

EVENTS NOTIFICATION FORM

If you are proposing to hold an event which involves a large gathering of people or the erection of a temporary structure, the Dartford Borough council Safety Advisory Group (SAG) would like you to provide basic details of your event by completing this form in type, or writing in block capitals in **BLACK INK**. This will allow the Council and Emergency Services (Fire, Ambulance and Police) to assist with their planning and provide you with advice on safety, street closures and licences.

Please return the completed form as soon as possible. Do not wait until the details for your event are finalised.

Name of Event	
Event Location	

(Please enclose the relevant part of an ordnance survey map or give an ordnance survey location if possible. A site plan showing proposed positions of stalls, marquees, arena, exhibition units, car parking would also be helpful)

Location Plan Attached	Yes/No	Site Plan Attached	Yes/No
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SECTION ONE – ORGANISER DETAILS

Name of Organisation					
Event Organiser(s)					
Contact Address					
Post Code:					
E-mail Address			Fax Number:		
Tel: Home		Office		Mobile	

SECTION TWO – EVENT DETAILS

Event Date		Start Time		Finish Time	
Description of Event Proposed:					
Estimated maximum number of people attending at any one time during the event:					
Staff		Performers		Public	

EVENTS NOTIFICATION FORM (Cont'd)

Is this a (please indicate type of event):							
Commercial	Yes/No	Non-commercial	Yes/No	Fund-raising	Yes/No	Community Service	Yes/No
Charity Event	Yes/No	Name of Charity					
Charity Registration Number				Will all income raised go to the Charity Concerned?			Yes/No
Date/Time to enter site for preparation			Start time each day			Finish time each day	
Date/Time the site will be vacated after the event							
Is the event limited to friends/relatives (in the case of a school to staff children/parents)?					Yes/No (please state which)		
Is the event free?		Yes/No		Admission price £			
Will you be selling programmes?		Yes/No		Price?			
Approximate Number of People expected to attend.							
Possible Alternative Site				Possible alternative Date			
Do you intend to utilise or permit any of the following attractions at the event? If so, please tick the appropriate item (some of these may not be permitted at all sites).							
Fireworks/Pyrotechnics	<input type="checkbox"/>	Live music	<input type="checkbox"/>	Live entertainment	<input type="checkbox"/>		
Carnival/procession	<input type="checkbox"/>	Fairground equipment	<input type="checkbox"/>	Lost children point	<input type="checkbox"/>		
aircraft	<input type="checkbox"/>	Barrier/fencing	<input type="checkbox"/>	Parachutists	<input type="checkbox"/>		
Marquees	<input type="checkbox"/>	Balloon Launch	<input type="checkbox"/>	Hot Air Balloons	<input type="checkbox"/>		
Portable generator	<input type="checkbox"/>	Power Supply	<input type="checkbox"/>	Horses/Donkeys/Animals	<input type="checkbox"/>		
Toilets	<input type="checkbox"/>	Motorcycles	<input type="checkbox"/>	Other motor vehicles	<input type="checkbox"/>		
Alcohol	<input type="checkbox"/>	Food/drink concessions	<input type="checkbox"/>	Barbecue	<input type="checkbox"/>		
Coconut shy	<input type="checkbox"/>	inflatable's	<input type="checkbox"/>	Train hire	<input type="checkbox"/>		
Portable staging	<input type="checkbox"/>	PA system	<input type="checkbox"/>	Bonfire	<input type="checkbox"/>		
Foreshore Boat	<input type="checkbox"/>	Stewarding/Security	<input type="checkbox"/>	Living history/or other	<input type="checkbox"/>		
On site communications	<input type="checkbox"/>	Market Stalls	<input type="checkbox"/>	Water (limited supply at some sites)	<input type="checkbox"/>		
Re-enactment groups	<input type="checkbox"/>	Other (please specify)					
Is there any footpath, bridleway or highway affected by the proposal?					Yes/No		
Do you anticipate the need for:		Highway Directional Signs?		Yes/No	Road Closure		Yes/No
Traffic Diversion	Yes/No	On street parking restriction		Yes/No	Car Park Closure		Yes/No
(N.B. If a formal traffic order is required, then please allow at least twelve week's notice).							
Car Parking Spaces for		Event Staff		Yes/No	Approximate Number		
		Public Attending		Yes/No	Approximate Number		

EVENTS NOTIFICATION FORM (Cont'd)

SECTION THREE – INSURANCE			
Has Insurance been arranged in respect of Public Liability or Third Party risks (including product's liability where appropriate).			Yes/No
What is the name of the insurer? <i>(plus every organisation involved must have cover)</i>			
What is the value of Cover? <i>(Recommended that this should not be less than £5 million)</i>			
If permission is granted for the event, I hereby agree to comply with the conditions set out in this form and any departmental terms and conditions and all reasonable instructions given by all authorised officers of the Council.			
Name (Print)		Signed	
Date:			

Please send this completed form together with any supporting documentation to:

Safety Advisory Group (SAG)
Community Safety Unit
Dartford Borough Council
Civic Centre
Home Gardens
Dartford
Kent
DA1 1DR

COPIES OF THE APPLICATION MAY BE FORWARDED TO NORTH KENT POLICE, KENT FIRE & RESCUE SERVICE AND THE HIGHWAYS MANAGER.