



## Place of Assembly

Public Health Act 1997  
Section 76 & 81

- Application for a Place of Assembly **Licence**
- Application for a Place of Assembly Licence (**Specific Event**)  
Date: ..... Time:.....to.....Event: .....
- Application for **Renewal** of a Place of Assembly Licence

### Applicant Details

Name of applicant .....

Postal address .....

..... Postcode .....

Telephone ..... Mobile Phone .....

Facsimile ..... Email .....

### Premises Details

Name of premises .....

Address of premises .....

..... Postcode .....

Postal address for correspondence .....

..... Postcode .....

Emergency contact ..... Telephone .....

Description of intended use of premises .....

Number of persons to be accommodated .....

Other licences issued to the premises .....

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## Insurance Details

- **Public Liability Insurance** - Please attach a copy of your Public Liability Insurance Cover.
- **Jumping Castles** - Should a jumping castle be on-site at your event, Council will require a copy of the relevant insurance policy which covers this structure.
- **Pony Rides** - Should pony rides be at your event, Council will require a copy of the relevant insurance policy which covers this.

**THIS APPLICATION WILL NOT BE PROCESSED UNTIL A COPY OF THE RELEVANT INSURANCE POLICIES ARE PROVIDED**

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## Liquor Licence

**Please Note - Licensing Commission approval is required if alcohol is sold**

### Licensing Board of Tasmania, Commissioner for Licensing

80 Elizabeth St, Hobart Tas 7001      Ph: (03) 6233 2475      Fax: 03) 6233 2886

[Licensing@treasury.tas.gov.au](mailto:Licensing@treasury.tas.gov.au)

Henty House, 1 Civic Sq, Launceston Tas 7250      Ph: (03) 6336 2261      Fax: (03) 6336 2799

[Licensing@treasury.tas.gov.au](mailto:Licensing@treasury.tas.gov.au)

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## Liquor Licence Details

**Please attach a copy of your Liquor Licence.**

Please note:

- You will be required to show a designated roped off “Wet Area” on your site plan.
- “Responsible Serving of Alcohol” - please indicate what measures will be put in place.

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If insufficient space, please attach a separate information sheet.

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## Fee and Signature

Application fee: New (Specific Event): **\$40.00**

New (General): **\$125.00**

Renewal (General): **\$100.00**

.....  
Signature of applicant

..... / ..... / .....  
Date

Local non profit community group (specific event) **Free**

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*Please lodge your completed application form and fee with the Environmental Health Officer*

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## Additional Information

To be submitted with application for a Place of Assembly Licence

(For Specific Events - a site plan is required indicating the extent of the site, the **location** and size of temporary structures e.g. marquees, jumping castles, temporary stands, food vans and food stalls and sanitary facilities

**Sanitary facilities to be provided (type, number for each sex, disabled facilities etc).**

...male number ( ) female number ( ) disabled ( ) unisex ( )

**Temporary Structures**, (e.g. tent/marquee/temporary stage/temporary seating structure/temporary platform/temporary tower)

**Important:** indicate exact size (e.g. 5x4m) of tents/marquees/temp stages/ platforms/towers and seating structures and distances from other structures, **on the attached site plan**

.....  
**TEMPORARY STRUCTURES** *please note that where the following temporary structures are to be erected at your event, applications for TEMPORARY OCCUPANCY CERTIFICATES may need to be applied to the General Manager*

	<i>Please circle</i>	
• <b><u>MARQUEES/TENTS/BOOTH</u></b>	YES	NO
• <b><u>TEMPORARY SEATING STRUCTURE</u></b>	YES	NO
• <b><u>TEMPORARY STAGE</u></b>	YES	NO
• <b><u>TEMPORARY TOWER</u></b>	YES	NO
• <b><u>TEMPORARY PLATFORM</u></b>	YES	NO

### **Please note: MARQUEES/TENTS/BOOTHS**

Temporary structures (tents, booths or gazebo) are **not required** to have a TEMPORARY OCCUPANCY PERMIT if they have an area

- Has a maximum area of **20m square metres** and will not be erected for more than 10 days
- Is open on at least one side when occupied
- Does not contain an ignitable fuel source
- Is at least 1.8m from a mobile food premises
- Or is part of a group of temporary structures provided **the group does not exceed 80m square**
- The group is located at least 1.8m from any other booth, tent, building, structure or mobile food premises

**Or**

- Has a maximum area of **10m square metres** which contains an ignitable fuel source
- Is open on at least one side when occupied
- Is located at least 1.8m from any other booth, tent, building, structure or mobile food premises

**Or**

**not greater than 75 square metres provided that-**

- It is the only temporary structure on the site
- It does not have an ignitable fuel source
- It is not located within 10 metres of an ignitable fuel source
- It will not be used for more than 2 days
- It does not require electrical wiring
- It is located at least 2 metres from any other building

**To make application for TEMPORARY OCCUPANCY PERMITS the applicant must consult with a Council approved Building Surveyor.**

**Artificial lighting - electrical services- Electrician's Name**

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**Fire equipment available:** .....

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**People movement info** - barriers, exits, parking etc: (indicate on site plan – location, height, materials)

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**Refuse facilities** – Suitable recycling and garbage receptacles shall be provided at the event for the public to dispose of glass, Aluminium, PET (1) and Garbage. Arrangements to adequately service the bins and correctly dispose of the materials must be made. Please detail facilities and arrangements made

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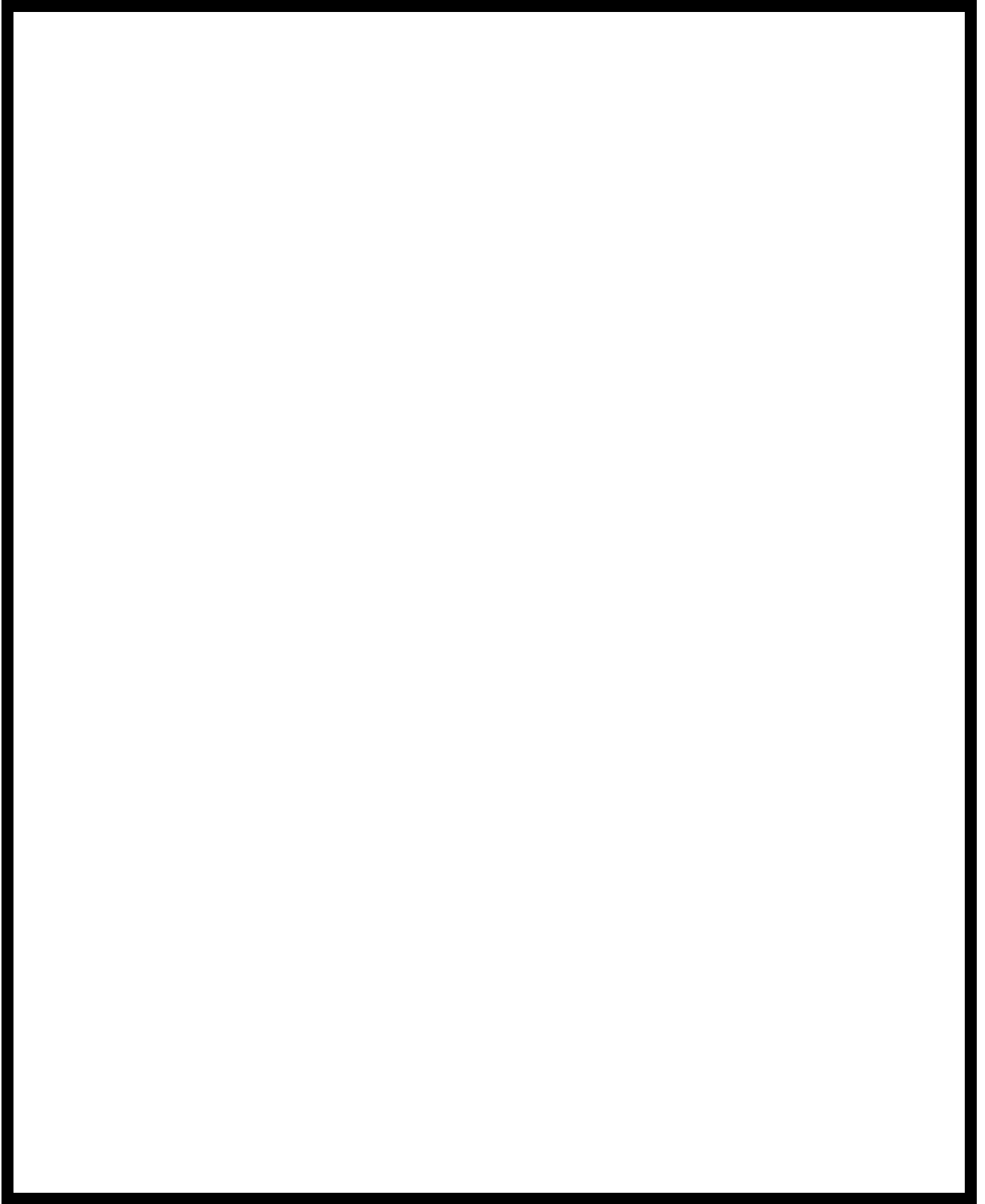
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## **Food Operations**

**Council approval is necessary.** Please complete "*Details of Stalls and Stall holders*" (*attached*). Please return to Council **at least two (2) weeks prior** to event to enable stall holders to be notified of their requirement to hold a Temporary Food Licence.

**A Temporary Food Application Form is attached, 1 application per stall holder is to be submitted to Council. (Please photocopy if more than 1 is required)**

**SPECIFIC EVENT - SITE PLAN**



## Office Use Only

### To be considered by Council prior to issue of Licence:

- Will the event interfere with the peace and good order of the area?
  - . Proposed hours
  - . Excessive noise levels
  - . Responsible serving of alcohol
- Prevention of noise?
- Prevention of smell?
- Prevention of pollution?
- Prevention of other nuisances?
- The effect of traffic on highways, roads or streets?
- Is the Place Of Assembly capable of being operated, used or managed in accordance with the guidelines?
- Will the event compromise public health?
- Event Management Plan?
- Police Clearance?

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EHO Signature

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Date

Receipt No.:

Date:



# GLAMORGAN SPRING BAY COUNCIL

Po Box 6 Triabunna Tas 7190

Phone 6257 4763 Fax 6257 4044 Email- health@freycinet.tas.gov.au

## Temporary Food Business

*Food Act 2003  
Sections 87 & 89*

### Application for **Registration** of a Temporary Food Business

(including mobile food business)

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#### Food Business Details

Name of applicant (organisation).....

ACN (if a Company) .....

**Person responsible for Food Safety** .....

Address .....

..... Postcode .....

Telephone ..... Mobile Phone .....

Facsimile ..... Email .....

Details of skills and knowledge (*food safety qualifications, training or experience*) of the person responsible for Food Safety and food handlers (*please attach details if insufficient space*). .....

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#### Food Safety Questionnaire

It is now a requirement of the Food Act 2003 that the person responsible for Food safety of all food businesses demonstrate a satisfactory knowledge and skills of food safety. The satisfactory completion of the food safety questionnaire will satisfy the knowledge and skills requirement.

1. How will you ensure that you and other food handlers will have clean hands?

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2. What are the benefits of using disposable gloves while handling and preparing food?

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.....  
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3. At what temperature should you store “potentially hazardous foods” e.g. meat, milk, sea food? **Please tick**

- 0 – 5 degrees Celsius
- 10 – 20 degrees Celsius
- 20 – 25 degrees Celsius

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## Event Details

Name of Event.....

Venue/Location.....

Date of Event.....

**Proposed hours of operation** (or attendance on site):

Mon ..... Tue ..... Wed ..... Thu .....

Fri ..... Sat ..... Sun .....

**Types of food to be provided / cooked**

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## Fee and Signature

Application fee: **\$12.00**

(Local non profit community group (specific event) **Free**

Signature of applicant for registration ..... Date

*Please lodge your completed form and application fee with the  
Environmental Health Officer of the Council*

## Office Use Only

Receipt No.:

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

### ASSESSMENT REPORT

- I STATE THAT the proposed food premises situated at the above address complies satisfactorily with the requirements of the Food Act 1998 for the purposes of a temporary food premises for the type of food that will be manufactured for sale or sold in/from the premises.
- I FURTHER STATE THAT in my opinion the proposed Licensee is a fit and proper person, competent to manufacture or sell food in accordance with any relevant guidelines and in such a manner as to adequately protect public health in respect of which the application relates.
- I RECOMMEND THAT the license be granted to the proposed Licensee and that the proposed food premises situated at the above address be registered subject to the terms and conditions on the attached Certificate.
- I DO NOT RECOMMEND the granting of the proposed License and Certificate. My reasons are given in the attached report.

EHO Signature:

Conditions:.....

.....  
.....



**GLAMORGAN SPRING BAY COUNCIL**

**PO Box 6 Triabunna TAS 7190**

**Phone: 6257 4763 Fax: 6257 4044**

**Email [health@freycinet.tas.gov.au](mailto:health@freycinet.tas.gov.au)**

2/99

**Details of stalls and stall holders:** (photocopy as required)

<b>Name and/or number of stall</b>	<b>Name of stallholder or name of food business and proprietor</b>	<b>Address of stallholder or food business</b>	<b>Phone, mobile and fax numbers of stallholder/food business</b>	<b>Types of food to be sold</b>
			Ph:  Mobile:  Fax:	
			Ph:  Mobile:  Fax:	
			Ph:  Mobile:  Fax:	
			Ph:  Mobile:  Fax:	



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**PO Box 6 Triabunna TAS 7190**

**Phone: 6257 4763 Fax: 6257 4044**

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2/99