

EVENT ORGANISERSContact Organisation

EVENTS ON OPEN SPACES APPLICATION FORM

Please note all applications to be received 2 months prior to any proposed event.

| Contact Name | | | | | |
|---|---------|-------|-----|---------|--|
| Contact Phone | | | | | |
| Contact Email | | | | | |
| Job Title/Position | | | | | |
| Contact Address (including postcode) | | | | | |
| Charity Number (if applicable) | | | | | |
| Alternative Emergency Contact Name and Phone | | | | | |
| | | • | | | |
| EVENT DETAILS | | | | | |
| Name of Event | | | | | |
| Proposed Location | | | | | |
| Purpose of Event | | | | | |
| Proposed Date | Arrival | | Dep | parture | |
| Set Up Time | Start | | End | I | |
| Clear Up Time | Start | | End | l | |
| Bond Deposit to | £1000 | | | | |
| DPC | 11000 | | | | |
| Event Dates | | From | | Until | |
| Event Times (weekdays) | | Start | | End | |
| Event Times (weekends) | | Start | | End | |
| | | | | | |

| Details of Event (include details of attractions including stalls, food and drink, animals, staging, | | | | |
|--|-----------------------|--|--|--|
| generators, music, etc.) | | | | |
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| (Events Details Continued) | | | | |
| Community Benefit | | | | |
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| Estimated Attendance | Staff | | | |
| per day | | | | |
| | Public | | | |
| Events including live | Does your event | | | |
| animals | include live animals? | | | |
| | If yes, please | | | |
| | provide details | | | |
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HEALTH AND SAFETY

The health and safety of people involved in and visiting your event is the responsibility of the event organisers. Please confirm below that you have considered all the provisions necessary to ensure that your event is safe and enjoyable for all.

| Item | Description | | Copies Enclosed | | | | |
|----------------|--|-------------------------------|------------------------|--|--|--|--|
| Public | Please provide a copy of your publ | lic liability insurance. This | 20p.25 E110105C4 | | | | |
| Liability | should cover the dates of your eve | | | | | | |
| Insurance | £5million for each incident. | | | | | | |
| Risk | Please provide a full event risk ass | essment | | | | | |
| Assessment | ricase provide a rail event hist ass | Cooment | | | | | |
| Other | Note: You will be required to prov | ide anv other relevant Healt | h and Safety. | | | | |
| Certificates | Entertainment Licences, Food Hyg | | - | | | | |
| | Northamptonshire Council and other relevant agencies | | | | | | |
| Item | Provider (if not known put TBA) | Details (e.g., numbers, role | es, certificates) | | | | |
| Stewarding | | | | | | | |
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| First Aid | | | | | | | |
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| REFERENCES | | | | | | | |
| Please provide | details for two organisations that v | vill provide references: | | | | | |
| Reference 1 | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Email | | | | | | | |
| Contact | | | | | | | |
| | | | | | | | |
| Reference 2 | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Email | | | | | | | |
| Contact | | | | | | | |
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□ I understand that the Council will require a bond of £1,000 at least 7 days prior to the event taking place which will be refunded, in full, if the site is vacated in a clean and tidy condition without any damage, and no other costs are incurred (for instance removal of bill posters etc.).

| ☐ I further understand that if the site is waterlogged that an event of this nature cannot to place Duston Parish Council has the absolute right to postpone the event without to requirement to pay compensation. | |
|--|--|
| ☐ I understand that should this application be approved we understand that there will be minimum 6-week gap between ourselves and any other circus/fair booking on the same site | |
| Signed Date | |
| Please return your completed form and copies of relevant documents and certificates to: | |
| Duston Parish Council, Duston Community Centre, Pendle Road, Northampton, NN1 1DE | |