

APPLICATION FOR PUBLIC LIABILITY COVER FORM

Linked to Events Policy – POL-100

APPLICATION FOR PUBLIC LIABILITY COVER UNDER COUNCIL'S POLICY

To be eligible to apply for this cover, the applicant must be a not-for-profit community group or approved individuals who/which are holding an event on council owned property including streets or roads that have been legally closed for the duration of the event. Please complete all sections and sign.

DETAILS							COMMENTS
Community Group:							Official Use Only
Event Name:							, , ,
Contact Name:							
Address:							
Phone:							
Email:							
Is your Commur	nity Group	an Incorporated Association? (circle) YES NO					
Description of E including activiti							
How many people do you expect to attend:							
Where will the e held: (Address)	vent be						
Will the event be held on a street: (circle) YES NO							
Do you have con event: (circle)	nsent to cl	ose the street for the duration of the			YES	NO	
When will the ev	ent be he	d:					
Start Date:			End Date:				
Start Time:		am/pm	End Time:			am/pm	
Does the event	require de	velopment consent: (circle)			YES	NO	
If yes, has development consent been granted: YES NO							
Will alcohol be served or sold at the event: YES NO							
Please provide any additional information that may assist consideration of this matter:							
DECLARATION:							
I of							
declare that the above information is true and correct.							
Signature:							DATE: //