# Application to request an event on a park or public open space

**To be completed and returned at least 3 months prior to the event request date**

## Event details

|  |  |
| --- | --- |
| Name of event: |  |

### Event location

|  |  |
| --- | --- |
| Park: |  |
| Open Space: |  |
| Nearest Street: |  |

In order to help with the location of your event, please enclose a map of the location of site required. Maps are available from GIS – interactive mapping applications on the Councils website www.ashfield.gov.uk

## Dates required

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start time: |  | Finish time: |  |

If the space is required outside these times for set up and dismantle, please give details:

|  |
| --- |
|  |

Please give a brief description of the proposed event. Send a draft site plan with your application if appropriate:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| How many do you expect to attend?  (please give an estimation.) |  |

Is the event:

Commercial

Charity/fundraising  Religious event

Community event

|  |  |
| --- | --- |
| Name of Charity |  |

|  |  |
| --- | --- |
| Charity registration number |  |

Is the event free?

Yes  No

|  |  |
| --- | --- |
| If no, what is the admission price? | £ |

Do you intend to utilise or permit any of the following infrastructure/attractions at the event site?

* Marquees
* Fireworks/pyrotechnics
* Mobile (trailer) stage
* Laser/lighting effects
* Constructed stage
* Bonfire
* Power supply
* Regulated entertainment
* Portable generator (diesel advised)
* Live music
* PA system
* Street theatre
* Water
* Re-enactment groups
* Barrier/fencing
* Carnival/procession
* Lighting
* Animals
* Toilets
* Motorcycles/motor vehicles
* Security
* Hot air balloons
* Lost children point
* Market stalls
* On site communications
* Food/drink concessions
* Fairground equipment
* Alcohol
* Inflatables
* Collection for charity
* Balloon launch
* Raffle/draw
* On site café

(See catering)

Other (please specify):

|  |
| --- |
|  |

## Stalls

|  |  |
| --- | --- |
| How many charity / fundraising stalls will be there? |  |

|  |  |
| --- | --- |
| How many commercial stalls will be there? |  |

Please list goods to be sold:

|  |
| --- |
|  |

## Catering

Are you planning to sell food or drink?

Yes  No

If yes, please complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Food Business | Local Authority business if registered with | Food Hygiene Rating | Date of last Inspection |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***If you intend to utilise the on-site café (for park venues) then please contact them direct.***

Do you wish to apply to the Council for permission to sell alcohol?

Yes  No

If yes, please complete the table below, then state bar opening and closing times:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Provider/Business | Local Authority business if registered with | Food Hygiene Rating | Date of last Inspection |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Bar to open at: |  |

|  |  |
| --- | --- |
| And close at: |  |

## Traffic management

Road closures

On street parking restrictions  Traffic diversions

Car parking/parking bay closures

Please provide details of car parking facilities available for people attending the event:

|  |
| --- |
|  |

## Stewards

* How many stewards will there be at the event and what will be their assigned duties?
* Do they have or require any specific training or qualifications?
* How many will have up to date Disclosure and barring service (DBC) checks?

Please give details on all these:

|  |
| --- |
|  |

## Sports facilities

Do you wish to use the Council’s sports or changing facilities?

Yes  No

If yes, please give details:

|  |
| --- |
|  |

Do you require any sports marking to be undertake for the event?

Yes  No

If yes, please give details:

|  |
| --- |
|  |

## Toilet facilities

Do you intend to provide additional portable toilets?

Yes  No

## Medical facilities

Please provide details of First Aid cover at the event:

|  |  |
| --- | --- |
| Number of trained first aiders: |  |
| Number of first aid posts: |  |
| Number of paramedics: |  |
| Number of ambulances: |  |

Which organisation will provide the medical facilities?

|  |
| --- |
|  |

## Site cleansing

Please give details of the arrangements to collect and remove litter from the park, after the event:

|  |
| --- |
|  |

### Note:

The event organiser should ensure that the site is regularly litter picked during the event. If the event organiser fails to do so then the Council reserves the right to carry out the works in default and charge the event organiser the cost incurred.

### Insurance

The event must be covered by Public Liability Insurance.

Event organisers are required to hold a current policy of insurance in respect of public liability or third-party risks. The relevant limit of indemnity shall be an amount approved by the Councils risk and insurance section. We advise that this be no less than £10 million, and the Council reserves the right to require a higher limit if deemed necessary.

It is the responsibility of the Event Organiser to ensure that contractual services/activity providers hold current public liability insurance and provide an up-to-date risk assessment. We advise that you obtain and hold copies prior to the event taking place.

All documentation must be provided to us **at least 28 days before the event**. Failure to comply may result in the Council refusing to grant permission for the holding of the event.

## Emergency Services

You requested to notify the Police and other appropriate Emergency Services.

Please indicate contact made:

Police

Ambulance service

Fire & Rescue service

First Aid

Civil Aviation Authority

Others (e.g., Licensing):

|  |
| --- |
|  |

## Additional information or requests

Please give any additional information you think relevant or list any additional requirements:

|  |
| --- |
|  |

## Organisers details

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Position: |  |
| Address: |  |
| Postcode: |  |
| Home telephone: |  |
| Work telephone: |  |
| Mobile telephone: |  |
| Email: |  |

I have enclosed, where necessary, the following documentation:

Signed terms and conditions\*

Risk assessment\*