

PO Box 77, Corowa NSW 2646

Q (02) 6033 8999

@ council@federationcouncil.nsw.gov.au

EVENT AND FESTIVAL APPROVAL APPLICATION FORM

Thank you for hosting an event in the Federation Council.

Please fill in the below form with as much information about your event as possible.

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|-----|-----------|---------|---------------|---------|
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Event Organization / Group:

ABN: Phone:

Contact Name (person to liaise with Council):

| EMdii: | |
|--|--|
| Website: | |
| Mailing Address: | |
| | |
| | |
| | |
| | |
| EVENT DETAILS | |
| Event Name: | |
| | |
| Description of the event: | |
| | |
| | |
| | |
| | |
| | |
| Event activities (what will happen at your | event) e.g. live music, food or market stalls, |
| fireworks: | eventy e.g. live music, 1000 of market stalls, |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| | |

| EVENT LOCATION | | | | - <u></u> | |
|---|-------------|------------|---------------------|----------------------|--|
| Event site and Address: | | | | | |
| DATE AND TIMES | | | | | |
| Event Date (s): | | | Start Time (s): | | |
| | | | End Time (s): | | |
| Set up date (s): | | | Pack down date (s) | | |
| Entry Costs: | Free Entry: | | Voluntary donation: | Administration fees: | |
| Total no. of people expected to attend at any one time: | | | | | |
| INSURANCE | | | | | |
| Name of Company: | | | | | |
| Address: | | | | | |
| Phone: | | | | | |
| Policy Number: | | | | | |
| Value: | | | | | |
| Does this policy cover volunteers? | | ☐ Yes ☐ No | | | |

Please attach a copy of the current Certificate of Currency Public Liability with a minimum indemnity of \$20 million. If the event is held on land owned or managed by Council, the policy must be endorsed to note the Federation Council as an interested party in respect to this event.

RISK AND EMERGENCY MANAGEMENT

| Has a risk assessment been completed on the event? | Yes No | Please attach risk assessment in accordance with Australian Standards 31000:2009. A template can be found in the Events and Festivals Guidelines |
|--|-----------|--|
| Please list any consultation that has occurred with emergency services: Local Police, Ambulance and Fire and Rescue. | Yes No | Record the date and the method of contact, e.g. letter. Please provide copies of event notification to emergency services. |
| Has first aid been organized? | Yes No | Please provide details. |

TRAFFIC MANAGEMENT

| Will the event require any road or street | ☐ Yes | If you ticked 'yes' council approval | | |
|---|-------|--------------------------------------|--|--|
| closures? | ☐ No | required. | | |
| Increase road congestion in the area? | ☐ Yes | Please provide details. | | |
| | ☐ No | | | |
| Restrict access to, or require the use of | ☐ Yes | | | |
| footpaths or public car parks? | ☐ No | | | |
| | | | | |
| Does the event have a Traffic Control Plan? | ☐ Yes | | | |
| | ☐ No | | | |
| Is your event a Road Race Event, e.g. | ☐ Yes | A Roads Occupancy License | | |
| Triathlon? | ☐ No | (ROL)will be required and police | | |
| | | approval under Section 40 of the | | |
| | | Road Transport (Safety & Traffic | | |
| | | Management) Act 1999. | | |

Road or street closures will require you to submit an application to the local Traffic Management Committee.

You should speak with Council prior to preparing any traffic documentation to ensure you have a thorough understanding of what is required. Please contact Council on 02 6033 8999.

Council can assist you with preparing your documentation and submit the forms to the local Traffic Committee (Transport for NSW, NSW Police, Council and Member of the Legislative Assembly) on your behalf.

Please submit the event's Traffic Control Plan/s, Transport Management Plan, Risk assessment and a copy of the event's current Certificate of Currency of Public Liability with a minimum indemnity of \$20,000,000. Transport for NSW, NSW Police and Federation Council will need to be listed as interested

parties on the policy. A copy of the Transport Management Plan can be found in the Events and Festivals Guidelines.

PUBLIC HEALTH AND SAFETY

| Please provide the total number of toilets to be | <u>Males</u> | | <u>Females</u> |
|--|----------------|-----------|-------------------|
| available at the event including portable toilets. | Enclosed Unit: | | Enclosed Unit: |
| | Urinals: | | Hand Basins: |
| | Hand Basins: | | |
| Has a cleaning schedule been completed for your | ☐ Yes | Please at | tach the cleaning |
| event? | ☐ No | schedule | |
| | | | |
| If your event is conducted at night, has provision | ☐ Yes | | |
| been made to light the toilets and access areas? | ☐ No | | |
| Has an accessibility plan been developed to | ☐ Yes | | |
| ensure access to all people, including people with | ☐ No | | |
| a disability? | | | |
| Will your event provide water to patrons? | ☐ Yes | How? | |
| | ☐ No | | |

EVENT ACTIVITIES

Please complete *ONLY* the following sections on event activities that are relevant to your event.

ALCOHOL

| Will alcohol be consumed at your | ☐ Yes | If you ticked yes please complete this section. | | |
|---|-------|---|--|--|
| event? | ☐ No | | | |
| Have you determined the type of | ☐ Yes | https://www.liquorandgaming.nsw.gov.au | | |
| license required by going to the | ☐ No | | | |
| Liquor and Gaming NSW website? | | | | |
| Has an application been lodged? | ☐ Yes | | | |
| | ☐ No | | | |
| How will you enforce the responsible | | | | |
| service of alcohol? | | | | |
| If a license has been issued, please attach copies to this application. | | | | |

FOOD AND BEVERAGES

| Will food or beverages be provided at | ☐ Yes | If you ticked yes please complete this section. |
|--|---------------|---|
| your event? | ☐ No | |
| Please provide details on the type of food being provided: | | |
| Is a temporary food permit required? | ☐ Yes ☐ No | Please ensure a copy of the Food Handling Guidelines for Temporary Events has been |

| All vendors have Public Liability and | ☐ Yes | provided to all food vendors operating at the |
|---|---------------|---|
| Products insurance | ☐ No | event. |
| All food vendors are registered with the NSW Food Authority and Council | ☐ Yes ☐ No | A copy can be downloaded from http://www.foodauthority.nsw.gov.au |

For further information or clarification, please contact Council's Department of Environment, Facilities and Regulations on (02) 6033 8999 or visit the NSW Food Authority website <u>www.foodauthority.nsw.gov.au</u>

| FIREWORKS | | |
|---|---------------|--|
| Is the planned fireworks display on council land? | ☐ Yes☐ No | If you ticked yes you will need to council approval. Please complete this section |
| Name of pyrotechnic: | | |
| Please attach a copy of the pyrotechnic Security Clearance and Explosive License. | ☐ Yes ☐ No | |
| Please attach a copy of Safe Work NSW approval. | ☐ Yes ☐ No | If fireworks are on private land, the pyrotechnic must still notify Council seven days prior. Council may request the pyrotechnic to complete the Fireworks Display Checklist. |
| Please attach a copy of the pyrotechnics current Certificate of Currency of public Liability insurance. | ☐ Yes☐ No | |
| Please attach a Site Plan of the proposed fireworks display (including exclusion zone) | ☐ Yes☐ No | |
| Confirmation that a risk assessment will be undertaken prior to the display taking place | ☐ Yes ☐ No | |
| Has local area commander of police (and/or local police) been notified? | ☐ Yes ☐ No | |
| Has the local NSW Fire and Rescue and /or NSW Rural Fire Service been notified? | ☐ Yes ☐ No | |
| Are the fireworks between October and March? | ☐ Yes☐ No | You may need to apply for an Total Fire Ban Exemption from NSW Rural Fire Service |
| MARKET STALLS | | |
| Will there be market stalls at your event? | ☐ Yes ☐ No | If you ticked yes please complete this section |

| Stall holders have filled a stall holder application | ☐ Yes | |
|---|--------------|---|
| form indemnifying themselves from event | ☐ No | |
| organizers and council? | | |
| Copies of stall holders Public Liability insurance | ☐ Yes | |
| sighted? | ☐ No | |
| Whilst copies of these do not need to be provided | | by signing this application you are |
| declaring that as the event organiser, you have a c | opy on file. | |
| AMUSEMENTS | | |
| Amusements (i.e. Jumping Castle) | ☐ Yes | If you ticked yes please complete this |
| | ☐ No | section. |
| Name of provider: | | |
| Please provide details of the type of amusements | | |
| to be provided | | |
| Copy of the providers risk assessment | ☐ Yes | |
| attached? | ☐ No | |
| Copy of the provider's public liability | ☐ Yes | |
| insurance? | ☐ No | |
| The provider will need to complete an Amusement | Device App | proval Form. This form can be found in |
| the Events and Festivals Guidelines. | | |
| | | |
| SITE PLAN | | |
| Please provide a detailed site plan indicating w | here the e | vent and all activities will be situated. |
| This plan must also show where emergency se | rvices will | be situated, |
| ✓ Entry and Egress | | |
| ✓ Entry register & sanitizing stations | | |
| ✓ Emergency services | | |
| | | |
| Collection point for lost children. | | |
| You should also indicate the following; | | |
| Office / information centre | | |
| Parking | | |
| Toilets | | |
| Food/drink | | |
| Any structures such as marquees, stages expressions and stages expressions. | tc. | |
| Seating | | |
| Entertainment areas / activity areas | | |
| Rubbish bins | | |
| Power outlets | | |
| Fencing | | |

Please attach a copy of the site plan to this application and ensure that all participants have been provided with a copy prior to the event.

Ready access must be provided for emergency vehicle access at all times.

WAIVERS / DISCLAIMERS

How will people register for your event?

It is under the NSW Public Health Order (PHO) that anyone entering a indoor or outdoor venue must provide their details for public tracing in the event of Covid-19 positive testing from an attendee at your event.



Please attach a copy of the events tickets and/or entry forms.

All entry forms and event tickets must include a waiver that indemnifies the Council (Examples of waivers and disclaimers can be provided.)

CALENDAR OF EVENTS

Finally do not forget to list your event on <u>Australian Tourism Destination Website</u>. It's free and gets your event listed on <u>Visit NSW</u> as well as feeding through to various other directories including the appropriate Federation Council region website, <u>North of the Murray</u>. In you require assistance, please don't hesitate to contact the Visitor Information Centre on 02 6033 3221 or tourism@federationcouncil.nsw.gov.au

ACKNOWLEDGEMENT

| I, acknowledge that the information contained in this form is true and correct and that all individuals and groups will comply with the terms and conditions of the event approval and other conditions as required by Federation Council. | | | | | |
|--|--|-------|--|--|--|
| Contact Name: | | Date: | | | |
| Signature: | | | | | |

Please forward this application form to the:
Community and Events
Federation Council
PO Box 77
COROWA NSW 2646
Or personally to
100 Edward Street, Corowa NSW 2646
Or email communityevents@federationcouncil.nsw.gov.au