

Place of assembly licence application



When to use this form

Use this form if you need to apply for a place of assembly licence. You will need to apply for a licence if your event:

- will have 1000 people or more in attendance at any one point and
- has a duration of 2 or more hours and
- will be held outdoors

For your application to be considered please include the supporting documents listed below:

- event site plan
- smoke free management plan (as approved by the Department of Health)
- event program (if applicable)

If applicable, you may be required to provide additional information which can include an event management plan, a risk management plan and a list of food and drinks stalls that will be operating. An officer will let you know if this information is needed.

Before you submit your application please read the [information sheet](http://hobartcity.com.au/placeofassemblyinfo) <http://hobartcity.com.au/placeofassemblyinfo> for other considerations and information. This may include road closures, the sale of food or alcohol and also the number of male and female toilets that will need to be provided.

If you are not sure if you need to apply for a licence, have any questions or would like further information you can contact as at coh@hobartcity.com.au or telephone 6238 2715.

Applicant's details

I am applying as a: (Select 1 option) Required

- charity organisation
- school
- commercial organisation or business

What is the name of the charity, school or business? Required

I have read and understand the place of assembly [information sheet](http://hobartcity.com.au/placeofassemblyinfo) <http://hobartcity.com.au/placeofassemblyinfo> which includes the sanitary facilities guidelines.

(Select 1 option) Required

- yes
- no

First name Required

Last name Required

Email address

Telephone number Required

Unit/Street number Required

Street name Required

Suburb Required

Preferred contact method (Select 1 or more options) Required

- email
- telephone
- Australia Post

On-site emergency contact details

First name Required

Last name Required

Email address

Mobile number Required

Event details

Event name Required

Event location Required

Start date Required

D	D	M	M	Y	Y	Y	Y
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End date (if the event runs more than 1 day)

D	D	M	M	Y	Y	Y	Y
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Start time Required

Finish time Required

Number of female toilets provided (refer to information sheet) Required

Number of male toilets provided (refer to information sheet) Required

Maximum number of people attending at any one time Required

Describe any activities that could generate the emission of excessive noise, odour or other pollutants that could cause a nuisance. Required

Supporting documentation


As part of your application please make sure you have attached your supporting documentation below.

Event site plan Required




Please attach all files to the end of this form before submitting it.

Smoke free management plan (as approved by the Department of Health) Required

 Please attach all files to the end of this form before submitting it.

Event program (if applicable)

 Please attach all files to the end of this form before submitting it.

Declaration

I have attached the following documents as part of my application: (Select 1 or more options)

- Event site plan. Required
- Smoke free management plan (as approved by the Department of Health). Required
- Event program (if applicable).

In making this application: (Select 1 or more options)

- I declare that the information on this application is true, accurate and complete. Required
- I acknowledge that this application is not valid and assessment of the application will not commence until all application fees are paid in full. Required
- I acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement)
<https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement>.

End of form

Don't forget to attach all files before submitting this form