



## Place of Assembly Application

*Public Health Act 1997 Section 76 & 81*

Applicant Details	
Name of applicant	
Postal address	
Business number	Mobile number
Email	
Premises Details	
Trading name of premises	
Address of premises	
Date of event	
Description of intended use	
Number of persons to be accommodated	
Other licenses issued to the premises	
Emergency contact name and number	
Fees for 12 months – check with council's Environmental Health Team	
Fee: \$ (exclusive of GST)	

Applicant signature	
I agree that by typing my name below, I have signed this form.	
Signature	Date

### Ways to lodge your form

Submit your application and additional documentation to Clarence City Council, PO Box 96, Rosny Park, Tasmania 7018 or to [clarence@ccc.tas.gov.au](mailto:clarence@ccc.tas.gov.au). If you require assistance, please contact council on 03 6217 9500.



### Privacy Statement

The personal information on this form is required by Council for Place of Assembly Application under the *Public Health Act 1997*, Sections 76 & 81. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. 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](http://www.ccc.tas.gov.au) or at the Council Offices.

### Fee payment

Payment of the fee is required when you submit your application. Payment can be made at the Council Offices or by providing your credit card details. For payment by credit card, please complete the details below.

Payment by credit card		
Cardholder's name		
Date paid		
Mastercard	Visa	Expiry date
Card number		
CCV number		
Amount \$	Signature	

Council Use Only		
License number		
Biller reference		
Receipt number		
Date paid		
Environmental Health Officer Name		Date
Recommended	Not recommended	
Senior Environmental Health Officer Name		Date
Approved	Not approved	