



Place of Assembly

Public Health Act 1997

Sections 76 & 81

APPLICANT DETAILS

I AM APPLYING AS AN INDIVIDUAL:

Name of Applicant

ABN/ACN

Date of Birth

(for non-ABN/ACN holders)

Postal Address

Phone

Email

Relationship to the Business

I AM APPLYING AS A COMPANY OR REGISTERED BUSINESS:

ABN/ACN

Registered Address

Postal Address

(if different from registered address)

Contact Person

Phone

Email

Role in Company

(e.g. director, corporate secretary)

PREMISES & EVENT DETAILS

Premises Trading Name

Address of Event

Name of Event

Date/s of Event

Proposed Start and Finish Time/s

Description of Event and Activities			
Maximum Number of People Attending at Any One Time (incl staff and volunteers)			
Number of Accessible Male and Female Toilets			
Other Licenses Issued to the Premises			
Emergency Contact Person		Phone	

SUPPORTING DOCUMENTATION

Please tick the documentation included with this application

- Event Site Plan
- Approval from the Department of Health for a Smoke Free Event
- Event Management Plan
- Event Program (if applicable)
- Noise Management Plan (if applicable)
- Traffic Management Plan (if applicable)
- Food Business Registration/s (if applicable)
- Temporary Occupancy Permit (if applicable)

APPLICANT DECLARATION

I declare that the information provided on this form is true and correct.

SIGNATURE

Individual:

Applicant Name

Signed

Date

____/____/____

Company:

Company Name and ABN/ACN:

Name

Signed

.....

Person Authorised to Sign

Date

____/____/____

PRIVACY STATEMENT

The personal information on this form is required by Clarence City Council for the Registration of a Place of Assembly under *the Public Health Act 1997*. We will only use your personal information for this and related purposes. If this information is not provided, council may not be able to process this application. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.ccc.tas.gov.au or at Council Chambers.

LODGE YOUR APPLICATION



EMAIL

Attach your signed, completed application with any supporting information to:
clarence@ccc.tas.gov.au



MAIL

Send your signed, completed application with any supporting information to:
Clarence City Council
PO Box 96 Rosny Park 7018.



IN PERSON

Clarence City Council Offices at 38 Bligh St, Rosny Park, between the hours of 8.45am to 5.00pm. You may also call us on 03 6217 9570.

OFFICE USE ONLY

Place of Assembly License Number

Receipt Number

Date Paid

EHO Conducting Assessment: Date: ____/____/____

Approved / Not Approved

EHO Comments: