Application for Public Place Activity Permit



Use this form to apply for a permit for Public Place Activity. This form is in keeping

with *Local Government Act 2009 Subordinate Local Law SLL 1.14 (Undertaking Regulated Activities on Local Government Controlled Areas and Roads) 2011.* This may include Display or Information Booth, Social Gathering (no more than 50 persons), Street Parade or Festival, Vintage Car Display, Novelty Race, Cake Stall, Sausage Sizzle, Carwash or similar Fund Raiser. Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

**Note regarding Public Liability Insurance:** Public Place Activities that are considered low risk (i.e. performances or acts that have minimal potential to cause injury to the public or damage to property) will not be required to provide proof of public liability insurance. However it is recommended that applicants hold their own insurance.

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| **Applicant Details for Business / Community Group** | | | | | | |
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| **Business or Company Name / Community Group Name** | | | | |  | **ACN / ARBN** |
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| **Postal Address** | | | | | | |
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| **Telephone Number** |  | **Email Address** | | | | |
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| **Name of Contact** | | |  | **Position of Contact** | | |
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| **Applicant Details for Private** | | | | |
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| **Surname of Applicant (1)** |  | **Given Name** |  | **Title** |
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| **Surname of Applicant (2)** |  | **Given Name** |  | **Title** |
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| **Postal Address** | | | | |
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| **Telephone Number** |  | **Email Address** | | |
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| **Activity Details** | | | | | | |
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| **Location or Street Address of Public Place** | | | | | | |
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| **Type of activity or function** | | | | |  | **No. persons attending** |
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| **Start Date** |  | **Start Time** |  | **Finish Date** |  | **Finish Time** |
|  |  | am  pm |  |  |  | am  pm |
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| **Name and contact details of the event organiser** | | | | | | |
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| **Public Liability Insurance** | | |
| **Take out and maintain public liability insurance for a minimum of $20 million for Council controlled areas and roads indemnifying Barcaldine Regional Council against any or all claims of damages resulting from the activity/operation of the business.** *A copy of your public liability insurance and indemnity statement MUST be provided with your application* | | |
| **Name of Insurer:** |  | **Policy Number:** |
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| **Policy Limit:** |  | **Expiry Date:** |
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| **Have you noted Barcaldine Regional Council as an interested party?**  Yes  No | | |

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| **Privacy Statement** |
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| **Privacy Statement** - Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including *Right to Information Act 2009)* or as required by Queensland State Government. |

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| **Attachments** |
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| This application and fee must be lodged with your Council with the following attachments.  A copy of your Public Liability Insurance Policy to the minimum $20,000,000 value is required by Barcaldine Regional Council must accompany applications (and note Council as an interested party.) The Policy shall name the insured as ‘the applicant for the Permit and the Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.  A certified copy (or other evidence of approval) of any other registration, licence or permit required under any other law, as part of the occupation or use of Council Parks and Reserves. |

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| **Terms and Conditions** |
| 1. The area is to be left in a clean and tidy state. 2. No alcohol in park area (unless otherwise approved). 3. No glass receptacles are to be used. 4. Council is to be indemnified against any claim which may arise as a result of this activity. 5. All food preparation and distribution to comply with Health Service requirements. 6. All electrical cords, fittings, switchings, etc. are to be in accordance with the appropriate Australian Standards. 7. Provide adequate controlled access for pedestrians where applicable. 8. If necessary, keys are to be collected from the front counter of Council office. 9. Driving speeds in excess of 10kph are not permitted. |

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| **Declaration** | | |
| I / We agree to abide by the conditions of the permit as set by Council. | | |
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| **Applicant Signature** |  | **Date** |
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| **Application Fees for 2023 / 2024 Financial Year** | | | |
| 1311-1000-0000 | Annual Licence Fee (per Community) | $ | 232.00 |
| 1311-1000-0000 | Annual Licence Fee (Local Business) | $ | 30.00 |
| 1311-1000-0000 | Annual Licence Fee (Community Group) | $ | Nil |

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| **Lodgement of your application** | | | |
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| MAIL | Post to ‘PO Box 191, Barcaldine QLD 4725’  Email to [council@barc.qld.gov.au](mailto:council@barc.qld.gov.au) | | |
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| IN PERSON | Visit any BRC Administration Office from 8.00am to 4.30pm Monday to Friday with cash, cheque or EFTPOS | Alpha Aramac Barcaldine | 43 Dryden Street  35 Gordon Street  71 Ash Street |
|  | | | |
| PAYMENT | Cheques or money order to be made payable to “Barcaldine Regional Council  Credit Card – Contact Council to arrange to pay (1% surcharge applies)  Cash or EFTPOS (in person only)  Direct Deposit *– paying direct to Bank account “Barcaldine Regional Council General Account” BSB 124001 Account Number 100026378. Use the Licence Number & Surname as the Reference. Email a remittance advice to* [*council@barc.qld.gov.au*](mailto:council@barc.qld.gov.au) | | |

**OFFICE USE ONLY**

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| Date received | |  | | Receipt No. | |  | CSO | |  | |
| Approved  Not approved | | | Permit number | | |  | Date issued | | |  |
| Full name of approving BRC Officer | | | | |  | | | | | |
| Signed |  | | | | | | | Date | |  |