

# Public Event - Application Form

**This form is for the purpose of obtaining approval to hold an event within the City of Cockburn 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: ☐ Non-Profit: ☐

### 2. Venue Details

Name of event: \_\_\_\_\_

Has this event been held previously in Cockburn? Yes ☐ No ☐

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: (1st Preference) \_\_\_\_\_ Date of event/s: (2nd Preference) \_\_\_\_\_

Explain the reason for choosing this date to hold your event?

Entertainment details (market stalls, bands, amplified music, animal farm, rides, bouncy castles, activities):

Time of event                      Event start time: \_\_\_\_\_ Event finish time: \_\_\_\_\_

Set up & Pack up times                      Set up start time: \_\_\_\_\_ Set up finish time: \_\_\_\_\_

   Pack up start time: \_\_\_\_\_ Pack up finish time: \_\_\_\_\_

Number of people attending the event (at any one time)      Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**If using a City of Cockburn facility, please complete the below questions:**

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 ☐

If your venue has vehicle gate access, removal bollards, power or toilets,  
would you like keys to unlock/lock them? Yes ☐ No ☐

If your venue has been booked for multiple days and has irrigation,  
would you like sprinklers to be turned off the night prior to your booking? Yes ☐ No ☐

If your venue has bins, would you like access to them? Yes ☐ No ☐

If your venue does not have bins or does not have enough bins, would you like additional bins to be  
arrange? (if Yes, please provide quantity) Yes ☐ \_\_\_\_\_ General \_\_\_\_\_ Recycle \_\_\_\_\_ No ☐

Will you be seeking funding from the City to help deliver your event? Yes ☐ No ☐

- ☐ I have read the [Terms and Conditions of Community Venue Hire](#) prior to completing the Declaration.
- ☐ I am aware that there may be bonds required for my application.

**Declaration**

I declare that the information given in this application is to the best of my knowledge true and correct.

I will ensure that the appropriate liability and other insurance are in place for the activities to be conducted.

I agree to notify Council of any changes to these details.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

## Part B – Application Details

Please refer to City of Cockburn Community Event Handbook when completing the form.  
[Click here](#) to access the Guide to Running a Community Event.

### 3. Venue Booking

Do you have confirmation the venue is booked: Yes ☐ No ☐

### 4. Site Plan

Submit a **site plan to scale** indicating the layout of your event to show the following:

- Stage and other entertainment attractions (including size in m<sup>2</sup>)
- Emergency exits
- Food stalls
- Lighting
- Generator/s
- Vehicle Access Points (including street names)
- Parking Area
- Location of Marquees, Tents (including size m<sup>2</sup>)
- First Aid Post/s
- Location and Number of toilet facilities
- Seating
- Fenced off areas (including size m<sup>2</sup>)
- Site signage

Yes ☐

### 5. Insurance and Risk Management

**Public Liability Insurance to the value of ten million dollars is required for all events held in the City.**

Do you have Public Liability Insurance? Please attach Certificate of Currency. Yes ☐ No ☐

Do you have a Risk Management Plan (over 1000 persons)? Please attach a copy. Yes ☐ No ☐

### 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 ☐ No ☐

Toilet Numbers

Permanent: Male Toilets \_\_\_\_\_ Male Urinal (number or width) \_\_\_\_\_ Female Toilets \_\_\_\_\_

Accessible (disabled) Toilets \_\_\_\_\_ Frequency of clean/check \_\_\_\_\_

Temporary: Male Toilets \_\_\_\_\_ Male Urinal (number or width) \_\_\_\_\_ Female Toilets \_\_\_\_\_

Accessible (disabled) Toilets \_\_\_\_\_ Frequency of clean/check \_\_\_\_\_ Lightning used Yes ☐ No ☐

If temporary toilets are being left for more than 24hrs, what pump out arrangement is in place?

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## 7. Traffic Management and Parking

Do you have adequate parking for this event?

Yes ☐

No ☐

If no, a parking management plan will be required. Consent must be obtained from the landowner if using external parking. Please attach a copy.

Do you wish to apply for a road closure for your event?

Yes ☐

No ☐

Are there accessible parking bays for people with disabilities?

Yes ☐

No ☐

## 8. Liquor

Do you request the City's approval to sell alcohol at the event?

Yes ☐

No ☐

Do you have approval from Dept of Racing, Gaming and Liquor for a liquor license?

Yes ☐

No ☐

## 9. Disability Access and 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:

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## 10. Electrical

Will you be using your own generator?

Yes ☐

No ☐

If yes, how many? (please indicate on site plan). \_\_\_\_\_

Will there be electrical leads at the event?

Yes ☐

No ☐

If yes, all leads must be tagged within the last 6 months by a licensed electrician.

Yes ☐

No ☐

Will you be setting up electrical equipment?

Yes ☐

No ☐

*An electrician may be required to sign a Certificate of Electrical Compliance at the event.*

## 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 ☐ No ☐

## 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 ☐ No ☐  
*An emergency evacuation plan is required for events with enclosed spaces or fenced off areas.*

Are there any fireworks or entertainment involving fire? Yes ☐ No ☐  
*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:

In June 2019, the City Published a '[Wastewise Events Policy](#)', which applied to all events held in the City of Cockburn. Requirement of the policy are:

- Provide adequate and appropriately labeled paired general waste and recycling bins
- Exclude sale or release of balloons
- The use of balloon outdoors
- Exclude use of bean bags with polystyrene filling.

Does your event comply with the '[Wastewise Events Policy](#)? Yes ☐ No ☐

Will you be implementing any additional provision to increase sustainability  
e.g. exclude or reduce the use or sale of single use plastics, including Polystyrene or Styrofoam

## 14. First Aid provision

Will a first aid post be provided? (please show location on the site plan). Yes ☐ No ☐

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"/> Solid Climbing Wall <sup>1</sup>   | <input type="checkbox"/> Cinema Screen <sup>1</sup> |
| <input type="checkbox"/> Bouncy Castle / Inflatable <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 engineer's 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 ☐ No ☐

If yes, will nearby properties be notified of the event? (please provide copy of the notice). Yes ☐ No ☐

## 17. Food stalls and vans

Will food be offered for sale at the event? Yes ☐ No ☐

*Please note food stall, premises or vans must have a Temporary Food Premises License certificate to operate at the event. Application must be made to the City's Health Services at least **14 days prior to the event**.*

Are there any animals involved in the event? Food Stalls must not be located within 30m. Yes ☐ No ☐

## Other information

Please details any other information you think is relevant:

☐ I have referred to the [City of Cockburn Community Event Handbook](#) when completing this form.

☐ I have referred to the [Temporary Events - LPP5.21 - Policy](#) 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: \_\_\_\_\_