



SECTION 1: EVENT DETAILS			
Event Title			
Organisation			
Contact Person			
Contact Number		Email	
Postal Address			
Date of Proposed Event		Time	
Preferred Contact Number			
Venue Access Time		Venue Vacate Time	
Event Location			
Is this a Shire property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Organisation	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community / Charity	<input type="checkbox"/> Government
SECTION 2: DETAILS OF THE EVENT			
Briefly outline the objectives, activities and format of your event			
Details of the event			
Is your event open to the General Public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be charging a fee for	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you run this event before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you considering running this event annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SECTION 3: PUBLIC LIABILITY INSURANCE			
Public Liability Insurance	Attach File:		
As the Event Organiser, I confirm Certificates of Currency for Public Liability Insurance will be collected/checked to ensure all suppliers operating at the event are sufficiently covered			

Shire of Kojonup

93-95 Albany Highway, Kojonup WA 6395

Postal address: PO Box 163, Kojonup WA 6395

Telephone: (08) 9831 2400 | Facsimile: (08) 9831 1566 | Email: council@kojonup.wa.gov.au

SECTION 4: RISK MANAGEMENT PLAN		
Risk Management Plan	Attach File:	
SECTION 5: SECURITY, FIRST AID AND EMEGENCY MANAGEMENT		
Emergency Management PLaN	Attach File:	
Which Emergency Services will be notified of the Event	<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance
	<input type="checkbox"/> Fire Brigade	<input type="checkbox"/> None
	<input type="checkbox"/> Other	
How will you be providing First Aid provisions at the event?		
First Aid Certifications and or confirmation of booking	Attach file:	
Please list details of any Security or Crowd Control booked for the event, including start and finish times		
SECTION 6: WASTE AND TOILETS		
How many permanent bins are at the venue?		
How many bins are hiring for the event?		
Will there be any horse or animal manure collection points?		
If yes, please provide details		
Waste Management Plan	Attach file:	
Number of female only toilets available		
Number of male only toilets available		
Number of disabled / accessible toilets available		
SECTION 7: LIGHTING AND ELECTRICAL		
Is the event taking place during sunset or at night	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the event include any temporary electrical installations (including generators)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details		
Please specify the power source(s) being used	<input type="checkbox"/> Large generator with switchboard	
	<input type="checkbox"/> Smal generator	<input type="checkbox"/> Onsite Power
	<input type="checkbox"/> Other	

Certificate of Electrical Compliance	Attach file:	
SECTION 8: AMUSEMENTS AND ENTERTAINMENT		
Will any amusements be included at your event? i.e. petting zoo, pony rides, rock climbing, inflatable structures, fireworks, pyrotechnics or laser displays, mechanical rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide information including any methods of anchoring to be used.		
WorkSafe Plant Registration/s (events with mechanical rides or inflatables only)	Attach File:	
Contractor Public Liability Insurance/s	Attach File:	
SECTION 9: FOOD AND DRINK		
Will stallholders be present at the event? i.e. food, drink, merchandise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide more information:		
Will there be 6 or more food vendors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collective Food Vendor Approval Application	Attach File:	
SECTION 10: NOISE MANAGEMENT		
Will the event feature any amplified music or noise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please submit a Noise Management Plan	Attach File:	

SECTION 11: SIGNAGE		
Are you intending on advertising your event with signage on public land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This includes printed posters, banners, corflute and illuminated signage such as Variable Messaging Boards		
If yes, please outline the signage dimensions, intended locations of installation, timeframes of display and how you will be intending to tether or attach the signage. Please note: this application does not act as a Permit or Licence to erect the signage		
SECTION 12: PARKING AND TRAFFIC MANAGEMENT		
Parking Plan	Attach File:	
Will your event require any road closures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your event impact or change the traffic flow on surrounding roads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic Management Plan	Attach File:	
Order for a Road Closure	Attach File:	
Temporary Road Suspension Application	Attach File:	
SECTION 13: STRUCTURES		
Will your event have any temporary structures (including stage and marquees)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes provide more information		
Will the structures be attached to another building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they greater than 10sqm in floor area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they greater than 2.4m in height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will members of the public use or be permitted to enter/have access to the temporary structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor Certificate of Annual Inspection	Attach File:	
WorkSafe Registration	Attach File:	
Contractor Public Liability Insurance	Attach File:	
SECTION 14: ALCOHOL		
Will alcohol be permitted at the event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How will Alcohol be included	<input type="checkbox"/> BYO Permitted	<input type="checkbox"/> Sold at the event
	<input type="checkbox"/> Included in Entry fee / ticket price	
	<input type="checkbox"/> Included in raffle ticket prizes	
	<input type="checkbox"/> Complementary / Tasting where goods are being sold	
	<input type="checkbox"/> Other	
Permit to Consume Liquor on Shire Property	Attach File:	
Occasional Liquor License	Attach File:	
SECTION 15: ACCESS AND INCLUSION		
Have you reviewed and implemented measures as outlined in the Disability Services Commission Accessible Events Checklist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessible Events Checklist	Attach File:	
SECTION 16: DRINKING WATER		
How will you be supplying drinking water for attendees:	<input type="checkbox"/> Potable water taps and/or fountains on site	
	<input type="checkbox"/> Bottled water available for free or for sale	
	<input type="checkbox"/> Free drinking water station	

SECTION 17: CAMPING		
Will the event include overnight camping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide further details including how many campers are expected each night, where they will be sleeping (tents/RV/caravan) and what ablutions & kitchen facilities will be provided:		
Do you intend to have campfires or gas-lit stoves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 18: SITE PLAN		
<p>Your site plan must be attached with this Application. At minimum, your site plan must show the following:</p> <ul style="list-style-type: none"> • Entry and exit point/s including the Emergency Exit/s • Evacuation muster point • Location of fire safety equipment • Location of first aid • Parking locations • Food vendors • Bins or waste station/s • Toilets • Drinking water station/s <p>Please also add the following items if they are relevant to your event:</p> <ul style="list-style-type: none"> • Camping zone • Children's activities • Displays / exhibits, e.g., machinery, cars, animals • Event site office • Licensed area for the sale or consumption of alcohol • Lighting towers • Market stalls / gazebos / marquees and tents • Seating areas 		
Site Plan	Attach File:	