



Office use only

FORM 1A

PO Box 54, Claremont, WA, 6910

Health Services Application

Public Events 2018 – 2019 financial year

1. APPLICANT DETAILS (event owner/agent)

Surname: _____ First Name: _____

Proprietor or Company Director Name: _____

Company Name: _____

Postal Address: _____

Postcode: _____ E-mail: _____

Mobile: _____ Telephone: _____

ABN/ACN: _____

2. PROPERTY/AGENT OWNER DETAILS (if different from applicant)

Surname: _____ First Name: _____

Company Name: _____

Postal Address: _____

Postcode: _____ E-mail: _____

Mobile: _____ Telephone: _____

3. PREMISES/EVENT DETAILS

Lot No: _____ Street No: _____

Street: _____ Suburb: _____

Type of Premises: _____

Description of event: _____

Indoor event Outdoor event Combination of internal/external event

Music type: _____ Stage numbers: _____

Patron numbers (MAX): _____ Demographic: _____

Demographic (age): _____ Gender ratio: _____

Date of event: _____ Duration: _____

Start time: _____ End time: _____

Bump-in date/time: _____ Bump-out date/time: _____

Licensed: YES/ NO (circle)

4. SECURITY COMPANY

Surname: _____ First Name: _____

Company Name: _____

Postal Address: _____

Postcode: _____ E-mail: _____

Mobile: _____ Telephone: _____

Registration: _____

5. LICENSEE DETAILS (if applying for liquor licence)

Surname: _____ First Name: _____

Company Name: _____

Postal Address: _____

Postcode: _____ E-mail: _____

Mobile: _____ Telephone: _____

ABN/ACN: _____

Approved manager on-site: _____ (if unknown please state)

6. ACOUSTIC CONSULTANT

Surname: _____ First Name: _____

Company Name: _____

Postal Address: _____

Postcode: _____ E-mail: _____

Mobile: _____ Telephone: _____

ABN/ACN: _____ Noise modelling attached: YES/ NO (circle)

7. FEES 2017-2018 FINANCIAL YEAR

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Regulation 18 exemption application | \$1000.00 |
| <input type="checkbox"/> | Regulation 13 application (<i>out of hours construction – bump in/out</i>) | \$200.00 |
| <input type="checkbox"/> | Liquor Act applications (<i>ETP, one off & occasional</i>) | \$150.00 |
| <input type="checkbox"/> | Assessment of non-local government noise management plan | \$500.00 |
| <input type="checkbox"/> | Event/Temporary Public Building (<i>per hour of processing</i>) | |
| | Additional form required Form 1B | \$82.00 |
| <input type="checkbox"/> | Temporary Food Business Events & Public Places (<i>per vendor</i>) | |
| | Additional form required Form 2C | \$65.00 |

8. PAYMENT METHOD

Please indicate your preferred method of payment (*call 92854300 to pay by phone):

- Cheque (please make payable to the Town of Claremont)
- Money Order (please make payable to the Town of Claremont)
- Credit card (Visa or Mastercard only)

NOTE:

For security reasons, the Town of Claremont Health Services **cannot accept written credit card details.**

Therefore, please provide the name as displayed on your credit card, and sign below to **authorise** the Town of Claremont to **debit** that credit card.

The Town of Claremont will contact you to obtain your **credit card number.**

Name on Card: _____

Signature: _____ **Date:** _____

Privacy

The personal information collected on this form will only be used by the Town of Claremont for the sole purpose of providing requested and related services. Information will be stored securely by the Town and will not be disclosed to any third parties without your express written consent.

Copyright

I authorise the Town of Claremont to reproduce any attachments provided with this form for internal purposes only.

Post: PO Box 54
Claremont, WA 6910

In person: Number One Claremont
308 Stirling Highway
Claremont, WA 6010

Contact:
Principal Environmental Health Officer
Phone: (08) 9285 4300
Email: toc@claremont.wa.gov.au
Website: www.claremont.wa.gov.au

Application checklist (tick all applicable items required to be submitted with this application)

Declaration at end of page **MUST** to be signed by applicant.

- Application submitted at least 60 days prior to requested date: *(applications submitted late may not be approved in time)*
- Cover letter outlining event (brief explanation)
Including request for Exemption under Regulation 18 Environmental Protection (Noise) Regs 1997
- 2 x copies of site plans

Food premises & food vehicle applications:

- Attached FORM 2C Temporary Food Business Events & Public Places Application
(additional forms required)

Gaming permits/liquor licence applications:

- Racing, Gaming and Liquor prescribed application form attached

Noise management plan/regulation 13 and regulation 18 applications:

- Request in cover letter for exemption under Regulation 13, and Regulation 18
- Noise management plan
- Noise impact modelling attached
- Bump-in and Bump-out details included

Event / temporary public building applications:

- Building/floor/site plans showing layout and all services *(2 copies to be submitted)*
- Attached FORM 1B Event / Temporary Public Building Application **(additional forms required)**
- Current certificate of currency *(public liability insurance)*
- Risk management plan, including emergency management
- Security management plan
- Traffic management plan
- Patron/pedestrian arrival-dispersal plan (including public transport linkages)

Applications may take up to 60 working days to process, it is therefore the applicants responsibility to ensure that the application is submitted with enough time to ensure that all approvals are granted in time.

Declaration:

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular

Signature of applicant: _____

Date _____

Name of applicant: _____

In the case of a company, the signing officer must state position in the company