Amenities Committee

EVENT APPLICATION FORM

Venue -

WAR MEMORIAL RECREATION GROUND, WHITEFIELD ROAD



Applications must be submitted at least 6 weeks before an event. All sections must be completed with any irrelevant sections being marked 'N/A'.

Please note the Operating Schedule (OS) and accompanying plan which contains our licence conditions.

IT IS STRONGLY RECOMMENDED THAT YOU READ THE OS PRIOR TO COMPLETING THIS FORM

Section 1: EVENT ORGANISERS DETAILS Name of Organisation Name of Event Organiser Contact address and postcode Telephone **Email address** Contact details on site during event Principle contact name and mobile number Other contact names and mobile numbers This will be provided with the keys to site Name of person on incident HOTLINE (NMTC Mobile number 07741 311062) YES/NO Scale site plan showing layout attached?

Section 2: EVENT DE	TAILS					
Name of Event						
Description of Event						
Event days and times	s including set up and	take down	_ times in 2	A-hour clock please		
DATE	SET UP START		START	EVENT FINISH	TAKE	DOWN
57112	321 01 317411	272111	317411	EVERTIMIST		ETED BY
Expected number of	attendees					
Are you intending to	charge for entry or ac	tivities with	nin? If so, pl	ease state how you wi	ill operate t	his.
Section 3: EVENT AC	TIVITIES					
Sale of Alcohol**		YES/NO	Food and	non-alcohol stalls		YES/NO
Performance of a pla	y	YES/NO	Face pain	ting		YES/NO
Showing a film		YES/NO	Sports eve	ent*		YES/NO
Indoor sporting even	t*	YES/NO	Sponsore	d activity*		YES/NO
Live music	Live music YES/NO Fairground rides*			YES/NO		
Playing recorded mu	sic*	YES/NO	Bouncy castle or other inflatables*		≥S*	YES/NO
Dance performance		YES/NO	Motor Vehicle display*			YES/NO
Facilities for making		YES/NO	-	nent group*		YES/NO
Facilities for dancing	*	YES/NO		, laser & pyrotechnic o	lisplay*	YES/NO
Information display		YES/NO	Bonfire			YES/NO
Arena displays*		YES/NO	Barbecue	or hog roast		YES/NO
Market/fete stalls		YES/NO				
Please provide furthe	er details for activities	marked as	*			
AAADI IEIED waaris a		م علم ما م	bina a a the set	hia ia aabaadulad aa		lata a
	sound request must in	iciude the i	umes that t	rnis is scrieduled so we	can compl	ete our
obligations through						
FILMING - Please en filming you wish to d	sure that you have cho do.	ecked the I	Hampshire (Constabulary guidanc	e regarding	g any
items as part of the	NS – A street collectio event. Town Council a n other documents col	pproval ca	n be presur	s required for money c med as standard. A co	ollection of py of the p	r the sale o ermission
Any activities that ar	e not shown in the list	above				
, activities that al	a matter of the first					

All licensable activities are shaded in ORANGE. Some of these items may be covered by Live Music Act 2012 or other legislation. The information is required to enable assessment of the full event.

For Sale of Alcohol **	please provide the f	following for EVERY	supplier of alcoho	ol (use separate	sheet if
necessary)					

Full name of Personal Licence Holder		
Licence number		
Issuing Authority		
Full name of Personal Licence Holder		
Licence number		
Issuing Authority		
Section 4: CATERING		
Will there be catering at your event?	'ES/NO	
If YES, please provide details below.		
N.B. It is your responsibility to ensure busine (If local, this would be New Forest District catering is by volunteers. Section 5: FACILITIES REQUIRED		-
Pavilion and its infrastructure	YES/NO	
Acoustic curtain	YES/NO	Minimum 2 weeks' notice needed please
Fresh running water	YES/NO	
Access to Electricity bollards	YES/NO	
Vehicle access - north of site	YES/NO	
Toilet block doors close a	utomatically with exc	eption of Disability unit.
A RADAR	key will be provided for	or event
N.B. For charity / community events the Town	Council will provide	additional toilet facilities where
appropriate based on type of event & predict	ed attendance, at no	additional cost to event organisers.
Section 6: LITTER AND RECYCLING		
Please explain how you intend to keep the sit	e free of litter. (Refer	to OS 13 – 15).
N.B. Event waste found adjacent litter bins v	vill incur a £100 charg	ge for clearance.
Section 7: CAR PARKING/VEHICLES		
How will you protect the grassed area from d	amage from permitte	d traders' vehicles in poor weather?
How will you publicise the public car parks av	ailable for use during	vour event?
The state of the parties of parties are		,

Section 8: TEMPORARY STRUCTURES AND EQUIPMENT (Please delete as appropriate)

Portable generator	YES/NO	Gas cylinders	YES/NO
P.A.System	YES/NO	Staging	YES/NO
Stage barriers	YES/NO	Lighting rig	YES/NO
Crowd control barriers	YES/NO	Temporary fencing	YES/NO
Gazebo	YES/NO	Event seating	YES/NO
Marquees/Tents	YES/NO	Approximate size of marquees/tents	

Any other not mentioned above?		

Section 9: PROMOTION

How will you advertise your event? (Refer to OS point 14)

Section 10: ORGANISER'S CHECK LIST

Please check that you have included the following documents with your application. See the following page for guidance.

a.	Site plan clearly marking layout of event (O.S. 1 applies)	Y/N
b.	Notified Safety Advisory Group (NFDC) if attendance 1,000+ (O.S.12)	Y/N
c.	Environmental Impact Assessment (including noise)	Y/N
d.	Copy of Public Liability Insurance certificate (£5m indemnity)	Y/N
e.	Copy of your Event Specific Risk Assessment	Y/N
f.	PAT/food hygiene/D&B/First aid/street collection cert copies	Y/N
g.	Safeguarding Policy (O.S 23 applies)	Y/N
h.	Age Verification Policy	Y/N

I/We have read and understood the **Operating Schedule** (4 pages) and supplementary policies and agree to abide by the terms stated.

Sign		
J		
Print	On behalf of	
Date		

OFFICE USE

OFFICE USE			
Amenities permission granted	DD/MM/YY	Food hygiene copies	DD/MM/YY
Hire form received	DD/MM/YY	Disclosure & Barring copy	DD/MM/YY
Public Liability cert copy	DD/MM/YY	First Aid copy	DD/MM/YY
Required indemnity £5m	Y/N	Informed Police of capacity level &	DD/MM/YY
		consumption area	
Event risk assessment	DD/MM/YY	DPS booked	DD/MM/YY
Boundary stewards need/assigned?	Y/N	Neighbours advised	DD/MM/YY
PAT copies	DD/MM/YY	Plan showing alcohol sales positions	DD/MM/YY
Street collection permit copy	Y/N	Amplified event number	
		(only applies if between 1900-2200hrs)	of 12