



TEMPORARY PLACE OF ASSEMBLY APPLICATION FORM

Public Health Act 1997

Sections 76 & 81

Application for a Place of assembly **Specific Event** Licence

Event Details

Name of Event _____

Date _____ Start/Finish Times _____

Address/Location of Event _____

Description of Event _____

Anticipated maximum number of persons attending at peak occupancy _____

Is an Occupancy Permit required for your temporary structure(s)? Yes / No

If No, please state why _____

Person Responsible for Event

Name of Applicant _____

Postal Address _____ Postcode _____

Telephone _____ Mobile _____ Facsimile _____

Email _____

Emergency Contact _____ Telephone _____

Please tick what has been included with your application

Event site plan

Event program (if available)

Fire evacuation plan (if available)

Copy of Temporary Occupancy Permit (Form 5)

Application Fee*

* see Council's website www.hobartcity.com.au
for application fees or the information brochure

Signature of applicant _____ Date _____

**Please lodge your completed form together with your application fee* at Councils
Customer Service Centre, 16 Elizabeth Street, Hobart.**

