Please ensure you have read the ‘Weddings and Celebrations Guidelines’ and ‘Weddings and Celebrations Fees’ documents before completing this form.

Please allow 10 days for assessment and process of your application.

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| **Wedding Photography/Videography only** [ ] (Tick this box for photo or videography requests only) |
| Complete fields 1, 2, 3 and 4. Also, provide a copy of your photographer’s certificate of currency for public liability insurance, or complete the Community Liability Insurance form on page 4. |

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| **1. Applicant Details** (click in the grey box to type) |
| **Applicant name**: Click or tap here to enter text. |
| **Address**: Click or tap here to enter text. |
| **Suburb**: Click or tap here to enter text. | **State**: Choose an item. | **Postcode**: Click or tap here to enter text. |
| **Phone**: Click or tap here to enter text. |  |
| **Email**: Click or tap here to enter text. |  |

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| **2. Event Day Contact:** |
| **Contact Person**:  | Click or tap here to enter text. |
| **Mobile Phone**:  | Click or tap here to enter text. |
| **Email**:  | Click or tap here to enter text. |

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| **3. Event Details:** |
| **Name of Event**: | Click or tap here to enter text. |  |
| **Date of Event**: | Click or tap to enter a date. |  |
| **Set up times:**  | Start: Click or tap here to enter text. | Finish: Click or tap here to enter text. |
| **Event times**:  | Start: Click or tap here to enter text. | Finish: Click or tap here to enter text. |
| **Pack down times:**  | Start Click or tap here to enter text. | Finish: Click or tap here to enter text. |

\*Set up/pack down time will count towards your total permitted event hours and be charged accordingly.

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| **4. Event Description:** |
| **Venue and Location Required** e.g. *St Kilda Botanical Gardens - Rose Garden*Click or tap here to enter text. |
| **Type of Event:** *e.g. Wedding, Birthday party, Christmas party*Click or tap here to enter text. |
| **Anticipated number of attendees:**Click or tap here to enter text. |
| **Wedding Photographer details, if applicable***(Optional)***Business name:** Click or tap here to enter text.**Email:** Click or tap here to enter text. |

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| **5.** Please provide information for any of the following that apply to your event. If any third-party providers are being used (e.g. catering companies, furniture hire etc.) please include names of the providers. **\*Power is not available in any of our gardens or open space** |
| **Catering** *(e.g. food or alcohol)*Click or tap here to enter text. |  |
| **Structures or equipment** *(e.g. marquees, tables, chairs etc.)*\*Please note dimensions of marquees if applicableClick or tap here to enter text. |  |
| **Entertainment** *(e.g. music acoustic or via PA)*Click or tap here to enter text. |  |
| **Other (if applicable)** Click or tap here to enter text. |  |

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| **6. Risk Management** Please identify all hazards or risks which may be applicable to your event. |
| **Description of** **Hazards / Risks:** | **Control measures:** |
| **Example:**First Aid / Injury | **Example:**First Aid Certified staff on siteCall 000 if further medical attention is required. |
| COVID-19 | Organiser and guests to:Check and adhere to latest DHHS directions <https://www.dhhs.vic.gov.au/coronavirus> Practise physical distancing. Keep 1.5 metres away from others wherever possible. Avoid physical greetings such as handshaking, hugs and kisses. Stay at home if feeling unwell or have any cold or flu symptoms. Practise good hygiene.Organiser to record first name and contact number of each person in attendance. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Authorisation**

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of the applicant organisation or auspicing body.

I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect. Failure to provide the requested information may result in the City not being able to process your event application.

I understand that making this application does not constitute event approval.

**Print Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Privacy Notification**

The personal information requested on this form is being collected by the Council for the purpose of assessing eligibility for a ‘Minor Event Permit’.  The personal information will be used solely by the Council for this primary purpose or directly related purposes. The applicant understands that the personal information provided is for the purpose of applying for a ‘Minor Event Permit’’ and they may apply to Council for access and/or amendment of the information. Requests for access or correction should be made to Council’s Privacy Officer via ASSIST on 92096 777.

**Community Liability Insurance**

All Minor Events held within the City of Port Phillip are required to have public liability insurance with a minimum of $20,000,000 coverage.

Event organisers must provide a copy of their own insurance policy along with the application form or purchase cover through City of Port Phillip by completing this form and paying the premium.

If an event organiser is enaging any third party providers for services (such as the hire of equipment, provision of catering, etc.) they must provide Council with a Certificate of Currency from each provider.

**Insurers:** One Underwriting Pty Ltd (as Agent for Lloyds of London)

**Council:** CITY OF PORT PHILLIP

**Applicants details**

**Name:** Click or tap here to enter text.

**Contact phone number:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Date of permitted event:** Click or tap to enter a date.

**Location:** Click or tap here to enter text.

**Purpose of permit (e.g. Wedding, Birthday Party):** Click or tap here to enter text.

 PREMIUM INCLUDING

 GST & STAMP DUTY

 $31.00

 (The $31.00 fee will be added to your invoice)

**SUBJECT TO $250 EXCESS EACH AND EVERY LOSS**

Upon the payment of the prescribed premium and completion of this form your liability as permit holder is indemnified, subject to the terms of a master policy issued by One Underwriting Pty Ltd.

In the event of any claim, or the happening of any circumstances which may give rise to a claim, you must advise the Council’s Risk & Assurance Unit on (03) 9209 6588 asap.

**Applicant name**: Click or tap here to enter text. **Date**: Click or tap to enter a date.