



# Special Event Permit

(Pursuant to Section 200 Local Government Act 1999)

Council Land, Reserves & Open Spaces

I \_\_\_\_\_ for and  
(Name)

behalf \_\_\_\_\_ ("Permit Holder")  
(Organisation, Business, Group)

of Address \_\_\_\_\_

Telephone \_\_\_\_\_

& Email \_\_\_\_\_

hereby make application to the Corporation of the Town of Walkerville for the use of community land for

\_\_\_\_\_  
("Permitted Use")

\_\_\_\_\_  
(Name of Event)

to be held  
at

[mark in attached Plan the part /whole  
of Facility required – Annexure B]

\_\_\_\_\_  
(location)

On/

From-To

\_\_\_\_\_  
(dates, days)

between the hours of

\_\_\_\_\_  
(time)

## The issuing of this permit is subject to:-

- A. The Permit Holder agreeing to the General Conditions of Permit as contained herein.
- B. The Permit Holder agreeing to all Special Conditions which the Corporation of the Town of Walkerville ("Council") may determine.
- C. The Permit Holder providing all information required and making the prescribed payments.
- D. The Permit Holder providing a copy of all appropriate insurances (and licenses, if required) by either the General Conditions or Special Conditions of Permit.

- E. The Permit Holder providing a traffic management plan (if required) prepared by a recognised traffic management specialist where event impacts on a roadway.
- F. Fees apply as per Fees & Charges Schedule.

## General Conditions of Permit

1. The Permit Holder agrees to indemnify and to keep indemnified the Council, its servants and agents and each of them from and against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against them or any of them arising out of or in relation to the issuing of the permit.
2. The Permit Holder shall take out and keep current a public risk insurance policy in the name of the Permit Holder insuring the Permit Holder for the minimum sum of **ten million dollars (\$10,000,000)** against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against the Permit Holder in relation to the activity.
3. The Permit Holder must provide confirmation of current insurance to the Council. Such policy shall bear the endorsement of the Insurer indicating the Insurer accepts the indemnity given by the Permit Holder.
4. The Permit is issued solely for the Permitted Use. The Permit Holder must ensure that, where required, it is licensed or registered to carry out the activities authorised by the issuing of this Permit.
5. The Permit is not transferable.
6. The Permit Holder shall comply with and give all notices required by any Act of Parliament, Ordinance, Regulation or By-law relating to the activity.
7. No food or drink will be offered for sale by any Permit Holder without the prior approval of the Council.
8. The Permit Holder shall not bring onto the Facility any thing nor conduct (or allow to be conducted) any activity which is of a noisy, noxious or offensive nature or which shall constitute a nuisance. No music system or amplified sound to be used by any Permit Holder without the prior approval of the Council.
9. The Permit Holder shall ensure that the area is left in a clean and tidy condition at the end of the event. *Failure to do so may result in cleaning fees being charged.*
10. The Permit Holder shall repair and/or restore any damage or defacement of the area, at its own cost. *Failure to do so may result in repair and/or restoration fees being charged.*
11. This Permit will not come into operation until all applicable documentation and fees, including proof of the appropriate insurance, has been provided to the Council and a copy of this document, signed by the Council has been returned to you.
12. This Permit is liable to be revoked by Council and the Permit Holder excluded from the facility / grounds if the Permit Holder fails to comply with a condition of this Permit.
13. *Council reserves the right at all times to cancel the Permit due to safety issues or inclement weather, to undertake repairs, or to comply with its insurance or any regulatory requirement.*

**I acknowledge that I have read and understand the permit conditions and agree to abide by and be bound by the said conditions.**

*Signed for and on behalf of the Permit Holder*

Name	_____	Date	_____
Position	_____	Signature	_____



## RISK MANAGEMENT PLAN (Part A) EVENT PLANNING CHECKLIST

*(To be filled in by Applicant and a photocopy sent to Council)*

Name of Event:	
Name of Permit Holder / organiser/person completing Risk Management Plan (Parts A & B)	
Date and time of Event:	
Exact Location of Event:	<i>(Provide layout plan, if required)</i>
Expected number of attendees:	
Permit Holder & their agents / representatives' name, address and telephone number	1. name, address and telephone number
	2. name, and telephone number
	3. name, and telephone number

	<b>EVENT MANAGEMENT PLAN</b> <i>(Applicant to Complete. Council to check and comment if rectification / action required)</i>	<b>Yes/No Or N/A</b>	<b>Action by:</b> Initials	<b>Date/Details</b>	<b>If corrective action required; a risk assessment must be completed</b>
1.	Detailed management plan prepared and issued to relevant PH agents/staff? List other PH agents/staff involved?				
2.	Will volunteers be involved in the event?				
	If yes, confirm appropriate inductions; and training				
3.	Police Checks obtained? PH to ensure contractor(s) (e.g. emcee/presenter) has current police check if deemed to be necessary (eg children / elderly involved. If any contractor does not have police check – PH agents/staff member MUST be present at all times.				
4.	Event activities comply with Council by-laws/policies?				
5.	Activities on roads – section 224 (LG Act 1999)?				
6.	Road closure – section 33 RTA required?				
7.	Structures erected on roads – section 221 (LG Act 1999)?				
8.	Public consultation required? (section 223 LG Act 1999)				
9.	Cancellation procedures in place if				

	<b>EVENT MANAGEMENT PLAN</b> (Applicant to Complete. Council to check and comment if rectification / action required)	<b>Yes/No Or N/A</b>	<b>Action by: Initials</b>	<b>Date/Details</b>	<b>If corrective action required; a risk assessment must be completed</b>
	required? (ie alternative venue booked?)				
10.	Proof of appropriate insurance supplied by PH and external bodies/cotractors? List Groups involved and copies provided:				
	◆				
	◆				
	◆				
	◆				
11.	If food supplied by caterers etc. – ensure appropriate insurance				
	- ensure appropriate health guidelines provided and adhered to				
	- is food business registered?				
	Is liquor licence necessary?				
12.	If liquor available – check use of glass or plastic glasses?				
13.	Risk assessment undertaken for security or crowd control?				
14.	Emergency Services required to be advised of the event? List emergency services advised				
	◆ Police				
	◆ Fire				
	◆				
	◆				
15.	Adequate access/egress for emergency vehicles and personnel				
16.	Ensure appropriate procedures and plans for emergency evacuation – check all parties are aware of procedure				
17.	External organisations involved in the event and their roles (list each organisation)				
	◆				
	◆				
18.	Who is responsible for setting up?				
	◆				
	◆				
	◆				
	◆				
19.	What equipment will be brought onto the grounds? Itemise below				
	◆				
	◆				
	◆				
20.	Layout plan for event provided?				
21.	Who is responsible for cleaning /tidying up?				
	◆				
	◆				
22.	First Aid Officer? Who? Eg St Johns				

	<b>EVENT MANAGEMENT PLAN</b> (Applicant to Complete. Council to check and comment if rectification / action required)	<b>Yes/No Or N/A</b>	<b>Action by: Initials</b>	<b>Date/Details</b>	<b>If corrective action required; a risk assessment must be completed</b>
	◆				
	◆				
23.	If St Johns – ensure adequate cover/seating available for their protection				
24.	If officer or St Johns not available, is the First Aid Kit available?				
25.	Communication arrangements (each officer to have a mobile phone?)				
	◆				
	◆				
	◆				
	◆				
26.	Emergency procedures (List items inspected:)				
	◆ Exits clear?				
	◆ Check all electrical equipment used has been recently tagged?				
	◆				
	◆				
27.	Structural Inspections required? List items inspected?				
	◆				
	◆				
	◆				
28.	Amusements/Sideshows				
	Amusement Rides – certification of registration from Workplace Services. List Rides and registration				
	◆				
	◆				
	Amusement Rides – serial numbers on amusement rides relate to certificates issued. List serial numbers and rides?				
	◆				
	◆				

*Note: To insert additional rows and pages as required*

**RISK MANAGEMENT PLAN (Part B)**  
**EVENT SAFETY / RISK CONTROL PLAN**

*(To be filled in by Applicant and photocopy sent to Council)*

Task/ Issue/ Hazard	What Could Go Wrong	Person Affected / Location	Likelihood / Consequence - Risk Rating (Refer to risk matrix)		Risk Control Measures	By who & by when	Notes
			Pre-Control Rating	Revised <i>Post- Control</i> Rating			
<i>e.g. crowds</i>	<i>e.g. crushing</i>	<i>e.g. event participants</i>	<i>e.g. Possible/ Minor – Medium Risk</i>	<i>e.g. Possible/ Insignificant – Low Risk</i>	<i>e.g. Design layout of event to reduce concentration of people in any one place</i>	<i>e.g. Event coordinator Mr J Bloggs 1/7/XX</i>	<i>e.g. Volunteers to also assist, Risk Treatment Plan not required</i>

*Note: To insert additional rows and pages as required*

## Risk Assessment Record

### RISK RATING MATRIX

RISK RANKING	CONSEQUENCES	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
	<b>Injury</b>	No treatment/ injury	First aid treatment	Minor, but lost time injury, medical treatment required	Serious / extensive injury requiring hospital treatment	Fatality or permanent disability
	<b>Property damage</b>	Slight	Minor	Considerable	Major	Substantial
	<b>Environment</b>	No impact	Local effect. On site release immediate containment	Low level impact. On site release contained with outside assistance	Serious impact. Off site release with no detrimental effects	Detrimental impact. Toxic release off site with detrimental effect
<b>LIKELIHOOD</b>	<b>Production or financial loss</b>	Low financial costs (less than \$10,000)	Medium financial loss (\$10,000 - \$50,000)	High financial loss \$50,000 - \$200,000	Major financial loss \$200,000 - \$1,000,000; loss of production capacity	Huge financial loss – more than \$1m
<b>Almost Certain</b>	High/frequent level of exposure to hazard – recurring recorded incidents - expected to occur in most circumstances	<b>M</b>	<b>H</b>	<b>H</b>	<b>VH</b>	<b>VH</b>
<b>Likely</b>	Exposure to hazard is likely – recorded incidents – will probably occur in most circumstances	<b>M</b>	<b>M</b>	<b>H</b>	<b>H</b>	<b>VH</b>
<b>Possible</b>	Exposure to hazard could happen – infrequent recorded incidents –might occur at some time	<b>L</b>	<b>M</b>	<b>H</b>	<b>H</b>	<b>H</b>
<b>Unlikely</b>	Exposure to hazard could happen – very few recorded incidents - could occur at some time	<b>L</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>H</b>
<b>Rare</b>	Exposure to hazard could happen – an incident might be possible - may occur only in exceptional circumstances	<b>L</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>H</b>

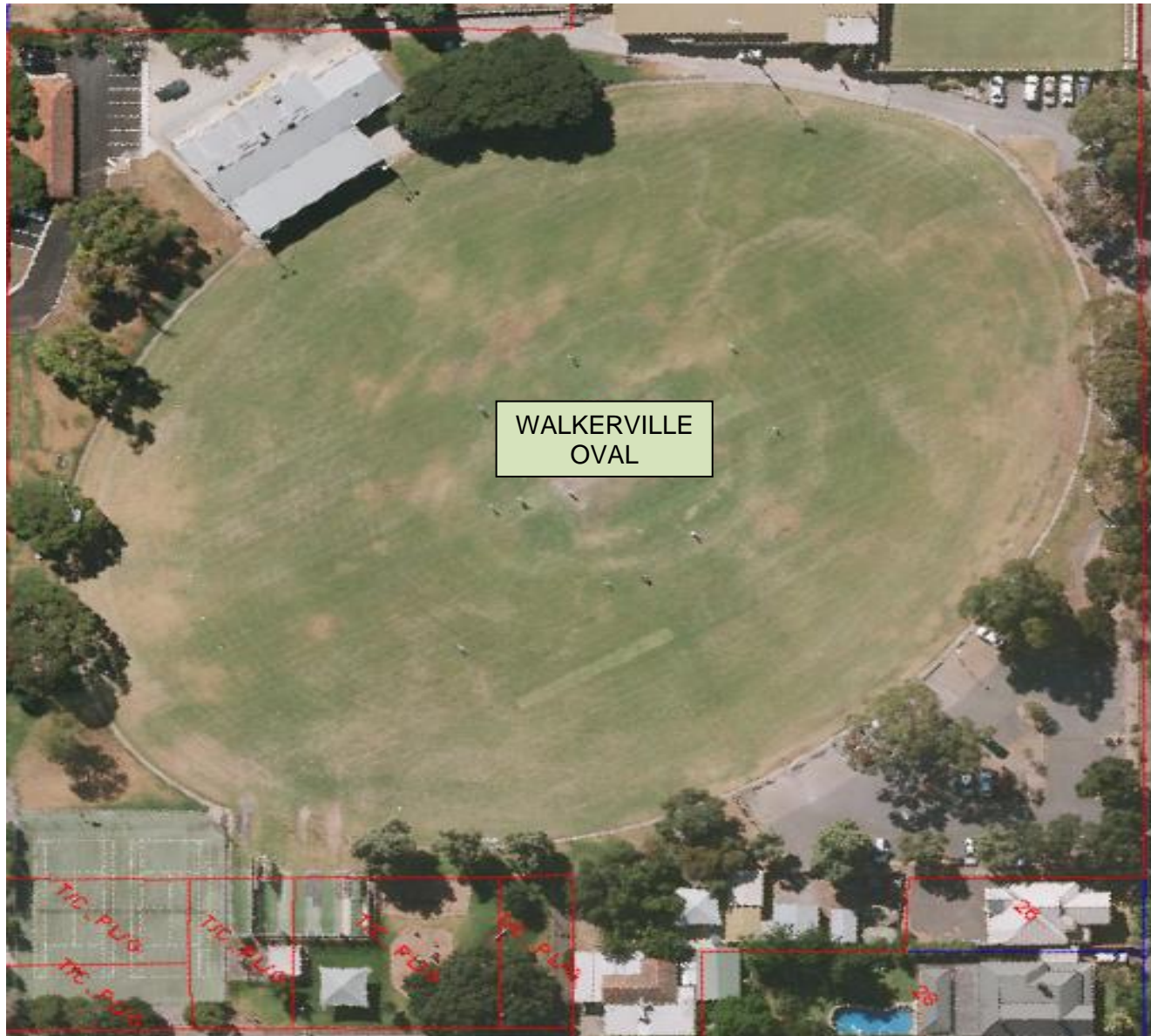
Ref HB 436:2004, Risk Management Guidelines, Table 6.6 p55

#### Indicator of Risk Treatment

Risk Rating		Action Required
<b>VH</b>	<b>VERY HIGH RISK</b>	This is an unacceptable level of risk and <b><u>immediate corrective action</u></b> (within 48 hours) is required. The risk must be referred to appropriate Executive Manager / Team Leader for the development and implementation of a Risk Treatment Plan.
<b>H</b>	<b>HIGH RISK</b>	This is an unacceptable level of risk. A Risk Treatment Plan must be developed and implemented. Executive Manager / Team Leader attention is required and <b><u>prioritised action required (7 days)</u></b> .
<b>M</b>	<b>MEDIUM RISK</b>	This level of risk is generally acceptable and can be managed <b><u>through monitoring or specific procedures and planned action (30 days – could also be included in budget) is required</u></b> . A Risk Treatment Plan may be developed if existing controls are not adequate or to prevent the possibility that the level of risk may increase.
<b>L</b>	<b>LOW RISK</b>	This is an acceptable level of risk and no Risk Treatment Plan is necessary if existing control measures are working. These risks are generally managed <b><u>through routine procedures (30 days)</u></b> .



**AREA PLAN**  
**WALKERVILLE OVAL**





LEVI OVAL





## Council Authorisation (COUNCIL TO COMPLETE)

- ☐ Annexures A & B completed and contact details furnished
- ☐ Yes ☐ No Current public liability insurance certificate received for min \$10 million dollars (if no, Permit cannot be issued)
- ☐ Any special conditions advised to Permit Holder, e.g. (cancel if not applicable):
- Evidence of Permit Holder's property / contents insurance furnished
  - All other approvals / licences required. If yes, itemise below (together with any conditions)
  - Any other conditions: \_\_\_\_\_
- ☐ Prescribed fee paid as per Fees and Charges schedule (including any deposit/ security bond)
- ☐ The prescribed fee / security bond has been waived in this instance
- ☐ Minimal impact on the Facility is to be encouraged by the Permit Holder, driving and parking of vehicles on the park is discouraged and to be avoided where possible.
- ☐ Check if any Temporary Parking Controls apply (as per fees and charges listing)
- ☐ Yes ☐ No Traffic Management Plan required. If yes, indicate "Received" and "Date".

*Persons using any of Council's facilities, parks, gardens & reserves do so at their own risk. The Council accepts no liability for loss, damage and injury whatsoever which may be brought or made or claimed against it or any of its servants or agents arising out of or in relation to the use of any of Council's facilities, parks, gardens or reserves.*

### Permit approved / denied

*Signed by or on behalf of the Council*

Name	_____	Date	_____
Position	_____	Signature	_____