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| **Important information – please read before completing this application form.** | | | | | | | | |
| **Application form must be completed in full** and submitted to [recreation@seqwater.com.au](mailto:recreation@seqwater.com.au) no later than:   * **Low impact event – four (4) weeks prior to the event**, and prior to any advertising or promotion. * **High impact event – minimum eight (8) weeks prior to the event** and prior to any advertising or promotion. | | | | | | | | |
| **Refer to the** [**Recreational Activity Application Information Guide**](https://www.seqwater.com.au/document/649) **when completing this application form. Please indicate when an item is not relevant to the event.** | | | | | | | | |
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| **1. Applicant details** | | | | | | | | |
| The applicant is the organisation, company or individual taking responsibility for the management of the event and must be the holder of the public liability insurance. | | | | | | | | |
| **Applicant name**: | | | | | | **ABN (if applicable)**: | | |
| **Contact name**: | | | | | | | | |
| **Postal address**: | | | | | | | | |
| **Email address**: | | | | | | | | |
| **Preferred method of contact for correspondence:** | | | Email | | | | Post | |
| **Daytime phone**: | | **Alternate phone**: | | | **Mobile**: | | | |
| **On-site contact name**: | | | | | **Mobile**: | | | |
| **Organisation type** | Not for profit | Private/public company | | Government body | | | | Other: |

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| **2. Public liability insurance** | |
| **Certificate of Currency must be provided prior to the event and:**   * **Note Seqwater as an interested party;** * **Coverage is for a minimum of $20M; and** * **Cover scope of event** | |
| **Name of insured**: | **Expiry date:** |
| **Name of insurer**: | **Policy number:** |

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| **3. Event details** | | | | | |
| **Event name**: | | | | | |
| **Location**: | | | | | |
| **Event day and date/s**: | | | | | |
| **Start time**: | **Finish time**: | | | | **Anticipated attendance**: |
| **Setup date and time**: | | | **Clean up date and time**: | | |
| **Is exclusive use required?**   Yes\*  No | | \*Fees may apply | | | |
| **Is this a fundraising event?**   Yes  No | | | | | |
| **Is this an annual event?**  Yes\*  No | | **\*To tentatively book the location for next year, please advise date**: | | | |
| **Has local Council been notified regarding this event  Yes\*  No** | | | | \*Events that could impact a region may require approval from local Council | |

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| **4. Description of event** |
| **Briefly describe the event and its purpose including a schedule of activities (*attach a separate sheet if necessary)***: |

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| **5. Food** | | |
| **Will food be served or sold at the event?** | | **Yes – complete details below.** A current food licence under the [Food Act 2006](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-003) may be required. |
| **No – proceed to Item 6.** |
| **Select relevant:** | * Served | **Provide details (name of community group/entity serving and/or selling food and the type of food)**: |
| * Sold |
| **NOTE** – A copy of each food licence to be provided to Seqwater | | |

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| **6. Alcohol** | | | | |
| **Will alcohol be consumed, served or sold at the event?** | **Yes it will be consumed – complete details below** | | | |
| **Yes it will be served or sold – complete details below.** A liquor licence applicationmust be lodgedwith [Office of Liquor and Gaming Regulation](https://www.justice.qld.gov.au/about-us/services/liquor-gaming) | | | |
| **No – proceed to Item 7.** | | | |
| **Liquor Licence holder name**: | | | | **Phone**: |
| **Address**: | | | | **Email**: |
| **Provide number of dispensing and consumption areas to be available** | | **Dispensing**: | **List operating hours during event**:  **Outline how the licence holder will manage attendees bringing liquor into or away from the event**: | |
| **Consumption**: |
| **NOTE** - Evidence of liquor licence to be provided to Seqwater  Please indicate boundaries of dispensing and consumption areas on site plan | | | | |

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| **7. Electricity/Generators** | | | | | | | |
| Seqwater does not provide event access to electricity at any location. | | | | | | | |
| **Will generators be used at the event?** | | Yes\* | | **\* Brand**:  **Output capacity (kVA or watts):** | | | |
| No | |
| **Does the generator operate at less than 75dBA?** | | Yes | | **\* Provide details of noise suppression measures**: | | | |
| No\* | |
| **NOTE** – Location of generators must be detailed on the site plan and should be secured from public access.  Associated risks must be addressed in the safety management plan.  Please refer to the Recreational Activity Application Information Guide for further information. | | | | | | | |
| **8. Portable Toilets** | | | | | | | |
| **Existing toilet facilities have been provided to cater for the general public and may be insufficient for your event. It may be necessary that you supply additional amenities for event patrons. Please refer to the Recreational Activity Application Information Guide for further information.** | | | | | | | |
| **Will additional toilets be provided at the event?** | **Yes – complete details below.** | | | | | | |
| **No – proceed to Item 9.** | | | | | | |
| **How many portable toilets will be provided?** | | | **Male**: | | | **Female**: | **Disabled**: |
| **Portable toilet supplier**: | | | | | | | **Phone**: |
| **Delivery date and time**: | | | | | **Collection date and time**: | | |
| **NOTE** – Location of toilet facilities must be detailed on the site plan. | | | | | | | |

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| **9. Litter management** | | | | | |
| **Will additional bins be provided at the event?** | | **Yes – complete details below.** | | | |
| **No – proceed to Item 10.** | | | |
| **Bins required** | per 100 attendees | | 1 x 240L – general waste if **no** food or drinks served/sold | | |
| 2 x 240L – general waste if food or drinks served/sold | | |
| 2 x 240L – recycle bin | | |
| over 1,000 attendees | | 1 x 3m general waste front load skip bin | | |
| 1 x 3m recycle front load skip bin | | |
| **Types and number of bins supplied for the event** | | | General waste  **Number of bins**:  **Number of front load skips**: | | Recycle  **Number of bins**:  **Number of front load skips**: |
| **Bin supplier**: | | | | | **Phone**: |
| **Delivery date and time**: | | | | **Collection date and time**: | |

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| **10. Site Set Up** | |
| **Will temporary structures be used at the event?** | **Yes – complete details below.**  (If site set up (excluding bins and portable toilets) remain onsite overnight, security may be required. See item 23) |
| **No – proceed to Item 11.** |
| **Provide details of the structures to be used. Ground piercing devices must not exceed 30cm (e.g. tent pegs)**:  **Details of temporary structures/equipment left overnight (provide details of security arrangements)**: | |

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| **11. Animals** | |
| **Will there be animals present at the event?** | **Yes – complete details below.** Please refer to the Recreational Activity Application Information Guide for further information. |
| **No – proceed to Item 12.** |
| **Details**: | |
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| **12. Lighting and amplified noise** | |
| **Will lighting and/or amplified noise be used at the event?** | **Yes – complete details below.** |
| **No – proceed to Item 13.** |
| **Detail the lighting, amplified music, announcements and/or sound (air horn/megaphones/starter guns)**: | |
| **Duration of lighting use and / or amplified noise (dates and times)**:  **Detail measures taken to reduce impact on neighbours**: | |

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| **13. Vehicle access** | | |
| **Will vehicles require access to Seqwater land other than designated parking areas?** | | **Yes – complete details below.** |
| **No – proceed to Item 14.** |
| **Where is access required?** | Trails  Parkland | **Number of vehicles requiring access**:  **Reason for access**: |
| **NOTE –** Vehicle details including make and registration must be emailed to [recreation@seqwater.com.au](mailto:recreation@seqwater.com.au) at least two days prior to your event. | | |

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| **14. Temporary road closures** | | |
| **Will the event require temporary road/car park closure?** | | **Yes – complete details below.** |
| **No – proceed to Item 15.** |
| **Select relevant:** | Road closure  Car park closure | **Provide details**: |
| **Road closure:** A copy of a compliant Traffic Management Plan prepared by an accredited traffic control provider must be supplied. An application must be lodged with the Queensland Police Service and local council authority for all public road closures.  **Car park closure:** A parking strategy must be supplied. A Traffic Management Plan prepared by an accredited traffic control provider may be required on assessment of application. | | |

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| **15. Traffic management** |
| **What steps will be taken to ensure adequate car parking / transport for the event**: |

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| **16. Aquatic activities** | | | | | |
| **Will any water based activities be part of the event?** | | **Yes – complete details below.** Contact Maritime Safety Qld (MSQ) as an aquatic event authority may be required. | | | |
| **No – proceed to Item 17.** | | | |
| **Provide details of all water-based activities including a detailed site plan and a water safety management plan**:  **Type and number of any watercraft involved (e.g. inflatable rescue boats / jet skis)**: | | | | | |
| **Note – High speed aquatic events including powerboat racing, waterski racing and PWC racing events will not be permitted during the summer period (start of September school holidays to end of Easter school holidays), or on long weekends.** | | | | | |
| **17. Fireworks** | | | | | |
| **Will a fireworks display be conducted at the event?** | | **Yes – complete details below.** Contact the [Department of Natural Resources and Mines, Manufacturing and Regional and Rural Development](https://www.resources.qld.gov.au/) for further information. | | | |
| **No – proceed to Item 18.** | | | |
| **Licenced fireworks contractor**: | | | | | |
| **Address**: | | | | | |
| **Telephone**: | | | **Licenced fireworks operator conducting show**: | | |
| **Location where fireworks will be conducted – provide a display plan, showing distance in metres of exclusion zones**: | | | | | |
| **Date**: | **Duration**: | | | **Time from**: | **Time to**: |
| **Method of firework installation**: | | | | | |
| **NOTE – the following documents are required with the application:**   * Fireworks Display Notification Form (submitted by fireworks contractor to Department of Natural Resources and Mines, Manufacturing and Regional and Rural Development) * Fireworks Contractor Insurance Policy and Licence * Fireworks Operators Licence of the operator who is conducting the show * Copy of the notification to the local fire service and neighbours * Confirmation that the event organiser responsibilities as listed on the Department of Natural Resources and Mines website have been met. | | | | | |

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| **18. Aerial activities – Remotely Piloted Aircraft (drone)** | | | |
| **Will a remotely piloted aircraft or drone be used during the event?** | **Yes – complete details below.** Contact the [Civil Aviation Safety Authority](https://www.casa.gov.au/) (CASA) for further information. | | |
| **No – proceed to Item 19.** | | |
| **Description**: | | **Date**: | **Duration**: |
| **NOTE – the following documents are required with the application:**   * Confirmation that aerial activity has Civil Aviation Safety Authority (CASA) approval prior to commencement of event. * Site map showing course, launch and landing locations, distance in metres of exclusion zones.   Must have an appropriate authorisation to operate in accordance with *Civil Aviation Safety Regulations 1998* (Cwlth). | | | |

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| **19. Environmental management** |
| **What steps will be taken to avoid environmental impacts**: |

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| **20. Site damage** |
| **What steps will be taken to avoid site damage**: |

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| **21. Risk management** |
| **Attach a copy of your risk assessment and safety management plan. This assessment should address all risks associated with the site and the specific activities being undertaken.** |

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| **22. First aid and medical services** | | | |
| **Will a first aid supplier/provider be used for the event?** | **Yes – complete details below.** | | |
| **No – proceed to Item 23.** | | |
| **First aid service supplier/provider**: | | | |
| **23. Community safety** | | | |
| **Will a security/crowd control company be used at the event?** | **Yes – complete details below.** | | |
| **No – proceed to Item 24.** | | |
| **Company name**: | | **Start time**: | **Finish time**: |
| **Details of security arrangements in place for equipment left overnight** **(excluding bins and portable toilets)**: | | | |

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| **24. Community notification** | |
| **Will local residents be notified of the event?** | **Yes – complete details below.** |
| **No – proceed to Item 25.** |
| **Details of notification**: | |

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| **25. Promotion and signage** | | |
| **Will any on-site signage or banners be erected for the event?** | **Yes – complete details below.** Please refer to the Recreational Activity Application Information Guide for further information. | |
| **No – proceed to Item 26.** | |
| **Signage type**: | **Number**: | **Affixing method**: |

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| **26. Site plan** | | |
| Attach a site plan, which clearly indicates all the following applicable to the event: | | |
| * Event area and spectator areas | * Fire extinguishers/generators/sound equipment | |
| * Marquees/tents/animal enclosures | * Emergency access routes and parking/disabled parking | |
| * Event control/registration/marshalling areas and food vendors | * First aid posts | |
| * Site entrances/exits | * Car parking details | |
| * Portable toilet facilities | * Approved liquor consumption areas/non-alcohol areas | |
| * Litter/refuse facilities | * Fireworks/aerial launch site/exclusion zone | |
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| **27. Application attachments** | | |
| Ensure you have completed all sections of the Organised Event Application Form. The following documents must be attached to the application if required. | | |
| * Certificate of Currency (Public Liability Insurance) | | * MSQ Aquatic Event Application (if applicable) |
| * Site Plan | | * Liquor Licence (if applicable) |
| * Traffic Management Plan/Parking Strategy and supporting documentation (if applicable) | | |
| * Risk Management Strategy/Safety Management Plan as listed in Item 21 | | |
| * Fireworks Display Notification and supporting documentation as listed in Item 17 (if applicable) | | |
| * Aerial Activities supporting documentation as listed in Item 18 (if applicable) | | |
| * Food Licence (if applicable) | | |

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| **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.** | |
| **Name**: | **Position**: |
| **Signature**: | **Date**: |

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| **Privacy** |
| ***Note. Seqwater is collecting the information you have provided on this Application Form for the purpose of assessing your application and will not use the information provided for any other purpose. The information contained on this Application will be accessible only by authorised officers at Seqwater and your personal information will not be disclosed to any other third party without your consent except where required by law. Seqwater manages personal information in line with the Information Privacy Act 2009 (Qld). Seqwater will deal with all personal information provided in accordance with Seqwater’s Privacy Policy, which can be found at*** [***http://www.seqwater.com.au/privacy-policy***](http://www.seqwater.com.au/privacy-policy)***.*** |

