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This application should be completed by the person who is responsible for Event Planning. It should be submitted 12 weeks in advance of your event.

Please complete all relevant areas (If there is insufficient space please use the additional information box provided on page 8 of this form)

Name of Event	<input type="text"/>
Event Location	<input type="text"/>
Date(s) of Event	<input type="text"/>

Section One – Organiser Details

Name of Organisation	<input type="text"/>
Event Organiser/s	<input type="text"/>
Contact Address (including Postcode)	<input type="text"/>
Contact Telephone Number	<input type="text"/>
Mobile Telephone Number	<input type="text"/>
E-Mail Address	<input type="text"/>

Section Two – Event Details

Event Description - Please tell us about your proposed event

Is this a (please tick one box only)

Charity Event Fund Raising Non-Commercial
Community Service Event Commercial For Charity Event

Name of Charity

Charity Registration Number

Will all income go to the Charity concerned? (please tick) Yes No

If No, please give details

Location of Event

A site plan layout or plan of premises showing the position of stall, marquees, arena, exhibition units, first aid, lost children, toilets, car parking etc and list of programme items is required. In respect of races etc., a detailed route plan which must also show location of route marshall.

Site Plan attached Yes No

Who owns the land?

Has permission been sought from the land owner? Yes No

Start Time Finish Time

Date to enter site for preparation

Start Time Finish Time

Date/Time the site will be vacated after the event

Is the Event Free? Yes No

If No, what is the admission price?

Will you be selling programmes? Yes No

If Yes, what is the proposed price?

Number Likely To Attend

(1) At any one Time

Public

Staff

Performers

(2) During the Event

Public

Staff

Performers

Age Profile of Audience (e.g. children/family)

Under 18's 18 – 35 years 36 – 64 years Over 65 years

Have you held this Event before? Yes No

If Yes, please give details

Is this Event One Off Recurring

If Recurring, how often?

Section Three – Alternative Arrangements

Is there a possible alternative site? Yes No

If Yes, where?

Is there a possible alternative date? Yes No

If Yes, when?

Section Four – Event Activities

Do you intend to utilise or permit any of the following attractions at the event? If so, please tick the appropriate boxes (some of these may not be permitted at all sites)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fireworks/pyrotechnics | <input type="checkbox"/> Power Supply | <input type="checkbox"/> P A System |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Live Music | <input type="checkbox"/> Toilets |
| <input type="checkbox"/> Food & Drink Concessions | <input type="checkbox"/> Portable Generator | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Carnival/Procession | <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Market Stalls |
| <input type="checkbox"/> Stewarding/Security | <input type="checkbox"/> Lost Children Point | <input type="checkbox"/> Coconut Shy |
| <input type="checkbox"/> On Site Communications | <input type="checkbox"/> Portable Staging | <input type="checkbox"/> Marquees |
| <input type="checkbox"/> Fairground Equipment | <input type="checkbox"/> Water (site dependant) | <input type="checkbox"/> Barrier/Fencing |
| <input type="checkbox"/> Re-Enactment Groups | <input type="checkbox"/> Foreshore Boat | <input type="checkbox"/> Parachutists |
| <input type="checkbox"/> Inflatables (e.g. Bouncy Castle) | <input type="checkbox"/> Hot Air Balloons | <input type="checkbox"/> Balloon Launch |
| <input type="checkbox"/> Horses/donkeys other animals | <input type="checkbox"/> Other Motor Vehicles | <input type="checkbox"/> Train Hire |
| <input type="checkbox"/> Bonfire/Barbecue Permit | <input type="checkbox"/> Berthing Facilities | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Living History or Other | | |

Other: (please specify)

If you have indicated in your application that you will be using 'portable staging' please provide specifications of the structure including details such as dimensions, stairs, handrails etc.

Section Five – Highway and Traffic Implications

If a formal Traffic Order is required, please allow 6 weeks notice

Do you anticipate the need for:

Road Closure

Traffic Diversion

Car Park Closure

On Street Parking Restriction

If you have ticked any of the above, please provide full details or locations, dates and times.

Please provide details of the number, weight and size of delivery vehicles and/or participating vehicles.

Will Vehicles be left on the site overnight? Yes No

Will there be overnight security on site? Yes No

You will be required to ensure that the toilet facilities are adequate. Please submit details of your proposals to include method of disposal and if toilets are hired, the name and address of the hire company:

Please identify the method to be used in order to maintain the area free of litter and refuse.

Do you intend to use: Highway Directional Signs Banners/Posters

Please provide full details:

Will you provide parking space for staff? Yes No

And/or the General Public? Yes No

If Yes, please indicate the approximate number of vehicles attending the event, indicate on your site plan your proposed car parking area and how you intend to manage the parking of those vehicles

Section Six - Insurance

Has insurance been arranged in respect of Public Liability or Third Party risks?
(including product liability where appropriate?)

Yes No

Name of the Insurer

What is the value of the Cover?

Please attach a copy of your Insurance Certificate

Section Seven – Licensing

With the implementation of the Licensing Act 2003 if your event includes: live/recorded music, dancing, plays films, indoor sporting events, boxing or wrestling entertainment or anything of a similar description, late night refreshment, or alcohol you will need to contact Stockton Borough Council’s Licensing Section.

Have you applied for a Temporary Events Notice? Yes No

Have you applied for a Street Trading Licence? Yes No

Section Eight – Health and Safety

Have you completed a risk assessment of your venue/location? Yes No

If Yes, please attached risk assessment to application. Attached? Yes No

Please supply the name of your First Aid Company

Number of :
First Aiders on site Ambulances on site Paramedics on site

If using an independent ambulance provider we recommend that you use a Care Quality Commission registered provider.

Have you completed a Medical Plan? Yes No

If yes, please attach medical plan to the application. Attached? Yes No

Name and Address of Nominated Events Safety Officer

Please indicate who you have made contact with regarding your event.

If you have any further comments or information in support of your event application please use the space below.

A large empty rectangular box intended for providing further comments or information.

Section Nine – Declaration

In the event that arrangements alter to those proposed, the Safety Advisory Group will be notified in order that it may review its advice. I acknowledge that the Safety Advisory Group will not maintain its support of this event in the absence of notification of any major change to arrangements.

 How We Collect And Use Information

The information collected, on this form and from supporting evidence, by Stockton on Tees Borough Council will be used to process your application. The information may be passed to other Enforcement Agencies as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments and local authorities.

We will not disclose information about you to anyone outside Stockton on Tees Borough Council nor use information about you for other purposes unless the law permits us to.

Stockton on Tees Borough Council is the Data Controller for the purposes of the Data Protection Act 1998.

Checklist of Supporting Information

I have attached the following supporting documents:

- Event Plan Event Manual Risk Assessments
- Fire Assessments Insurance Documents Medical Plan

Signed

Position

Date

Please note: Copies of this application will be forwarded to all members of Stockton’s Safety Advisory Group including all of the Emergency Services and relevant Local Authority Services.

Please return your completed application form to:

By Post: Performance & Business Services
 Development & Neighbourhood Services
 Municipal Building
 Church Road
 Stockton on Tees
 TS18 1TX

By E-Mail: tara.connor@stockton.gov.uk