

APPLICATION FORM

PUBLIC BUILDING EVENTS

For the purpose of applying in conjunction with the *Health (Miscellaneous Provisions) Act 1911* & the *Health (Public Buildings) Regulations 1992*:

- Form 1 – Application to Construct, Extend or Alter a Public Building
- Form 2 – Certificate of Approval

The following forms are required where persons may assemble, usually assemble or occasionally assemble for educational, business, entertainment, recreational, sporting, civic, theatrical, social, political or religious purposes.

ORGANISATION DETAILS			
Organisation Name			
ABN			
Type of Organisation	Commercial	Community	Non-Profit
Premise Address			
Suburb		Postcode	
Phone Number			
APPLICANT DETAILS			
Primary Contact	Name		
	Role		
	Phone Number		
	E-mail		
Secondary Contact	Name		
	Role		
	Phone Number		
	E-mail		
PROPOSED EVENT DETAILS			
Name			
Description (Intended Purpose of the Event)			
Date(s)			
Start Time		Finish Time	
Maximum Number of Persons:	At any given time:	Whole Duration:	
Premises Address			
	Suburb		Postcode

Has this event been held previously?	Yes	No
Have you confirmed that your venue is booked?	Yes	No
Is the Venue:	Open Space (eg. Park)	or Public Building
Is the Event:	Open to Public	or Closed to Public/ Ticketed Event
INSURANCE		
Do you have Public Liability Insurance?	Yes	No
Attach a copy of a valid Public Liability to the minimum value of \$10 million dollars.		
SITE PLAN & LAYOUT		
The site plan must include the following details:		
<ul style="list-style-type: none"> ○ Structures including stage, shades, tents and marquees (including size in m²) ○ Bouncy castles and amusement rides/ devices ○ Emergency exits (location & widths) & demonstrate evacuation/ egress to exits ○ Emergency lighting & exit signs ○ Stalls including food & beverage stallholders ○ Electrical cables (to best tested & tagged) & location for fire protection equipment ○ Vehicle access points (including street names), parking & overflow parking areas ○ Permanent & portable toilet facilities – location & numbers (& disabled access) ○ Seating, tables & fenced off areas (including m²) ○ Location of Emergency Services and First Aid point/s 		
PROVIDE DETAILS OF ACTIVITIES & ENTERTAINMENT INCLUDING ANY MUSIC EQUIPMENT TO BE USED		
Will there be any electrical generators, switchboards or sound systems?	Yes	No
Must supply fire protection equipment at each location and any backstage areas.		
Will there be any fireworks?	Yes	No
Attach a copy of the Dept. of Mines, Industry Regulation and Safety permit.		
Is your event likely to generate noise that will impact surrounding residential areas?	Yes	No
Complete Application for Approval as a Non-Complying Event at least 60 days before the event.		
Will there be large stands, marquees/ tents/ shades or stages more than 55m ² erected?	Yes	No
Complete Certificate of Structural Integrity for a Temporary Structure/ Marquee		
Will there be any additional structures?	Bouncy castles/ Inflatables	Amusement rides/ Devices
Provide hirer's public liability insurance (minimum \$10 million dollars), copy of WorkSafe Registration (or Class 1 Certification by a competent persons) and annual inspection certificate for each structure.		

FOOD & BEVERAGE

Is your event selling food or beverages? Yes No
[Temporary Food Stall or Premises Notification Form](#) must be completed for each Stallholder and a list of all food & beverage stallholders including Name of Stall, Name of stallholder, contact number, and types of food being sold.

Note: fees & charges apply to the food stallholders.

PROVIDE INFORMATION REGARDING ACCESS & INCLUSION INCLUDING PROVISIONS OF DISABLED ACCESSIBILITY

PARKING & TRAFFIC MANAGEMENT

Does your event have adequate parking for your anticipated attendance numbers? Yes No
Include on your site plan location of parking and overflow parking areas.

Note: Overflow parking may be required at another location.

Does your event require road closures? Yes No

Attach a copy of your approved traffic management plan

Note: Events at Centennial Park must cordon off footpaths and middle island on Hannan Street.

PROVIDE DETAILS OF CROWD CONTROL & SECURITY MEASURES INCLUDING A QUALIFIED PERSONS

PROVIDE DETAILS OF RUBBISH STORAGE, REMOVAL AND SITE CLEAN-UP PROVISIONS FOR DURING AND AFTER THE EVENT (NO SOLID OR LIQUID WASTE TO BE LEFT AT THE VENUE)

TOILET FACILITIES

Number of permanent toilet facilities at venue: Unisex: Female: Male: Toilets: Urinals:

Number of additional toilets provided for the event: Unisex: Female: Male:

Total number of disabled access toilets available/ provided:

PROVIDE DETAILS OF THE EMERGENCY RESPONSE PROCEDURES INCLUDING RISK ASSESSMENT & EMERGENCY MANAGEMENT DETAILS

Attach a copy of your emergency response and risk management documentation (must be supplied for 1000+ persons).

PROVIDE DETAILS OF FIRST AID FACILITIES AND PROVISIONS INCLUDING PROVIDING A MINIMUM OF ONE (1) PERSON AS A QUALIFIED FIRST AID OFFICER

Provide evidence that your event has been registered with the Department of Health:
https://ww2.health.wa.gov.au/Articles/A_E/Events-registration

COVID-19 REQUIREMENTS

To ensure compliance with the WA State Government directions you must complete:
COVID Event Checklist (500 – 1000 persons) COVID Event Plan (1000+ persons)
<https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-events>

PLEASE ENSURE THE FOLLOWING DETAILS ARE ATTACHED WITH THIS APPLICATION. ANY MISSING DETAILS MAY DELAY THE PROGRESS OF YOUR APPLICATION.

- Valid certificate of currency to the value of \$10 million dollars
- Site Plan & Layout
- Certificate of Structural Integrity for a Temporary Structure/ Marquee (if applicable)
- Food Stalls – Submit list of food stalls and application form for each stallholder
- Approved Traffic Management/ Road Closure Documentation (if applicable)
- Emergency Response & Risk Management Procedures
- Event has been registered with the Department of Health
- [Form 5 - Certificate of Electrical Compliance](#) (to be completed on the **day** of the event)
- COVID-19 Documentation

DECLARATION

- I declare as the Applicant, all the information supplied on this form is true and correct.
- I understand that the City of Kalgoorlie Boulder accepts no responsibility for injury or liability.
- I understand that the City may require additional information to support this application.
- I understand that submission of this form is under consideration and does not, in any way, guarantee approval.

Full Name		Date	
Signature			

Refer to the City’s Schedule of Fees & Charges

COA: 22010153

Receipt Number: _____

All applications & supporting documentation are to be submitted to mailbag@ckb.wa.gov.au at least 60 working days prior to the event.