

Public Space Hire Application

Effective 1 July 2019 to 30 June 2020

BPOINT RECEIPT NUMBER:

This number must be included before application is submitted if payment is required.

AMOUNT PAID:

ABOUT THIS FORM

Use this form to carry out any of the following activities:

- Private ceremonies e.g. wedding or christening
- Public & corporate activity e.g. promotions, team building, events, formal gathering with over 70 people,
- Placement of a jumping castle , amplified music and P.A systems
- Fundraising

APPLICANT DETAILS

Date of Application:

Title: Mr Mrs Ms Other:

Applicant's Name:

Company Name : ABN:

Contact Person:

Postal Address:

Suburb: Post Code:

Email: DX:

Phone No(s): Mobile:

PROPOSED ACTIVITY

(Please tick appropriate boxes)

- Wedding or Christening Corporate Team Building Formal Gathering (70 or more)
- Sport (amateur/social/professional) Promotion of Product/Location/Service Fundraising /Charity
- Jumping Castle Other (please specify)

Describe proposed activity:

GET IN CONTACT

Randwick City Council
30 Frances Street
Randwick NSW 2031
ABN: 77 362 844 121

Phone 1300 722 542
council@randwick.nsw.gov.au
www.randwick.nsw.gov.au

ACTIVITY DETAILS

Location:

Set up Details: Date: Arrival Time:

Last Day on Site: Date: Finish Time:

Date and time of actual activity: Date: Start Time: Finish Time:

Weatherhold Date: Date: Arrival Time: Finish Time:

PUBLIC LIABILITY AND INSURANCE

Copy of Public Risk Liability Certificate of Currency (COC) attached? Yes No
If "Yes" the COC must be valid for the period of hire.

A Public Liability Insurance policy, having a minimum liability of \$20 million, must be in place for the full duration and scope of the activity.

Insurance Company's Name: Expiry Date:

Postal address: Postcode:

Phone No(s):

NOTE: COC also to be attached for all amusement devices and jumping castle.

ATTENDEES

Indicate the number of attendees: Have provisions for persons with disability for access and accessible toilets: Yes No

ELECTRONICS AND TECHNOLOGY

(Please tick appropriate boxes)

Tick if this section is **not** applicable to your activity If **not** applicable go to NEXT SECTION

Does your activity use any of the following:

Electronic amplified music speaker system: <input type="checkbox"/> Yes <input type="checkbox"/> No	Volts:	Public address system and/or electronic amplified microphone system: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time
	Amps:		Finish Time
Require APRA (Australasian Performing Right Association): <input type="checkbox"/> Yes <input type="checkbox"/> No		Onsite electronic generators: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time
			Finish Time
		No of generators:	

SAFETY SECURITY AND CROWD CONTROL

(Please tick appropriate boxes)

Tick if this section is **not** applicable to your activity If **not** applicable go to NEXT SECTION

Is alcohol permitted or served at this event: Yes No

Security Staff – Professional: Yes No Number:

Security Staff – Voluntary: Yes No Number:

Qualified First Aid personnel: Yes No Number:

ADVERTISING AND MARKETING*(Please tick appropriate boxes)*Tick if this section is **not** applicable to your activity If **not** applicable go to NEXT SECTIONHow will your activity be marketed ? Nationally State Metropolitan Locally Social Media Type

Activity to be televised and/or broadcast on radio or other media:

 Yes No**TRAFFIC MANAGEMENT***(Please tick appropriate boxes)*Tick if this section is **not** applicable to your activity If **not** applicable go to NEXT SECTIONAre any streets to be Yes No If "Yes" name the streets:
closed during this activity:.....
.....

Period of closure:

.....

Attach full details of your proposed traffic and parking including: Vehicle types, vehicular function, public parking and traffic management including any requirement for overflow parking. Attach detailed Traffic Management Plan for Street Closures.

INSTALLATION AND CONSTRUCTION*(Please tick appropriate boxes)*Tick if this section is **not** applicable to your activity If **not** applicable go to NEXT SECTION

Attach a detailed plan of the proposed location and dimensions of all nominated structures.

Tick the following were applicable:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Entertainment stage/s | Width: | Length: | <input type="checkbox"/> Food and/or drink stalls |
| <input type="checkbox"/> Marquees and/or tents | Width: | Length: | <input type="checkbox"/> Merchandise stalls |
| <input type="checkbox"/> Hard surface floors | Width: | Length: | <input type="checkbox"/> Spot and /or light flood lighting |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Children's play equipment | <input type="checkbox"/> Mechanically driven rides | |
| <input type="checkbox"/> Other please specify | | | |

COUNCIL ASSISTANCE*(Please tick appropriate boxes)*Tick if this section is **not** applicable to your activity If **not** applicable go to NEXT SECTION

Tick the following if required (charges will be applicable for each selected service):

- | | |
|---|--|
| <input type="checkbox"/> Additional garbage bins and garbage collection | <input type="checkbox"/> Beach Inspectors |
| <input type="checkbox"/> Connection to electricity (at some locations only) | <input type="checkbox"/> Extra cleaning staff |
| <input type="checkbox"/> Do you require extended public toilet opening and closing hours: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Start
Time:Finish
Time:

.....

ENVIRONMENTAL ISSUES*(Please tick appropriate boxes)*

Will you supply:

- | | | |
|---|------------------------------|-----------------------------|
| Additional garbage disposal units | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Separate recycling bins for glass, aluminium, litter etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additional portable toilets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ACKNOWLEDGEMENT

We will acknowledge that we have received your application. You will receive a receipt specifying the amount of fees paid.

INDEMNITY

I, the applicant, indemnify Council from and against all actions, claims, costs, losses, expenses and damages (including the costs of defending or settling any action or claim) in respect of:

- Loss of, loss of use of, or damage to property of Council; or
- Personal injury (including death) or illness to any person or loss of, loss of use of, or damage to any property; resulting from or by reason of anything done or omitted to be done by you arising out of your activities undertaken at or near Council's facility.

Your liability to indemnify Council is reduced proportionally to the extent that a negligent act or omission of Council or its employees has contributed to the injury, damage or loss.

DECLARATION

I accept that all these approval conditions must be complied with on the day(s) of the activity. I declare that all the information given is true and correct. I also understand that:

- If incomplete, the application may be delayed or rejected, and
- More information may be requested after the date of lodgement, and
- **An application fee of \$188.00 must be paid before submitting the application form. Receipt number to be written on Page 1.**

Signature:

Name: Date:

HOW TO LODGE THIS APPLICATION

BY BPOINT payment: Please put receipt number on Page 1 of this form and email application to council@randwick.nsw.gov.au

To make a BPOINT payment with your credit card visit www.bpoint.com.au and quote **Bill Code: 1394899**

BY MAIL with a cheque attached Address the Application to:	Randwick City Council	Post:	30 Frances Street, Randwick NSW 2031
		DX:	DX 4121 Maroubra Junction

OVER THE COUNTER at our Customer Service Centre:	30 Frances Street Randwick Open 8:30am – 5:00pm, Monday - Friday
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FEES

Application fees are in accordance with Council's Fees and Charges Policy.

Fees may be paid by cash, cheque, MasterCard, Visa, American Express & EFTPOS. Do not send cash in the mail. Make cheques payable to Randwick City Council. If lodging multiple applications, a separate payment must be made for each application.

PRIVACY NOTIFICATION

The purpose of collection of this information is for processing your application. Provision of this information is voluntary and is required to help process your application. You are entitled to have access to this form to correct or amend it after you have given it to Council. This form will be stored electronically in Council's electronic document management system. Access to this information is restricted to Council officers. Members of the public will not be provided with access to the personal details contained on this form.

OFFICE USE ONLY

RC877 Fee: \$ Receipt No: