



If land owner is Central Highland Regional Council, please contact Community Development Services.

### Owner/s consent

Name	
Street address	
Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email _____
I, being the owner of the property described in this application hereby consent to the afore mentioned in the application for Operation of a Temporary Event on this property.	
Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Give a detailed statement of the nature of the entertainment to be provided at the event and when the event is to be open to public. (Provide as much information as possible to assist your application or attach a proposal.**

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Number of staff on site during the event:			
What is the estimated number of customers that will visit the event per performance?			
Number of toilets provided:	Female	Number of hand wash basins	
	Male	Number of hand wash basins	Number of urinal (metres)
Will alcohol be served? (If yes, provide copy of liquor licence)	<b>Yes</b>		
	<b>No</b>		
Will there be fireworks display? ( If yes, provide a copy of notification)	<b>Yes</b>		
	<b>No</b>		
Do you have public liability insurance for the event? (If yes, provide a copy of the policy)	<b>Yes</b>		
	<b>No</b>		
Is access provided for emergency vehicles? (If yes, please provide detail on map)	<b>Yes</b>		
	<b>No</b>		
Number of bins provided			
Name of contractor collecting waste			
Who responsible for site clean-up?			
List all fire safety precautions (i.e. fire exits, evacuation plan, smoke alarms, fire hoses, fire extinguishers, etc.)			
Will a building and fire safety inspection be conducted?	<b>Yes</b>		
	<b>No</b>		
Name of security provider			

**Privacy Statement**

Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy in Central Highlands Regional Council see our Privacy Plan on our website



Name of food Vendor	Type food stall (e.g. mobile food van, food stall)	Food business licensee Number and State origin e.g. NSW	Temporary Caterers Permit from State Schools & Non for Profit groups

**PUBLIC HEALTH REGULATIONS 2005**

**Schedule 3a**

**NOTE: Water Analysis MUST BE 4 Weeks prior to Event commencement.**

**Potable Water for the Event (water used for drinking / food prep)**

Is the Event on Town reticulation Water Supply?	Yes
	No (Provide further details – Bore, Rainwater, Water Carrier etc.)

**Water Analysis Charges (non-reticulated water must be analysed for suitability)**

Water Analysis Required	Cost of Water Analysis (current financial year period). (Cost subject to Laboratory and Council annual fees)	No. of Water holding tanks / sites required for testing	Sub total
Microbiological Water Analysis			
Standard Water Analysis			
Council Labour			
Freight Charges			
<b>Total Cost Water Analysis</b>			

**Lodgement**

Please attach the following:

- All food License, Temporary Caterers Permit

**Please note: This application and fee MUST be lodged with your Council.**

**Office use only**

Application fee		Reg. no.	
Receipt code	506 (TEMPEVENT)	ID no.	
GL Ledger No	2100.0105.0086	Inspection date	
Recommendation			
			Rec. no.
Date	□□ / □□ / □□□□	Account property no.	