

APPLICATION FOR PLACE OF ASSEMBLY 22/23

☐ Application for a Place of Assembly Licence

☐ Application for Renewal of a Place of Assembly Licence

☐ One-off Event | \$82.00

☐ Annual Cost | \$145.00

APPLICANT/EVENT MANAGER DETAILS

Applicant Name: _____

Contact Number(s): _____

Email Address: _____

EMERGENCY CONTACT

Contact Name: _____

Contact Number(s): _____

EVENT DETAILS

Event Name: _____

Event Address/Location: _____

Date(s)/Time(s): _____

Description of Event including activities: _____

Event Type: ☐ Sporting Event ☐ Festival ☐ Music Event ☐ Other

Estimated number of participants including competitors: _____

Are tickets being pre-sold? ☐ Yes ☐ No

Will tickets be sold at the gate? ☐ Yes ☐ No

RETURN COMPLETED FORMS TO:

Planning & Compliance Department
P: (03) 6471 4700
E: wcc@westcoast.tas.gov.au
PO BOX 63 QUEENSTOWN TAS 7467
11 STICHT STREET QUEENSTOWN TAS 7467



DOCUMENTS REQUIRED FOR INCLUSION WITH APPLICATION

- ☐ Smoke-free management plan (smoke-free event with designated smoking areas)
- ☐ Site plan including temporary structures
- ☐ Event Management Plan
- ☐ Emergency Evacuation plan

SUPPORTING DOCUMENTATION – IF APPLICABLE

- ☐ Road Closures/Traffic Management
- ☐ Fire Works Permits
- ☐ Liquor Licence
- ☐ Incident Management Plan
- ☐ Fire Safety Plan
- ☐ Temporary Occupancy Permit
- ☐ Permission to Erect Signage

SANITARY FACILITIES DETAILS

Number & Type	PERMANENT FACILITIES			TEMPORARY		
	WC's	Urinals	Hand Basins	WC's	Urinals	Hand Basins
Male						
Female						
Unisex						
Unisex Disabled						
Total						

Information requested in this form is collected under authority of the Public Health Act 1997 section 75A as specified by the director of Public Health. This information will be used to evaluate the license application by Council. Please refer to the Australian Government Emergency Management Manual for Safe and Healthy Mass Gatherings. Should you not provide the requested information, Council will be unable to process your application.

FOOD BUSINESS DETAILS

Temporary (Name and Registration)	Permanent (Name and Registration)	Mobile (Name and Registration No.)

POTABLE WATER DETAILS

Water Source:	Private Supply _____	TasWater
If private supply provider details and treatment		

DECLARATION AND SIGNATURE

I understand that I will need to:

- 1. Comply with all conditions of approval against my license, which may be subject to inspections by a Council Officer prior to and during the event to determine compliance.
- 2. Apply for renewal of registration every 12 months where the facilities are permanent

SIGNATURE

_____/_____/_____
DATE

Receipt No. _____

Date: _____/_____/_____