# ARARAT RURAL CITY COUNCIL EVENTS



Prior to completing this form it is recommended you discuss your proposed application with Council by calling 5355 0200. Events application must be submitted to Council - **4 weeks prior: Small event - below 200 people** 

> 6 weeks prior: Medium event - above 200 people 3 months prior: Large event - above 500 people

\*Applications must be submitted to Council and approved prior to any advertising or promotion.

#### **SECTION ONE: EVENT ORGANISER APPLICATION DETAILS**

Name of organisation:

Authorised person's details		
Contact name:		
Postal address:		
Phone:	Email:	
Alternative contact:	Phone:	
Event Day contact:	Phone:	
Type of organisation: ONot for profit ORe	_	_
Is this a fundraising event?		Oyes Ono
<b>If yes</b> , purpose of funds raised:		

I have provided a copy of my Public Liability Insurance certificate of currency with this application

<b>O</b> YES	O NO

#### SECTION TWO: EVENT PLANNING DETAILS

Event name:			
Location Address:			
Starting date:	Finishing date:	Times:	to:
Time for setup:		Time for clean up:	
Target audience:			
Description of event:			



#### SECTION TWO: EVENT PLANNING DETAILS CONT.

Is your event located on public or private land:			
If you are not the owner of the land, please provi	de evidence that you have the owr	ners consent	
Do you plan to provide or sell food or drinks at your event?		O YES	ONO
If yes, you will need to register at https://foodtrade	er.vic.gov.au/ to obtain additiona	al permit	
Do you plan to have vendors providing or selling food or drinks at your event?		O YES	ONO
If yes, you will need to register at https://foodtrad	er.vic.gov.au/ to obtain additiona	al permit	
Do you plan to erect signage for this event?		Oyes	Ono
<b>If yes</b> , please detail:			
Do you require access to the Events generator? (Please provide Generator Use form) <b>If yes,</b> please download form at: <i>https://www.ararat.vic.gov.au/community/planning-event</i> Do you plan to provide or sell alcohol at your event?		Oyes	ONO
		Oyes	ONO
<b>If yes</b> , you will need a temporary permit from the Vi VCGLR <i>https://www.vcglr.vic.gov.au/liquor/major-or-ten</i>			
Are any road closures or directional signage required? <b>If yes</b> , please <b>provide</b> a traffic management plan		Oyes	ONO
*If requesting a VICROADS road closure, please provide the 'Road	Closure Form' at: https://www.ararat.	vic.gov.au/commu	inity/planning-even
Will this event include any fireworks or pyrotechnic displays? <i>If yes, please contact Events Team to discuss</i>		Oyes	ONO
Have you notified emergency services of this event?		Oyes	Ono
If yes, please advise who, including contact name and when	1		
O CFA:	Vic Police:		
Date:			
O SES:	O Ambulance Victoria:		
Date:	Date:		
Expected attendance:	_		
<b>If attendance is over 5,001</b> , please <b>contact Event</b> temporary structures' permit	<b>s Team to discuss</b> a 'Place of Publ	ic Entertainment	and
Are you using any temporary structures (such as marquees, tents)?		Oyes	Ono
<b>If yes</b> , please complete a ' <b>Application for Place of Public Entertai</b> by downloading at: <i>https://www.ararat.vic.gov.au/community/pla</i>		emporary Structu	<b>ıres</b> ' form



 $\bigcirc NO$ 

 $\bigcirc$  YES

### SECTION TWO: EVENT PLANNING DETAILS CONT.

Do you need to hire the Council's recycling trailer?

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Date of pick up:	_ Date of return:		
Name of person picking up:	Mobile Number:		

Forms can be found at: https://www.ararat.vic.gov.au/community/planning-event

A bond payment will be applicable with Terms and Conditions listed on each of the forms.

## **SECTION THREE: CHECKLIST**

Please ensure the following documents are attached to your application to ensure it can be assessed and processed correctly

**Public liability insurance:** a copy of certificate of currency for public liability insurance for minimum sum of \$20 million

**Emergency management plan:** if you require assistance please call Events Team to discuss

**Risk assessment:** if you require assistance please call Events Team to discuss

Planning permit/s: including Place of Public Entertainment and temporary structures permit if applicable

List of vendors: please provide a list of the vendors for your event to the Council

**Traffic management plan:** if applicable

Notified emergency services

#### **SECTION FOUR: DECLARATION**

I understand and acknowledge that all the information provided in this application is true and completed to the best of my knowledge

Name:\_\_\_\_\_

Signature

Date:

\_\_\_\_\_

In person: 59 Vincent St, Ararat 3377 8.30am to 5pm Monday to Friday **By email:** Email your completed application form to: council@ararat.vic.gov.au