



# Kingborough

## APPLICATION FOR TEMPORARY PLACE OF ASSEMBLY (SPECIFIC EVENT)

### Event Details:

PUBLIC HEALTH ACT 1997 - SECTIONS 76 & 81

Name of Event:							
Date:							
Location of Event:							
Address							
Emergency Contact:					Telephone/Mobile:		
Primary reason for event:							
Anticipated maximum number of persons attending at peak occupancy:							
Number of toilets provided:	Male WC's		Urinals		HWB		
	Female WC's				HWB		
Other licences (eg food and liquor) issued to the event:							

### Applicant Details:

Name of Applicant:							
Postal Address:							
Telephone:					Mobile:		
Fax:					Email:		

### Signature and Fee:

I confirm that the information provided is true and correct.

Signature of applicant for registration/renewal:							
Date:		/ /					

Please lodge your completed form and relevant fee to:

**General Manager  
Locked Bag 1  
15 Channel Highway  
KINGSTON TAS 7050**

### OFFICE USE ONLY

#### Privacy Statement

Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of the Kingborough Council in order to advance the purposes of this form and to carry out Council business. The *Personal Information Protection Act 2004* and Council's Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make application to access or amend personal information held by Council by contacting Customer Services on 6211 8200. Should you not provide the information sought, Council will not be able to process this form.

<b>Cashier</b>	
Temporary Place of Assembly (Specific Event):	
Receipt Number:	
Date:	
<b>EHO assessment</b>	
EHO:	
Date:	

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