



## DAREBIN PARKS

### EVENT PROPOSAL FORM

**Council Contact Officer:** .....

<b>Type of Event</b>	
<b>Proposed Event Site</b>	
<b>Date/s of Event</b>	
<b>Duration/Time of Event</b>	
<b>Event Management / Key Contact Person</b>	
<b>Contact Details</b>	<b>Contact Address:</b>  <b>Contact Telephone:</b>  <b>Mobile Phone:</b>  <b>Fax Number:</b>  <b>Email Address:</b>
<b>Organisation/Community Group Holding Event</b>	
<b>Anticipated No. of Participants</b>	
<b>Brief Description of Event &amp; Activities</b>	
<b>Permits Required</b>	<input type="checkbox"/> Will alcohol be served? – Liquor Licence Permit <input type="checkbox"/> Will food be sold? – Temporary Food Stall Permit <input type="checkbox"/> Will there be any fundraising activities? – Permit for Minor Gambling <input type="checkbox"/> Will there be any impact to traffic or a road closure required? – Road Closure Permit <input type="checkbox"/> Will there be any commercial activities on Council property? - Permit for Commercial Activities on Council Property <input type="checkbox"/> Is there potential for the event to cause damage to Council assets? – Asset Protection Permit <input type="checkbox"/> Will temporary event signage be erected i.e real estate boards? – Event Signage Permit

<b>Details of Infrastructure to be erected (if any)</b>	<input type="checkbox"/> Sound .....(details) <input type="checkbox"/> Stages .....(details) <input type="checkbox"/> Signage .....(details) <input type="checkbox"/> Seating .....(details) <input type="checkbox"/> Stalls .....(details) <input type="checkbox"/> Marquees .....(details) <input type="checkbox"/> Cherry Picker .....(details) <input type="checkbox"/> Carnival Rides .....(details) <input type="checkbox"/> Other .....  .....
<b>Public Liability Insurance</b>	<b>Provide Details of Insurance Cover:</b>  Company/Individual or Organisation Insured:  Type of Insurance cover:  Amount of Cover:  Policy Number:  Expiry Date:   <p style="text-align: right;"><i>Please attach a photo copy</i></p>
<b>What is the planned use of existing buildings/infrastructure?</b>	
<b>What parking arrangements need to be made?</b>	
<b>What amenities are available? i.e toilets, water fountains etc.</b>	
<b>What have you done to ensure your event is accessible?</b>	
<b>What Emergency Plans have been developed?</b>	
<b>Attachments</b>	<input type="checkbox"/> Site Plan <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Emergency Evacuation & Safety Plan <input type="checkbox"/> Disability Access Plan <input type="checkbox"/> Tentative Site Booking Confirmation <input type="checkbox"/> Permits <input type="checkbox"/> Insurance Cover

<b>Approval</b>	<b>Print Name:</b> ..... <b>Position Title:</b> ..... <b>Signature:</b> ..... <b>Date Approved:</b> .....
	<b>Public Liability Certificate Sited/Confirmed</b> YES / NO <b>Permit Details Sited/Confirmed</b> YES / NO <b>Conditions (if applicable)</b> ..... ..... .....