

Public Space Hire Application

Effective 01 July 2023 to 30 June 2024

ABOUT THIS FORM

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

- Private ceremonies e.g. wedding, christening, family parties, jumping castles, bubble soccer, etc
- Public & corporate activity e.g. promotions, team building, events, formal gathering with over 70 people,
- 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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Wedding/Christening | <input type="checkbox"/> Corporate Team Building | <input type="checkbox"/> Formal Gathering (70 or more) |
| <input type="checkbox"/> Promotion of Product | <input type="checkbox"/> Sport Amateur/professional | <input type="checkbox"/> Fundraising/Charity |
| <input type="checkbox"/> Other | <input type="checkbox"/> Jumping Caste and Bubble Soccer
(Go to page 5 for further conditions) | |

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 castles. See page 5.

ATTENDEES

Indicate the number of attendees: _____ Have provisions for persons with disabilities been made (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: ☐ Yes ☐ No Volts: _____ Amps: _____ Public address system and/or electronic amplified microphone system: ☐ Yes ☐ No Start Time _____ Finish Time _____
Require APRA (Australasian Performing Right Association): ☐ Yes ☐ No Onsite electronic generators: ☐ Yes ☐ 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 management including vehicle types, vehicular function, public parking and traffic control including any requirement for overflow parking. Attach a detailed Traffic Management Plan for street closures.

INSTALLATION AND CONSTRUCTION OF STRUCTURES*(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"/> Other please specify _____ | | <input type="checkbox"/> Mechanically driven rides |

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 |

☐ Do you require extended public toilet opening and closing hours:☐ Yes☐ NoStart
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 the 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 \$210.00 must be paid before submitting the application form.**

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 **Biller Code: 1394899**

BY MAIL:	Randwick City Council	30 Frances Street, Randwick NSW 2031
OVER THE COUNTER at our Customer Service Centre:	30 Frances Street Randwick Open 8:30am – 5:00pm, Monday - Friday	

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:

JUMPING CASTLE/BUBBLE SOCCER CONDITIONS OF HIRE

Inflatable Device Operator Name:

Inflatable Device Operator contact details:.....

Description of Device:.....

Inflatable device will be operated at (state location):.....

Date:

Time: to

The Public Space Application Form must include:

- ☐ Operator's public liability insurance – min. \$20 million and should specifically include amusement /inflatable devices.
- ☐ The Operator's risk assessment for the subject activity.

The risk assessment should address the following potential risks:

- Improper set up
- Inadequate anchoring – no use of pegs at Council locations – appropriate weighted devices
- Use of inflatable device in windy condition
- Access to dangerous parts of the inflatable device, such as blower unit
- Electrical hazard, such as exposed electrical contacts
- Exit/Entry points blocked in case of emergency
- Collision of users
- Sudden loss of pressure/ deflation
- Lack or improper supervision
- Improper use of the device

Conditions of Hire – tick the box to acknowledge compliance

- ☐ The Operator has demonstrated to the applicant that they are appropriately skilled, trained and qualified for the proposed activity
- ☐ The Operator has demonstrated certification on Working with Children
- ☐ The applicant has received confirmation from the Operator that all requirements of the Work Health and Safety Regulation 2017 will be met, including a current logbook being kept for the inflatable device(s) according to the requirements of section 242 of the Work Health and Safety Regulation, 2017 (where applicable)
- ☐ The Operator has demonstrated to the applicant that the device is adequate for the intended use and it will be securely affixed by the Operator to a suitable surface, in a safe location and in accordance with manufacturer specifications and by use of appropriate weighted devices. Please note that Council requirements do not permit the use of pegs in public reserves
- ☐ The agreement between the Operator and the applicant states that the device will be managed by the Operator at all times for the duration of the activity / event, will not be delegated to another party and will be in accordance with manufacturer specifications and requirements
- ☐ The agreement between the Operator and the applicant states that the operator will monitor wind speed for the duration of the activity/event to ensure it is suitable to operate the inflatable device
- ☐ The agreement between the Operator and the applicant states that the Operator will comply with all other relevant legal and safety requirements associated with the erection, operation and maintenance of the device, as well as any other conditions imposed by Randwick Council.
- ☐ The agreement between the Operator and the applicant states that the Operator will conduct the 'post-installation' inspection of the inflatable device; and
- ☐ The agreement between the Operator and the applicant states that the Operator will instruct users on the safe use of the inflatable device.

.....
Operator's Signature