

Gympie Regional Council Community Sustainability Directorate 29 Channon Street, PO Box 155, GYMPIE QLD 4570 Telephone: 1300 307 800 Email: council@gympie.qld.gov.au

#### Important information – read before completing application form.

Application form must be completed in full and submitted to council no later than 6 weeks prior to the event.

Issued under: Subordinate Local Law 1 (Administration) 2011, Schedule 11 Operation of temporary entertainment events

#### 1. Applicant details

The applicant is the organisation, company or individual taking responsibility for management of the event and must be the holder of the public liability insurance.

| Applicant name   |  |         | ADN           |      |
|--|--|---------|---------------|------|
| Contact name   |  |         |               |      |
| Postal address   |  |         |               |      |
| Email address  |  |         |               |      |
| Business phone Alternate phone   |  |         | Mobile        |      |
| Preferred method of contact for correspondence:                          |  | 🔲 Email |               | Post |
| On-site contact name   |  |         | Mobile        |      |
| Organisation type 🔲 Not for profit 🔲 Private/public company 🔲 Government |  |         | body 🗌 Other: |      |

# 2. Public liability insurance The Certificate of Currency must be in the name of the applicant, noting Gympie Regional Council as an interested party and cover the scope of the activity. The level of cover must be \$20,000,000. Has a copy of the Certificate of Currency been attached to the application? Image: Provided in the p

| 3. Event details  |                                       |     |  |  |
|---|---------------------------------------|-----|--|--|
| Event name  |                                       |     |  |  |
| Location (if applicable attach a copy of landowner's consent)                                   |                                       |     |  |  |
|   |                                       |     |  |  |
| Event date/s  |                                       |     |  |  |
| Start time Finish time Anticipated attendance (approval not required less than 1K not required) |                                       |     |  |  |
| Setup date and time Clean up date and time  |                                       |     |  |  |
| Annual event only - ple   | ase advise tentative date for next ye | ar: |  |  |

#### 4. Wet weather alternative

Detail the contingency plans in case of inclement weather: including method of notifying potential attendees

### 5. Description of event

Briefly describe the event and its purpose including schedule of activities: attach a separate sheet if necessary

#### 6. Food

| 6. FOOU  |               |   |  |  |
|--|---------------|---|--|--|
| Will food be served or sold<br>at the event?           |               | ☐ Yes – complete item below.  |  |  |
|  |               | □ No – proceed to next item.  |  |  |
| Will food be   | Served Served | Provide details (name of community group/entity serving/selling food and type of food): |  |  |
| served or sold at event?                               | Sold*         |   |  |  |
| * If being sold - complete Food Vendor form on page 12 |               |   |  |  |

| 7. Alcohol   |   |                            |                         |                                  |  |
|--|---|----------------------------|-------------------------|----------------------------------|--|
|  | <b>Y</b>  | ☐ Yes, it will be consumed |                         |                                  |  |
| Will alcohol be consumed,<br>served or sold at the<br>event?   | <b>Yes, it will be served or sold - complete item below and</b> a liquor licence application <b>must be lodged</b> with Office of Liquor and Gaming Regulation. |                            |                         |                                  |  |
| □ No – proceed to next item.   |   |                            |                         |                                  |  |
| Liquor Licence holder name   | me Phone  |                            |                         | Phone                            |  |
| Address Email  |   |                            | Email                   |                                  |  |
| Provide number of dispensing   | ana   | Dispensing:                | List operating hours du | ist operating hours during event |  |
| consumption areas to be available Consumption:   |   |                            |                         |                                  |  |
| How will boundaries of the dispensing and consumption areas be defined? <i>indicate areas on site plan</i> |   |                            |                         |                                  |  |

| 8. Electricity/Generators                |        |                    |
|--|--------|--------------------|
| Will generators be used at the event?    | 🗌 Yes  | * provide details: |
|  | 🗌 No*  |                    |
| Will generator be used during set up and | ☐ Yes* | * provide details: |
| pack down?                               | 🗌 No   |                    |
| Will the generator be silent?            | 🗌 Yes  | * provide details: |
|  | 🗌 No*  |                    |

| 9. Portable Toilets  |                              |      |  |        |          |
|--|------------------------------|------|--|--------|----------|
| Any existing toilet facilities at the site may be insufficient for your event. It may be necessary that you supply additional amenities for event patrons. |                              |      |  |        |          |
| Will additional toilets be provided at   | ☐ Yes – complete Item below. |      |  |        |          |
| the event?   | □ No – proceed to next item. |      |  |        |          |
| How many portable toilets will be provided? Male   |                              | Male |  | Female | Disabled |
| Who will be supplying the portable toilet facilities? Phone  |                              |      |  | Phone  |          |
| Delivery date and time Collection date and time  |                              |      |  |        |          |
| It is the organiser's responsibility to obtain a Manufacturer's Statement of Compliance.   |                              |      |  |        |          |

| 10. Waste m               | anagement  |                                     |  |   |                               |  |  |
|---------------------------|--|-------------------------------------|--|---|-------------------------------|--|--|
| A Waste Ma                | nagement Plan is required.                                   |                                     |  |   |                               |  |  |
|                           |  | 1 x 240L – general waste if no foo  | od or drinks served/sold                               |   |                               |  |  |
|                           | per 100 attendees  | 2 x 240L – general waste if food of | 2 x 240L – general waste if food or drinks served/sold |   |                               |  |  |
| Bins                      |  | 2 x 240L – recycle waste bin        |  |   |                               |  |  |
| required                  | over 1,000 attendees   | 1 x 3m general waste front load s   | kip bin  |   |                               |  |  |
|                           |  | 1 x 3m recycle waste front load s   | kip bin  |   |                               |  |  |
|                           | 1  | General waste                       |  | Recycle waste                           |                               |  |  |
| Types and nur             | mber of bins supplied for event                              | Number of bins:                     |  | Number of bins:                         |                               |  |  |
|                           |  | Number of front load skips:         |  | Number of front load skips:             |                               |  |  |
| Bin supplier              |  |                                     |  | Phone                                   |                               |  |  |
| Delivery date a           | and time   |                                     | Collection date and tim                                | е                                       |                               |  |  |
| 11. Site Set              |  |                                     |  |   |                               |  |  |
|                           | -  | Vac. complete item below            |  |   |                               |  |  |
| Will tempo                | rary structures be used at the<br>event?                     |                                     | •  |   |                               |  |  |
|                           |  | No – proceed to next item.          |  |   |                               |  |  |
|                           | .g. marquees, jumping castle<br>ig, temporary fencing, etc.) | , inflatable movie screen, scaffol  | ding, Number   | Size (e.g. 3mx3m)                       |                               |  |  |
|                           | ig, temperary tenenig, etc.,                                 |                                     |  |   |                               |  |  |
|                           |  |                                     |  |   |                               |  |  |
|                           |  |                                     |  |   |                               |  |  |
|                           |  |                                     |  |   |                               |  |  |
| If temporary<br>Item 25). | v structures/equipment are to                                | remain onsite overnight (excludi    | ing secured bins and                                   | portable toilets), qualified security p | personnel are required (refer |  |  |
| Will structure            | e remain on-site overnight: 🔲 `                              | ∕es 🗌 No                            |  |   |                               |  |  |
| Provide deta              | ils:   |                                     |  |   |                               |  |  |
|                           |  |                                     |  |   |                               |  |  |
|                           |  |                                     |  |   |                               |  |  |
|                           |  |                                     |  |   |                               |  |  |
| 12. Amusem                | nent Devices   |                                     |  |   |                               |  |  |
| Will amuser               | nent devices be 🛛 Yes  |                                     |  |   |                               |  |  |
| operate                   | ed at event? 🗌 No – pro                                      | ceed to next item.                  |  |   |                               |  |  |
| Licenced ope              | erator supplying the rides                                   |                                     |  |   |                               |  |  |
| Address                   |  |                                     | Phone  |   |                               |  |  |
| HEF643                    |  | Page <b>4</b>                       | Page <b>4</b> of <b>12</b> Reviewed 23/06/2025         |   |                               |  |  |

#### Name of rides being operated

- Documents required with application:Amusement operator insurance policy (must cover the rides)
- Workplace health and safety certificate for the rides .

| 13. Animal Management                              |                              |
|--|------------------------------|
| Are animals proposed as part of the event program? |                              |
|  | □ No – proceed to next item. |
| Details:   |                              |
|  |                              |

| 14. Traffic                      | Management                  |  |
|----------------------------------|-----------------------------|--|
| Will the event require temporary |                             | ☐ Yes* – complete item below <u>and</u> lodge an application with Queensland Police Service and a copy of the permit submitted prior to the event. |
| road                             | I/car park closure?         | Contact Translink for temporary road closures impacting public transport routes. temporary.closures@translink.com.au                               |
|                                  |                             | □ No – proceed to next item.   |
|                                  | Road closure                | Provide details:   |
| Select                           | Car park closure            |  |
| relevant:                        | Public transport            |  |
|                                  | disruption                  |  |
| A copy of                        | compliant Traffic Manage    | ment Plan and parking strategy prepared by an accredited Traffic Control provider must be attached to application.                                 |
| Event Park                       | king & Public Transportat   | ion  |
| What steps                       | will be taken to ensure add | equate car parking/transport for the event? A parking strategy may be required.  |
|                                  |                             |  |
|                                  |                             |  |
|                                  |                             |  |
|                                  |                             |  |

| 15. Aquatic activities   |  |  |  |  |  |
|--|--|--|--|--|--|
| Will any water based   | ☐ Yes – complete item below and contact Maritime Safety Qld as an aquatic permit may be required   |  |  |  |  |
| activities be part of the<br>event?  | □ No – proceed to next item.   |  |  |  |  |
| Provide details of all water-bas<br>water based activity   | sed activities, location, water safety management plan and a detailed site map that shows the distance from the shore to the perimeter of the  |  |  |  |  |
| Type and number of any water   | rcraft involved e.g. inflatable rescue boats/jet skis:   |  |  |  |  |
|  |  |  |  |  |  |
| 16. Fireworks  |  |  |  |  |  |
|  | icient time to review and assess applications, please submit your application a minimum of 6 weeks (or 30 business days) before  |  |  |  |  |
|  | tions submitted after this timeframe may not receive approval.   |  |  |  |  |
| Will a fireworks display be  | ☐ Yes – complete details below and lodge an application with Resources Safety & Health Queensland  |  |  |  |  |
| conducted at event?  | □ No – proceed to next item  |  |  |  |  |
| Licenced operator supplying the  | ne fireworks   |  |  |  |  |
| Address  |  |  |  |  |  |
| Telephone  | Fireworks operator conducting show   |  |  |  |  |
| Date: Duration of fire   | works: Time from: Time to:   |  |  |  |  |
| Bump in time:  | Bump out time:   |  |  |  |  |
| Method of firework installation  |  |  |  |  |  |
| Fireworks materials:   |  |  |  |  |  |
| (fireworks must not contain an   | y plastics or other materials harmful to the environment. Fireworks materials must be biodegradable.)  |  |  |  |  |
| <ul> <li>Documents required with application:</li> <li>Fireworks Display Notification Form (submitted to Resources Safety &amp; Health Queensland)</li> <li>Fireworks Contractor Insurance Policy</li> <li>Fireworks Contractor Licence</li> <li>Fireworks Operators Licence of the operator who is conducting the show</li> </ul> |  |  |  |  |  |
| <ul> <li>Confirmation that firework display has Civil Aviation Safety Authority (CASA) approval prior to commencement of event.</li> </ul>   |  |  |  |  |  |
| <ul> <li>Launch site map, showing distance in metres of exclusion zones and areas that will be closed to members of the public</li> </ul>  |  |  |  |  |  |
|  | n, which addresses environmental impacts, including environmental protection, noise, sustainability, waste and litter  |  |  |  |  |
|  | nearby residents, businesses and relevant community organisations. A notification letter must be distributed at least 7 days prior to the and include a manned mobile phone contact number |  |  |  |  |
|  | y signage content to be placed in and around display area.   |  |  |  |  |

| 17. Aerial activities – Skydiv  | ing/Flyovers/Unmanned Aerial Vehicle (Drone)   |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   | Yes – Description/Date/Duration of aerial activity:  |  |  |  |  |  |
| Will a skydiving display,   |  |  |  |  |  |  |
| flyover or drone be a part  | Drone model weight   |  |  |  |  |  |
| of the event?   | Please attach flight path details.   |  |  |  |  |  |
|   | □ No – proceed to next item.   |  |  |  |  |  |
| Documents required with ap  |  |  |  |  |  |  |
| Confirmation that aerial action   | ctivity has Civil Aviation Safety Authority (CASA) approval prior to commencement of event.  |  |  |  |  |  |
| Confirmation that aerial activity of the second secon | ctivity has Air Traffic Control (ATC) approval prior to event.   |  |  |  |  |  |
| Site map showing course,  | launch and landing locations, distance in metres of exclusion zones.   |  |  |  |  |  |
| Must have a UAV Operator's conditions listed therein are ac   | Certificate Part 101 Unmanned Aerial Vehicles issued in accordance with <i>Civil Aviation Safety Regulations 1988</i> (Cwlth) and ensure that all thered to. |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 18. Noise Management  | 18. Noise Management   |  |  |  |  |  |
| Will amplified noise be   | Yes – complete item below.   |  |  |  |  |  |
| used at the event?  No – proceed to next item.  |  |  |  |  |  |  |
| Detail the amplified music, annou   | ncements and/or sound (air horn/megaphones/starter guns) at the event (including how noise levels will be monitored):  |  |  |  |  |  |
| Duration of amplified noise (dates  | and times): <i>please include sound check periods</i>  |  |  |  |  |  |
| If you propose to have live ban   | ds or use amplified devices at your event, then you may need to provide a Noise Management Plan.   |  |  |  |  |  |
| You need to engage a qualified  | acoustic engineer to develop the Noise Management Plan.  |  |  |  |  |  |
| The plan should include:  |  |  |  |  |  |  |
| • a site plan including the location of the event, neighbouring land-use details, location and orientation of stages and public address or audio systems  |  |  |  |  |  |  |
| all potential sources of noise nuisance   |  |  |  |  |  |  |
| steps that will be taken to minimise the risk of nuisance   |  |  |  |  |  |  |
| a plan for notifying potential noise-affected premises and closest sensitive receptors  |  |  |  |  |  |  |
| details of acoustic monit   | oring during the event   |  |  |  |  |  |
| how complaints received   | before, during and after the event will be addressed   |  |  |  |  |  |
| event hotline   |  |  |  |  |  |  |

| 19. Camping   |                        |   |               |                  |  |  |
|---|------------------------|---|---------------|------------------|--|--|
| Will overnight camping be   | 🗌 Yes –                | please include                          | on Site Plan  |                  |  |  |
|   | 🗌 No – p               | o – proceed to next item.               |               |                  |  |  |
| Location  |                        |   |               | Maximum capacity |  |  |
| Camping date/s  | Start time Finish time |   |               | Finish time      |  |  |
| Detail facilities to be provided (include specific number of portable/existing toilets, waste bins and showers) |                        |   |               |                  |  |  |
| Provide details of scheduled campsite activities:   |                        |   |               |                  |  |  |
| Is additional lighting being prov   | ided?                  | ☐ Yes* ☐ No  * details:                 |               |                  |  |  |
| Will overnight security be prese  | ent on                 | ☐ Yes – please provide company details: |               |                  |  |  |
| site?   |                        | No – proceed                            | to next item. |                  |  |  |

#### 20. Environmental management

What steps will be taken to avoid environmental impacts?

### 21. Damage to site

What steps will be taken to avoid any damage to local infrastructure? (roads, footpaths, Council trees etc)

#### 22. First aid and medical services

First aid service supplier/provider

Number of first aid personnel

Detail arrangements with Queensland Ambulance Service for emergency responses and event access:

Start time

How will all event related staff be informed of the emergency evacuation plan:

Note: All events require qualified first aid personnel for the duration of the activity.

| 23. Access and equity compliance   |       |      |
|--|-------|------|
| Is the site accessible for wheelchairs and for people with disabilities?                           | ☐ Yes | 🗌 No |
| Does the promotional material for the event specify if the event is wheelchair accessible?         | 🗌 Yes | 🗌 No |
| Regional/large public event: will appropriate disability access toilets be provided?               | 🗌 Yes | 🗌 No |
| Road/car park closures: is adequate and suitable disability parking incorporated on the site plan? | 🗌 Yes | 🗌 No |

## 24. Community consultation

What action will be taken to notify local residents of your event?

### 25. Promotion and signage

#### A Signage Plan may be required for large scale events

Provide details of all pre-event promotional marketing: *including radio, newspapers, television, leaflet* 

| Do you intend to erect | ☐ Yes* | * provide details (number and affixing methods): |
|------------------------|--------|--|
| any on-site            |        |  |
| banners/signs?         | 🗌 No   |  |

# 26. Site plan

| Attach a site plan, which clearly indicates all of the following applicable to the event:                                       |  |  |  |  |
|---|--|--|--|--|
| • Emergency access routes/parking and disabled parking  | Fire extinguishers                                   |  |  |  |
| Stage and direction of amplified sound  | Spectator areas                                      |  |  |  |
| Security, crowd control and/or police locations   | First aid posts & lost children/property             |  |  |  |
| Approved liquor consumption areas/non-alcohol areas   | Car park closure (number of car spaces and location) |  |  |  |
| Site entrances/exits  | Portable toilet facilities                           |  |  |  |
| Registration/marshalling areas  | Litter/refuse facilities                             |  |  |  |
| Marquees/tents/ Camping site  | Fireworks launch site/exclusion zone                 |  |  |  |
| • Food vendors - clearly mark each stall with name and (where applicable) number corresponding to the Food Vendor list (page 8) |  |  |  |  |

| 27. Application attachments (as required  |
|---|
| Ensure you have completed all sections of application – the following documents must be attached to the application |
| Landowners consent  |
| Event Management Plan (large scale events)  |
| Certificate of Currency (Public Liability Insurance)  |
| Site Plan   |
| Food Vendor list (if applicable)  |
| Liquor Licence Application lodged with Office of Liquor, and Gaming Regulation (if applicable)                      |
| U Waste Management Plan   |
| Amusement Devices and supporting documentation (if applicable)  |
| Traffic Management Plan/Parking Strategy and supporting documentation (if applicable)                               |
| Aquatic Event Application (if applicable)   |
| Fireworks Display Notification and supporting documentation (if applicable)   |
| Aerial Activities supporting documentation (if applicable)  |
| Noise Management Plan (if applicable)   |
| Risk Management Strategy, including a Risk Register and Evacuation Plan (large scale events)                        |
| Community Consultation Plan   |
| Signage Plan (if applicable)  |

# 28. Declaration

I declare that all information supplied in this application is true and correct and I am authorised to sign on behalf of the organisation/company.

I/We, the applicant, understand that Gympie Regional Council use all provided contact details including email, phone calls and SMS for sending annual notices, reminders and verifying data. To opt out of all SMS and email contacts I/we must contact Gympie Regional Council and specifically nominate to be excluded from emails or SMS.

| Name      | Position |
|-----------|----------|
| Signature | Date     |

(Please note: a typed signature is not acceptable)

#### Fees

Application fee is payable at time of application lodgement; if applicable an additional invoice will be forwarded under separate cover.

#### Fee payment prior to commencement of the event is a condition of event approval.

| All fees are GST free unless noted   |          |  |  |  |
|--|----------|--|--|--|
| Application fee for Temporary Event on private land (non-refundable)   | \$605.00 |  |  |  |
| Application fee for Temporary Event on private land (Not for profit organisations, State Primary and Secondary Schools only) | Nil      |  |  |  |
| Permit monitoring per Council Officer – Charge per hour or part thereof (Required if a condition of approval)                | \$195.00 |  |  |  |

| OFFICE USE ONLY |             |           |             |             |            |  |
|-----------------|-------------|-----------|-------------|-------------|------------|--|
| Application no. | Amount paid | Date paid | Receipt no. | io. Initial | Date stamp |  |
|                 |             |           |             |             |            |  |

| Payment o    | Payment options   |                         |                        |           |      |  |  |
|--------------|---|-------------------------|------------------------|-----------|------|--|--|
| In person    | Customer service centres: 8.30 am to 4.30 pm Monday to Friday (excludes public holidays). |                         |                        |           |      |  |  |
| By mail      | Cheque or money order to be made payable to: Gympie Regional Council.                     |                         |                        |           |      |  |  |
|              | □ Cheque □ Money order □  |                         | □ MasterCard           | □ Visa    |      |  |  |
|              | Card number   |                         | Expiry date            | Amount \$ |      |  |  |
| Name on card |   | Signature of cardholder |                        |           |      |  |  |
| Phone        |   |                         | Is a receipt required? | □ Yes     | □ No |  |  |

#### Please complete and return a minimum of two weeks prior to event.

Site plan identifying numbered location of each food vendor is also required.

| Event details        |                |                                |            |  |
|----------------------|----------------|--------------------------------|------------|--|
| Event name           | Event Location |                                | Event date |  |
| Event organiser name |                | Event organiser contact number |            |  |

| #  | Food Business name | Current Food<br>Licence No | Name of council licence issued to | Expiry date | Type of food sold | Food business contact name, phone number and email |
|----|--------------------|----------------------------|-----------------------------------|-------------|-------------------|--|
| 1  |                    |                            |                                   |             |                   |  |
| 2  |                    |                            |                                   |             |                   |  |
| 3  |                    |                            |                                   |             |                   |  |
| 4  |                    |                            |                                   |             |                   |  |
| 5  |                    |                            |                                   |             |                   |  |
| 6  |                    |                            |                                   |             |                   |  |
| 7  |                    |                            |                                   |             |                   |  |
| 8  |                    |                            |                                   |             |                   |  |
| 9  |                    |                            |                                   |             |                   |  |
| 10 |                    |                            |                                   |             |                   |  |