

EVENT APPLICATION FORM

Please complete all the parts of this application that are relevant to your event.

Please ensure you attach a site plan, including location of all temporary structures. Please include site address, names of roads, park/reserve to be used.

EVENT DETAILS	
Name of event	
Date of event	
Description of event (e.g. what activities will the event include?)	
Location (street address)	
Number of people on location	
Number and type of vehicles on location	
CONTACT DETAILS	
Organisation	
Contact Name	
Postal Address	
Street Address	
City	
Phone Number	
Mobile Number	
Email	
DATES/TIMES	
Set up date and time	
Event start date and time	
Event finish date and time	
Conclusion date and time	

CONTACT PERSON DURING THE EVENT	
Contact Name	
Mobile Number	
Phone Number	
Email Address	
PARKING REQUIREMENTS	
How many car parks do you require?	
How many on site car parks are available?	
If there are not enough car parks available on site, where will the over flow be accommodated?	
STREET ACTIVITIES (If you anticipate more than 200 vehicles a traffic management plan may be required)	
Is a road closure or traffic management plan required? (If yes, a plan may be required up to 20 days prior to your event)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Which traffic management company are you using?	
CLEAN UP (The organiser is responsible for the cleaning up of the venue)	
What are your arrangements for cleaning up?	
Expected date/time of completion	
HDC has recycling bins available for events and can arrange collection at event organisers cost. Would you like more information on this?	<input type="checkbox"/> No <input type="checkbox"/> Yes
TOILETS (One toilet per hundred people is required)	
Will you be bringing in extra toilets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If the answer is yes how many?	
SOUND	
Will there be any amplified sound?	<input type="checkbox"/> No <input type="checkbox"/> Yes

SPECIAL EFFECTS (e.g. fireworks, smoke, lighting etc, also supply Health & Safety Certification for – fireworks)			
Will there be any special effects?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If the answer is yes please list type/s			
ENTERTAINMENT (e.g. Bands, bouncy castles etc.)			
Will there be any other types of entertainment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If the answer is yes please list type/s			
BUILDING CONSENT Will there be any of the following?			
Tents or marquees over 100m ²	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Platforms or staging over 1m high	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Scaffold towers or grandstands	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Portable buildings (e.g. 'Portacoms')	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Temporary artwork or structure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
REGULATORY LICENCES The organiser is responsible for obtaining all appropriate licences before approval for your event can be given. Which of the following licences will you require?			
Sale of Liquor	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Amusement Devices	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sale of Merchandise	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Storage and use of LPG	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Storage and use of Diesel	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Storage and use of Kerosene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Will you be using Food Vendors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, are they registered and current?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
Please give details			

CHARGES AND CONDITIONS

The organiser may incur costs such as use of facility fees and other Hurunui District Council charges. The organiser will be responsible for the cost of barricades, signage, cones and other items that the event requires. The organiser may be asked to provide a bond that will be refundable on fulfilment of council requirements.

Organisers must comply with the conditions for the use of Hurunui District Council reserves and facilities. A set of conditions will be attached to your permit. Any changes or additions to these conditions are at the discretion of Hurunui District Council.

PRIVACY ACT 1983

The information collected will be used to ensure the effective processing of your application. It may, therefore, be distributed to other Hurunui District Council departments, external agencies and for public notification as required.

HEALTH & SAFETY PLAN

☐ We confirm that our organisation has a Health and Safety Management Plan. This plan complies with the requirements of the Health and Safety in Employment Act 1992, Health and Safety in Employment 1995 and all other relevant legislation. This plan will remain in force for the duration of our event and will not be cancelled during this time.

- ☐ We confirm the following requirements are part of the plan:
- A system is in place for identification, assessment and control of hazards.
 - Control measures for hazards are reviewed at intervals appropriate to the running of the event.
 - Health and Safety responsibilities are assigned to designated staff, that is, all those working on the event, including volunteers.
 - Organisation representatives have inspected the event location to ensure that the venue is safe.
 - An Accident Register is kept on site.
 - An emergency plan designed for our event is in place for dealing with a variety of emergencies.
 - A Health and Safety briefing will be carried out with staff (including volunteers) prior to each session of the event and documented.
 - All staff working at the event location have the necessary knowledge and skills to perform their job adequately, or that they will be adequately supervised.
 - A system is in place to ensure the public is not endangered by activities carried out at the event venue.
 - Total number of staff/volunteers working at our event is _____

CONFIRMATION

I the undersigned confirm that the above information is true and factual. I confirm that I am the authorised person for this matter.

Name	
Signature	
Date	

If any details, relating to this permit application, are altered after the form has been submitted, please advise the Hurunui District Council, as soon as possible at:

events@hurunui.govt.nz | 03 3148816 | PO Box 13, Amberley 7441