



## Event Details

Event Name:	
Description of Event:	
Location of Event:	
Street No:	
Street Name:	
Event Organiser:	
Expected Number of Patrons at any one time at the event:	
Expected number of Patrons over the duration of the event:	
Event Set up Date:	Event Set up Time:
Event Start Date:	Event Finish Date:
Event Start Time:	Event Finish Time:
Pack down Date:	Pack down Time:

**NOTE:** If your event is a cluster of events over a set time period please disregard above and provide dates and times as a separate attachment to your application.

Is the Event raising money for charity	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes provide charity name:				
Incorporated Number:				
Entry to the Event is:	Free <input type="checkbox"/>	Gate Fee <input type="checkbox"/>	Ticketed <input type="checkbox"/>	Donation <input type="checkbox"/>

## Applicant Details

Name of Organisation:	
Contact Person:	
Postal Address:	
Phone:	Fax
Mobile:	
Email:	Website

### Event Day Contact

Contact Person: _____
Mobile: _____

### Event History

Have you run this event before:
If yes, how many persons attended on the previous occasion:
Were there any written complaints received regarding the previous events? If YES please detail:

### Insurance

Have you obtained Public Liability Insurance for your event	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please attach a copy.		

### Emergency Services

*(Please contact Emergency Services and inform them of the event dates and nature of the event)*

Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Officer Name:
Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Officer Name:
Bush Fire Brigade	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Officer Name:
Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff Name:
Is first aid being provided for your event	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide details? (ie first aid station, first aid kit, ambulance on duty)			

# Public Event Application Package



<b>Food and Beverage</b>		<b>Office Use</b>	
Will there be food stalls at your event	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, has stallholders been supplied with an application form?			
Will alcohol be available at the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has a liquor licence been obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Detail how alcohol is being supplied (ie wine tasting, beer tent, BYO)			

<b>Water</b>		
What drinking water sources will be available		
<input type="checkbox"/> Scheme <input type="checkbox"/> Bottled <input type="checkbox"/> Rainwater/Bore <input type="checkbox"/>		
Other (please detail) _____		

<b>Marquees and Stages</b>			
Do you propose to use marquees or tents	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, how many?			
What size/s?			
Do you propose to use stages	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, how many?			
Are they fit for their purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are they safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Signage</b>		
Do you intend to use advertising signage on public or private land	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details?		

# Public Event Application Package



<b>Toilets</b>		
Existing Toilets		Yes <input type="checkbox"/> No <input type="checkbox"/>
Male - #	Female - #	Accessible - #
Portable Toilets		Yes <input type="checkbox"/> No <input type="checkbox"/>
Male - #	Female - #	Accessible - #
If the event is to occur during darkness, have adequate arrangements been made for lighting of toilets Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details of Plumber on standby (for events that are large or over 6 hours)		
<b>Rides and Attractions</b>		
Will there be any commercial amusement operators at your event		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Office Use	

<b>Waste and Cleaning</b>	
How many bins do you believe you will need for the event: #	
Will you need to hire council bins? If yes how many? #	
How will rubbish be removed from site?	
How will recyclables be separated and collected during the event?	
Detail cleaning schedule for toilets:	
Who is responsible for cleaning toilets:	


<b>Traffic Management</b>	
Detail what arrangements are in place for vehicles parking at the event:	
Do you require a road closure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require a traffic management plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there accessible parking facilities available? If yes How many?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Office Use</b>	

<b>Protection of Council Reserves</b>	
Will your event require any holes dug or tent pegs driven into the ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be doing any line marking on grass for your event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you need access to the reserve for trucks, semi-trailers or heavy machinery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you need access to any of the following; Power <input type="checkbox"/> Toilets <input type="checkbox"/> Change rooms <input type="checkbox"/> Other <input type="checkbox"/> _____	


<b>Disability Access and Inclusion</b>	
Will people with a disability have the same opportunity as other people to access your event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will buildings or other structures (for example marquees and toilets) be accessible for people with a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are providing information; will people with disability receive it in an easily accessible format?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will people with a disability receive the same level and quality of service as other people?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will people with a disability have the same opportunity as other people to make complaints?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are conducting public consultation at your event, will people with a disability have the same opportunities as other people to participate?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>


# Public Event Application Package



Amplification	
Do you propose to have recorded or live music as part of your entertainment program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be amplified noise	Yes <input type="checkbox"/> No <input type="checkbox"/>
Briefly explain the purpose and type of amplification being used at your event:	
How will residents/businesses be informed of the amplification Letter Drop <input type="checkbox"/> Public Notice <input type="checkbox"/> Other <input type="checkbox"/> please specify _____ _____	

Office Use	

Security and Crowd Control	
Is security or crowd control needed for your event?	
If yes, how many security or crowd control officers will be provided and who is supplying them?	


Camping or Onsite Living	
Will camping or onsite living be available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many?	


Emergency and Risk Management	
Do you have an Emergency Evacuation Plan prepared for your event?	
Are you required to have a risk management plan for your event?	
Are you required to have an Emergency Management Plan for your event?	

Office Use	

Fire Safety	
Are extinguishers being provided for your event?	Yes <input type="checkbox"/> No <input type="checkbox"/>


## Site Plan

I have included a site plan with my application with the following details:

- Stage
- Food Stalls
- Parking areas
- Toilets
- Vehicle Access Points
- First Aid Posts
- Emergency Exits
- Marquees/ Tents
- Liquor Licensed Area
- Bin Areas
- Lost Children and Property
- Seating
- Fire Extinguishers
- Rides/amusements
- Camping/Onsite Living

I/We \_\_\_\_\_, as the event organiser applying to host an event in the Shire of Exmouth acknowledge that the information and completed actions in my application are true and correct. I/we accept full responsibility of the facility and/or reserve during the specified hire period and will ensure compliance with the Shire's conditions of hire and Local Laws. I/we indemnify the Shire against any action, suit or proceeding caused by my failure to observe all statutory and other requirements or as a result of my negligence or wilful actions. I/we will ensure that appropriate liability and other insurances are in place for the activities to be conducted.

I understand that the Event Information and Application Package is a guide only. There could be other requirements that exist outside the package and that as the event organiser I am responsible.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Application for Certificate of Approval (Health PBo01)



**FORM 2**  
**HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911**  
**HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992**

To the Shire of Exmouth

Date: \_\_\_\_\_

I being the owner/agent hereby apply for a Certificate of Approval in respect of:

## PREMISES DETAILS

NAME OF \_\_\_\_\_

LOT NO \_\_\_\_\_ STREET: \_\_\_\_\_

SUBURB/TOWN \_\_\_\_\_ POSTCODE \_\_\_\_\_

NEAREST CROSS STREET \_\_\_\_\_

Construction/extension/alteration of which was completed on \_\_\_\_\_ in accordance with  
your approval given on \_\_\_\_\_ .

SIGNED \_\_\_\_\_

OWNER/AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

*Please return the completed form to Environmental Health Services, Shire of Exmouth PO Box 21 Exmouth WA  
6707 OR Fax to (08) 9949 3050 OR Email to [records@exmouth.wa.gov.au](mailto:records@exmouth.wa.gov.au)*

# Application for Certificate of Electrical Compliance (Health PBo02)



**FORM 5**  
**HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911**  
**HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992**

Date \_\_\_\_\_

I hereby certify that the electric light and/or power – installation, alteration, addition – at the undermentioned premises has been carried out in accordance with the *Health (Public Buildings) Regulations 1992*.

NAME & INITIAL OF OCCUPIER \_\_\_\_\_

## DETAILS OF BUILDING

Name \_\_\_\_\_

Lot \_\_\_\_\_ No \_\_\_\_\_ Street \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_

## PARTICULARS OF INSTALLATION

Describe any electrical work for which you are not responsible in these premises.

\_\_\_\_\_  
\_\_\_\_\_

Signature of licensed electrical contractor or electrical worker authorised to sign on behalf of the electrical contractor/in-house electrical installer.

\_\_\_\_\_  
(Signature)

Contractor's/in-house electrical installer's Business Name: \_\_\_\_\_

Contractor's/in-house electrical installer's Registration No.: \_\_\_\_\_

Contractor's/in-house electrical installer's Address: \_\_\_\_\_

Contractor's/in-house electrical installer's Telephone No.: \_\_\_\_\_

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Fax to (08) 9949 3050 OR Email to [records@exmouth.wa.gov.au](mailto:records@exmouth.wa.gov.au)**

# Marquee Requirements (less than 55m<sup>2</sup>) (Health EV006)



Stall No: \_\_\_\_\_ Grp/Individual/Org: \_\_\_\_\_

This checklist identifies the elements that will require checking prior to the structure being used. If you answer no to any questions below, the temporary structure/marquee may need repairs or alterations and may not be approved to use.

1	Are anchorages adequate and holding fast?	Yes	No
2	Describe the soil type: (circle type) Loose Sand / Firm Clay or Pindan / Compact Sand		
3	Is the wall and roof bracing installed and adequately tensioned?	Yes	No
4	Are all ropes / tensioned straps in good order and correctly fastened?	Yes	No
5	Is fabric tensioned so that it is not prone to ponding?	Yes	No
6	Are the exits correctly identified and not obstructed?	Yes	No
7	Are any exposed ropes and stakes identified so they are not a hazard to the public?	Yes	No
8	Are all locking pins and bolts in place and correctly tensioned?	Yes	No
9	Are all structural supports sound?	Yes	No
10	Have all fabric tears been adequately repaired?	Yes	No
11	Is the flooring even; preventing trip hazards?	Yes	No
12	Are the walls adequately secured?	Yes	No
13	Are all the bars and legs free of breaks or bends showing 'frosting'?	Yes	No

## FOR ROPES AND POLE TENTS

14	Does the tent have the full complement of side uprights, anchor stakes, pulley blocks and guy ropes	Yes	No
15	Are the hoists secure and only controlled by an authorised person?	Yes	No

# Marquee Requirements (less than 55m<sup>2</sup>) (Health EV006)



## PERSON CONDUCTING CHECK

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that all marquees are to be regularly checked and serviced at least every 12 months. Any marquees or temporary structures > 20m<sup>2</sup> should be serviced and maintained by an appropriate service company. Marquees > 55m<sup>2</sup> must be certified by a structural engineer. Contact the Shires Environmental Health Officer for relevant form and information.

As a stall holder it is your responsibility to ensure that your marquee or shade structure is regularly maintained. By ensuring that your marquee /shade structure is well cared for will help create a safe environment for both your staff and customers.

### **PLEASE COMPLETE THIS CHECKLIST ONCE YOUR MARQUEE HAS BEEN ERECTED AND SECURED**

**The form is then to be handed to the designated event coordinator for presentation to the inspecting Environmental Health Officer.**

Environmental Health Officers may request to see this checklist on inspecting your stall/marquee.

## CARING FOR YOUR MARQUEE / SHADE STRUCTURE

As a stall holder it is your responsibility to ensure that your marquee or shade structure is regularly maintained. By ensuring that your marquee/shade structure is well cared for will help create a safe environment for both your staff and customers.

The following guide shows the steps to take in servicing your marquee:

### **CLEANING YOUR MARQUEE / SHADE STRUCTURE**

**Small Stains:** Simply clean with a clean rag and any general use / mild household spray and wipe cleaning fluid.

**Stubborn Stains:** Use a mild detergent on a sponge to scrub off stubborn stains. Hose off and allow to dry completely before storing folded.

**Complete Canopy:** The canopy of your marquee should be cleaned regularly depending on frequency of use. This is best cleaned by using a soft mop and any mild household cleaning fluid such as dishwashing detergent in warm water. Do not extend the legs as this will avoid the necessity of using a ladder or extension pole. To clean a PVC canopy, warm water with a mop and hosed down works best.

**The Frame:** Wipe the frame clean of dust and dirt with a damp cloth. Oil and greasy marks can be removed with a cloth or sponge soaked in warm soapy water.

**DO NOT USE SOLVENTS, OIL BASED SPRAY OR LUBRICANTS ON ANY PART OF THE STRUCTURE.**

# Marquee Requirements (less than 55m<sup>2</sup>) (Health EV006)



## MAINTAINING YOUR MARQUEE / SHADE STRUCTURE

**Loose Screws:** Regularly check your frame components and tighten any loose keys or screws.

**Legs:** Remove any tape from upper or lower legs. Any tape left on the legs may cause the inner and outer leg to jam and cause damage when erecting or folding.

**Bent Bars:** Sometimes a scissor bar can bend or break. If you notice any “frosting” at a bend in the bar, it is best safe practice to replace it. If any truss bar has broken, it is recommended that you do not use the marquee until it has been replaced. Truss bars, if the structure is operated correctly in normal weather conditions, truss bars will not break.

**Buttons:** If you notice that the restraining buttons are not clicking into place easily, a short spray with Silicon Spray will lubricate the action. If silicon Spray is not available, rub the button with a piece of bath soap.

The above should be done on a regular basis and fully completed at least every 12 months.

**Please be advised for marquees >20m<sup>2</sup>, a copy of the documented service history must be available for inspection. Marquees >55m<sup>2</sup> must be of a design certified by a practicing structural engineer and a copy of current certification must be available for inspection.**

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# Marquee Requirements (greater than 55m<sup>2</sup>) (Health EV007)



Function / Event:

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Function / Event Date:

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Structures being certified:

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Description of structures and dimensions (include details of whether there will be sides to a marquee etc)

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Manufacturer of Structure:

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Maximum safe wind speed that structure can withstand in the proposed operational mode:

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Details of flammability of structure and all decorations to be used:

---

Details of soil type at locations of marquee / structure and holding down requirements:

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This is to certify that the above information is correct and that this structure will be / has been erected in strict accordance to the manufactures specifications, with due consideration to the soil type and holding down requirements and is/will be suitable for its intended use.

Name and Position of responsible person:

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Signature / Date / Time:

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# Notification for Food Stalls and Temporary Food Businesses (Health FB004)



Applicant details			
Applicant name			
Name of Organisation			
Address			
<b>Charity</b> <input type="checkbox"/> <span style="margin-left: 150px;"><b>Community</b> <input type="checkbox"/></span> <span style="margin-left: 150px;"><b>Commercial</b> <input type="checkbox"/></span>			
Postal address			
Home Phone		Work/mobile Phone	
Fax:		Email Address	
Activity/Event Details			
Name of Event/Activity:			
Date/s:			
Location:			
Proposed operating times:			
Proposed area in m2 to be occupied <i>(LG property only)</i> :			
Number of people working at the temporary food premise:			
Names and addresses of people assisting at the temporary food premise:			
Activity/Event Details			
Address of off-site preparation:			
<input type="checkbox"/> This stall or van is registered with _____ <i>(name of local authority)</i>			
<input type="checkbox"/> This stall or van is not registered. <i>Registration may be required prior to approval of temporary food stalls.</i>			



# Notification for Food Stalls and Temporary Food Businesses (Health FB004)



## Food Preparation

Where is food being prepared/cooked?

- At the event
- At home, please provide details below:
- Do you own a pet Yes  No
- If the answer is yes, is your pet permitted indoors? Yes  No

Please tick the categories that best describes your food activities:

- Prepare and provide food as part of a bed and breakfast or home stay
- Prepare and provide food as part of a tour
- Prepare cakes, biscuits, or other flour products that do not contain potentially hazardous foods such as cream
- Prepare and provide food as part of a family day care
- Prepare and provide food as part of a community/charitable fundraising event
- Cake decorating
- Jams
- Pickled onions
- Chutneys, relishes and sauces
- Repackaging confectionary products
- Other (Please specify) \_\_\_\_\_

- At a Registered Food Business:

Name of Food Business: \_\_\_\_\_

\*\* Please provide a current Certificate of Food Business Registration.

## Food Stall Structure

Please indicate the stall structure

- Marquee (enclosed on 3 sides)       Trestle table (open at sides)       Food Van
- Describe layout. Include handwashing, servery equipment, cooking equipment benches.

# Notification for Food Stalls and Temporary Food Businesses (Health FB004)



Other – Please provide details.

## Food Type and Activities

Detailed description of type of food and drink sold.

Describe how food will be stored and how temperature will be monitored?

If transporting food items, how will it be transported to the site?

Car                       Van                       Refrigerated Van                       Other (please describe)

Approximate travel time:

How will food items be displayed:

## Food Handling

Have you had a food stall before?

Have you completed I'm Alert food safety training program? *(Minimum units required: Overview, potentially hazardous foods, food handling skills& knowledge food packaging, hygiene of food handlers)*

# Notification for Food Stalls and Temporary Food Businesses (Health FB004)



**Public Liability Insurance (Local Government Property Only)**  
 The permit holder must have Public Liability insurance (minimum cover \$5,000,000) relating to the approved activity. A copy of the Public Liability Insurance certificate must be **attached** with this application.

**Declaration**

I declare that, the information contained in this application is true and correct;

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

★ A fee may be payable as indicated in the Shire of Exmouth Schedule of Fees and Charges

<b>Office Use Only</b>				
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved		
Stallholders Permit	Traders Permit	Temporary Food Business Permit	Mobile Trader	Exempt under S10 FRegs Notification Only
Conditions				

<b>Health</b>	Signed		Date
<b>Planning</b>	Signed		Date

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