



APPLICATION FOR PLACE OF ASSEMBLY PERMIT

ABN 68 300 116 092

PLACE OF ASSEMBLY

Application for a Place of Assembly Licence

APPLICANT DETAILS

Name of applicant

Postal address.....Post Code.....

Mobile Phone:.....Email.....

PREMISES/EVENT DETAILS

Address of premises:.....Post Code.....

Event Name.....

Start Date/Time:.....End Date/Time:.....

Number of persons to be accommodated

Number of female toilets:.....Number of male toilets:

Describe any activities that could generate emission of excessive noise, odour and other pollutants that could cause a nuisance.....

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ON-SITE EMERGENCY CONTACT

Emergency contact:.....

Mobile:.....

Address.....Post Code.....

FEE AND SIGNATURE

Application Fee: \$.....

Signature of applicant:.....Date:/...../.....

NOTE: The application fee includes an amount to cover a basic inspection of the premises. Any further inspections required for the purposes of assessing the application may require an additional fee.

DOCUMENTATION THAT MUST ACCOMPANY APPLICATION

- Site plan and/or floor plan
- Any information required by the Council for assessment purposes

Office Use Only	
Receipt No.	Date