



# HUON VALLEY COUNCIL

40 Main Street, Huonville  
PO Box 210, Huonville 7109  
hvc@huonvalley.tas.gov.au  
ph: (03) 6264 0300  
ABN: 77 602 207 026

**FOR OFFICE USE ONLY**

**Receipt No:**.....

**Date:** .....

**Licence No:**.....

**PLEASE USE BLOCK LETTERS - ALL SECTIONS MUST BE COMPLETED TO ENSURE PROCESSING OF APPLICATION**

<b>PLACE OF ASSEMBLY – TEMPORARY SPECIFIC EVENT LICENCE</b>	<i>PUBLIC HEALTH ACT 1997</i> Sections 76 & 81
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### Applicant Details

Name (person)			
Organisation (if appl.)			
Postal address			
Suburb		Post Code	
Telephone			Mobile
Email address			

### Event Details

Name of event			
Location Address			
Event date/s			
Event time/s			
Proposed activities	<i>You may attach a programme of events/activities.</i>		
Event Coordinator			
Telephone			Mobile
Email address			

Expected patrons	At any given time: .....
	Overall Total: .....

Is there a site plan for the event?	<input type="checkbox"/> Yes → please attach copy with this application <input type="checkbox"/> No → please complete the section provided on page 4.
Is the event taking place on private property?	<input type="checkbox"/> Yes → you must have permission to operate from the property owner <input type="checkbox"/> No → you are not required to provide information for this section
Is the event taking place on Council land/property?	<input type="checkbox"/> Yes → you must have permission from Council, please provide details to support this. <input type="checkbox"/> No → you are not required to provide information for this section
Is the event taking place on Crown Property/Land (including Department of Infrastructure, Energy & Resources (DIER) roads)	<input type="checkbox"/> Yes → you must have permission from Crown Land Services/DIER, please provide details to support this. <input type="checkbox"/> No → you are not required to provide information for this section

### Toilet Facilities

Number of toilets available (for further information please refer to attached information sheet)	MALE: WCs..... WHBs..... URINALS..... FEMALE: WCs..... WHBs..... ACCESSIBLE (DISABLED) FACILITIES: WCs..... WHBs..... <b>Please indicate location on site plan</b>
Will temporary toilets be used for the event?	<input type="checkbox"/> Yes → please provide details and indicate location on the site plan ..... <input type="checkbox"/> No → you are not required to provide information for this section
Is there a cleaning a maintenance schedule for toilets?	<input type="checkbox"/> Yes → please provide details with this application <input type="checkbox"/> No → arrangements have been made with facility owners to clean and maintain the toilets before, during and after the event.

### Food

Will food be served at the event?	<input type="checkbox"/> Yes → Temporary Food Business Registration may be required, please complete an application form and submit to Council for assessment. <input type="checkbox"/> No → you are not required to provide information for this section.
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## Alcohol

Will alcohol be served at the event?	<input type="checkbox"/> Yes → you will need to contact Tasmanian Liquor and Gaming to apply for the appropriate permits. <input type="checkbox"/> No → you are not required to provide information for this section.
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## Structures

Will there be any temporary structures at the event? This includes gazebos, stalls, port-a-loos, stages etc.	<input type="checkbox"/> Yes → you may be required to apply for a Certificate of Likely Compliance for Temporary Occupation. Please contact Council's Customer Service Centre on 6264 0300 for further information. <input type="checkbox"/> No → you are not required to provide information for this section.
Will there be flammable fuels at the event (e.g. LPG)	<input type="checkbox"/> Yes → you may be required to apply for a Certificate of Likely Compliance for Temporary Occupation. Please contact Council's Customer Service Centre on 6264 0300 for further information. <input type="checkbox"/> No → you are not required to provide information for this section.
Do you have access to power?	<input type="checkbox"/> Yes → please provide details (e.g. location, permanent, temporary) ..... <input type="checkbox"/> No → you are not required to provide information for this section.

## Water and waste

Is there town water supply?	<input type="checkbox"/> Yes → you are not required to provide further information. <input type="checkbox"/> No → you must provide details of the water supply and water treatment used .....
Is there a hard waste facility on-site?	<input type="checkbox"/> Yes → please provide waste management plan with this application. <input type="checkbox"/> No → please provide details of how waste will be managed for the event (e.g. waste contractors, removal by event committee) .....

### Traffic Management

Has a traffic management plan been provided with this application	<input type="checkbox"/> Yes → Council may contact you for further information. <input type="checkbox"/> No → Council may contact you for further information.
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### Emergency Management

Emergency contacts	Name:	Mobile:
	Name:	Mobile:
Has an Emergency Management Plan been submitted with this application?	<input type="checkbox"/> Yes → Council may contact you for further information. <input type="checkbox"/> No → Council may contact you for further information.	

### Site Plan

If a separate site plan is not attached to this application a detailed site plan of the event, showing layout of all equipment, must be completed in the space below:

## Fee and payment

Application fee	\$	
Payment options	<p><b>In person:</b> Cash, cheque, credit card, EFTPOS</p> <p>Huon Valley Council Customer Service Centre 40 Main Street Huonville TAS 7109</p> <p>Monday – Friday 8.30am – 5.00pm</p>	<p><b>Mail:</b> Cheque</p> <p>Mail to: Huon Valley Council PO Box 210 Huonville TAS 7109</p>
	<p><b>Telephone:</b> Credit card (Visa, MasterCard)</p> <p>Call (03) 6264 0300</p> <p>Monday - Friday 8.30am – 5.00pm</p>	<p><b>Credit Card (Visa, MasterCard)</b></p> <p>Card type: Visa    MasterCard</p> <p>Card Number:</p> <p><input type="text"/> <input type="text"/></p> <p>Expiry Date:</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p>

## Declaration and signature

<p>In order to assess compliance with the <i>Public Health Act 1997</i>, Council's Environmental Health Officers may be required to enter the event/property to conduct a site inspection and, if necessary, take photographs, record information or conduct other activities as defined in section 30 of the <i>Public Health Act 1997</i>.</p>	
<p>I hereby declare that the place of assembly will, at all times, be operated in accordance with the <i>Public Health Act 1997</i> and any conditions imposed on the licence.</p>	
<p>Signature of applicant for registration</p>	<p>.....</p> <p>Date:        /        /</p>

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**COUNCIL ASSESSMENT NOTES:**

- Form fully completed, signed and dated
- Fee paid
- Site/floor plan attached
- If temporary structure/s identified in application form, applicant referred to Building Unit

Date: ...../...../.....

- Temporary Occupancy issued by Building (if applicable)

Date: ...../...../.....

- Premises/event complies with s.77(2) of the *Public Health Act 1997*

Further information required                      Y / N                      Date requested                      /                      /

COMMENTS: .....

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Place of Assembly Licence OK to issue?   Y / N

APPROVED:.....                      DATE:                      /                      /

**ENVIRONMENTAL HEALTH OFFICER**

# PLACE OF ASSEMBLY LICENCE – INFORMATION SHEET

# SCALE OF SANITARY FACILITIES (National Construction Code)

		WC			WHBs			URINALS
Males	100	1	Males	50	1	Males	50	1
	300	2		200	2		100	2
	every 200 thereafter	1 extra		every 200 thereafter	1 extra		every 50 thereafter	1 extra
Females	25	1	Females	50	1			
	50	2		150	2			
	every 50 thereafter	1 extra		every 200 thereafter	1 extra			

If MALE numbers exceed 250, ***not less than*** 5 urinals to be provided plus 1 additional urinal for every additional 100 males in excess of 250.

If FEMALE numbers exceed 250, ***not less than*** 6 WCs to be provided plus 1 additional WC for every additional 100 females in excess of 250.

A Unisex facility must be provided for people with disabilities and this facility must comply with AS 1428.1

## STANDARD PLACE OF ASSEMBLY LICENCE CONDITIONS (Public Health Act 1997)

Section 77(2) –

- (a) The maintenance of peace and good order;
- (b) The prevention of noise, smell, pollution or other nuisances;
- (c) The effect of traffic on highways;
- (d) Whether the place of assembly is capable of being operated, used or managed in accordance with any relevant guidelines;
- (e) The protection of public health.

Section 79 – The holder of a place of assembly licence must operate, use or manage the place in accordance with any condition of the licence, any relevant guidelines and in a manner that does not pose a threat to public health.