  |  |             | Adults                              | Children     |  |
| If your venue has on-site toilets would you like to have access to them as part of your event?  |  |             | Yes/No                              |              |  |
| If your venue has on site floodlights, would you like to have the ability to operate them?      |  |             | Yes/No                              |              |  |
| If your venue has a community facility on site would you like to book it as part of your event? |  |             | Yes/No                              |              |  |
| Will you be seeking funding from the City to help deliver your event?                           |  |             | Yes/No                              |              |  |

|  |             |
|--|-------------|
| I declare all information on this application form are true and correct. |             |
| Name: _____  | Date: _____ |
| Signature: _____   |             |

### Part B – Application Details

Please refer to City of Cockburn Community Event Handbook when completing the form. The handbook can be found at <https://www.cockburn.wa.gov.au/Community-Support/Community-Support-and-Development/Community-Run-Events>

| 3. Venue Booking                             |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have confirmation the venue is booked | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 4. Site Plan  |                              |
|---|------------------------------|
| <p>Submit a <b>site plan to scale</b> indicating the layout of your event to show the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stage and other entertainment attractions (including size in m2)</li> <li><input type="checkbox"/> Emergency exits</li> <li><input type="checkbox"/> Food stalls</li> <li><input type="checkbox"/> Lighting</li> <li><input type="checkbox"/> Generator/s</li> <li><input type="checkbox"/> Vehicle Access Points (including street names)</li> <li><input type="checkbox"/> Parking Area</li> <li><input type="checkbox"/> Location of Marquees, Tents (including size m2)</li> <li><input type="checkbox"/> First Aid Post/s</li> <li><input type="checkbox"/> Location and Number of toilet facilities</li> <li><input type="checkbox"/> Seating</li> <li><input type="checkbox"/> Fenced off areas (including size m2)</li> <li><input type="checkbox"/> Site signage</li> </ul> | Yes <input type="checkbox"/> |

| 5. Insurance and Risk Management  |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Public Liability Insurance to the value of ten million dollars is required for all events held in the City</b> |                              |                             |
| Do you have Public Liability Insurance? Please attach Certificate of Currency                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a Risk Management Plan (over 1000 persons)? Please attach a copy                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 6. Toilets  |                              |                             |
|---|------------------------------|-----------------------------|
| If using transportable toilets, I acknowledge that I am responsible for the booking, cost and removal of the required number of toilets per head. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How many temporary toilets will be brought in for the event (not including permanent facilities)?   |                              |                             |
| How many accessible toilets will be provided at the event?  |                              |                             |
| What arrangements have been made for the servicing of the toilets? (please explain):  |                              |                             |
|   |                              |                             |
| If the event is to occur at night, have adequate arrangements been made for lighting the toilets? (please explain)                                |                              |                             |

| 7. Traffic Management & Parking  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have adequate parking for this event?<br>If no, a parking management plan will be required. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you wish to apply for a road closure for your event?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are there accessible parking bays for people with disabilities?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 8. Liquor   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you request the City's approval to sell alcohol at the event?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have approval from Dept of Racing, Gaming and Liquor for a liquor license? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 9. Disability Access & Inclusion   |
|--|
| People with disabilities must have the same opportunity and access at the event as other people. Please provide details on how this will be achieved including access to toilets and around the event. |

| 10. Electrical  |                              |                             |
|---|------------------------------|-----------------------------|
| Will you be using your own generator?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, how many? Please indicate on site plan.   |                              |                             |
| Will there be electrical leads at the event?<br><i>If yes, all leads must be tagged within the last 6 months by a licensed electrician</i>        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will you be setting up electrical equipment?<br><i>An electrician may be required to sign a Certificate of Electrical Compliance at the event</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 11. Community Safety   |                              |                             |
|--|------------------------------|-----------------------------|
| What security arrangements are planned for your event?                                   |                              |                             |
| Company Name:  |                              |                             |
| Number of Staff:   | Times:                       |                             |
| Have you notified local police, CoSafe & fire & rescue of the event (over 5000 persons)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 12. Fire Safety  |                              |                             |
|--|------------------------------|-----------------------------|
| Number of fire extinguishers and type (please show location on site plan)?                                   |                              |                             |
| Do you have an emergency evacuation plan for the event? Please attach a copy                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>An emergency evacuation plan is required for events with enclosed spaces or fenced off areas.</i>         |                              |                             |
| Are there any fireworks or entertainment involving fire?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please provide insurance certificate and a copy of the Dept of Mines, Industry Regulation and Safety permit. |                              |                             |

| 13. Waste Management                                      |  |  |
|---|--|--|
| What arrangements do you have in place for General Waste: |  |  |
|   |  |  |
| What arrangements do you have in place for Recycling:     |  |  |
|   |  |  |

| 14. First Aid provision   |                              |                             |
|---|------------------------------|-----------------------------|
| Will a first aid post be provided? Please show location on the site plan. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Number and qualifications of first aiders?                                |                              |                             |

| 15. Buildings and Structures  |   |   |
|---|---|---|
| Please indicate if any of the following structures are being erected and show location on the site plan.  |   |   |
| <input type="checkbox"/> Small (3x3) marquees/tents   | <input type="checkbox"/> Large marquees/tents/shade structures – large than 55m <sup>2</sup> in area <sup>1</sup> |   |
| <input type="checkbox"/> Stage if more than 12m <sup>2</sup> in area or more than 300mm above the ground <sup>1</sup>   |   |   |
| <input type="checkbox"/> Spectator Stand <sup>1</sup>   | <input type="checkbox"/> Climbing Wall <sup>1</sup>   | <input type="checkbox"/> Cinema Screen <sup>1</sup> |
| <input type="checkbox"/> Bouncy Castle <sup>2</sup>   | <input type="checkbox"/> Amusement Devices/rides <sup>2</sup>   | <input type="checkbox"/> Other                      |
| <sup>1</sup> Please provide the hirers public liability insurance certificate and structural engineers certificate.   |   |   |
| <sup>2</sup> Please provide the hirers public liability insurance certificate, annual inspection certificate, and a copy of the WorkSafe plant registration (or Class 1 certification or letter from a competent person). |   |   |

| 16. Noise   |                              |                             |
|---|------------------------------|-----------------------------|
| Will the noise from the event potentially disturb nearby residents?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, will nearby properties be notified of the event? Please provide copy of the notice. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 17. Food stalls and vans  |                              |                             |
|---|------------------------------|-----------------------------|
| Will food be offered for sale at the event?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please note food stall, premises or vans must have a Temporary Food Premises Licence certificate to operate at the event. Application must be made to the City's Health Services at least <b>14 days prior to the event</b> . |                              |                             |
| Are there any animals involved in the event? Food Stalls must not be located within 30m   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Other information   |
|---|
| Please details any other information you think is relevant: |
|   |
|   |
|   |
|   |

|   |
|---|
| <input type="checkbox"/> I have referred to the City of Cockburn Community Event Handbook when completing this form |
|---|

| Declaration   |                 |
|---|-----------------|
| I being the owner/agent hereby apply under Section 176 of the Health Act 1911 to construct, alter or extend a public building and acknowledge that the information and completed actions in my application are true and correct.  |                 |
| I will ensure that appropriate liability and other insurances are in place for the activities to be conducted. I declare that the information given in this application is to the best of my knowledge true and correct. I agree to notify Council of any changes to these details. |                 |
| Signed: .....   | Date: .....     |
| Name: .....   | Position: ..... |