Application for Medium Impact Outdoor Event

If you have any queries or require help in completing this application, please contact the Events and Permits Administration Officer on 9528 0449.

This form will be assessed and the City will notify you of the outcome. Please note that it may be determined that you are required to submit a High Risk Outdoor Event Application.

Event Details				
Name of Event				
Location				
Event date/s				
	Time from		**Until**	

Expected number of patrons	**At any one time**		**Overall**	

Brief description of event e.g. sporting, commercial, types of entertainment

Applicant Details		
Company/organisation		
Not for Profit Organisation	☐ **Yes** ☐ **No**	*If yes, please provide evidence of Not for Profit status*
Public Liability Insurance	☐ **Yes** ☐ **No**	*Please attach a copy of the Certificate of Currency*
ABN		
Contact Person		
Postal Address		
Suburb	**Postcode**	
Phone number		
Email address		

The City of Rockingham is collecting your personal information to process an application for event approval under the Health (Public Building) Regulations 1992. It may also be used for secondary purposes which would be reasonably expected.

We may share this information with other government agencies in order to assess the application. If you choose to not provide your personal information, we may not be able to process the application.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Event Information		
Will there be amplified music or noise at the event?	☐ Yes	☐ No
Will any food or drink be provided or sold at the event?	☐ Yes	☐ No
Will any non-edible products be provided or sold at the event?	☐ Yes	☐ No
Will there be any amusements (e.g. rides, bouncy castle) or activities (e.g. face painter, roving entertainer, animal farm) at the event?	☐ Yes	☐ No
Will there be any temporary structures over 3m x 3m at the event?	☐ Yes	☐ No
Is the event an on-road event i.e. cycling, triathlon etc.?	☐ Yes	☐ No

First Aid		
Name	**Qualifications**	**Agency**

Toilets

What toilet facilities will be provided for staff, volunteers and patrons at the event?

	Male Only Urinal	Male Only Toilet	Female only	Unisex	Accessible	Parents Room
Total Toilet Numbers (existing & additional)						
Total Basin Numbers (existing & additional)						

Please include the location of all toilets, existing and portable, on your site plan.
It is the responsibility of the event organiser to ensure all toilets (existing and additional) are serviced and cleaned for the duration of the event.

Please provide details below on arrangements made for servicing / cleaning the toilet facilities:
Please ensure you have considered the lighting of toilets interior and exterior - applicable for events after sunset.

Waste Management			
Will you require the hire of additional City of Rockingham Bins?	☐ **Yes** ☐ **No**		
***If yes**, please refer to the schedule of Fees and Charges for current costs per bin* ***If no**, please provide the details of the contractor who will be supplying rubbish bins*			
Company			
Contact number			
If requesting bins from the City, please detail the number required below:			
	General Waste		**Recycling**
240L Waste Bins		**240L Recycle Bins**	
660L Skip Bins		**660L Recycle Skip Bins**	
1100L Skip Bins		**1100L Recycle Skip Bins**	

Declaration			
I, the undersigned, certify that I have authority on behalf of the company / organisation to submit this application and that the information contained herein is, to the best of my knowledge, true and correct.			
Name			
Signature		**Date**	