

Application to conduct an activity in a park or reserve (public space)

When to use this form

Use this form if you would like to undertake an activity in a public space within the Hobart municipal area in any park or reserve areas. Such activities may include:

- noisy activity
- scatter cremated remains
- other

If you would like to conduct an activity that is not mentioned above, please contact us on 6238 2886 to check if this may be permitted.

This application must be submitted at least 14 days before the start date required for the permit.

For further information you can contact us at coh@hobartcity.com.au or on 6238 2711.

Issued under Part 3 (clause 26), Part 4, Division 6 (cl.69), Part 4, Division 7 (cl.72) of the Public Spaces by-law 2018.

Applicant details

Are you applying as an individual or a company? (Select 1 option) Required

- individual
- company

Complete this field if you selected 'individual ' in *Applicant details: Are you applying as an individual or a company?*

First name Required

Complete this field if you selected 'individual ' in *Applicant details: Are you applying as an individual or a company?*

Last name Required

Complete this field if you selected 'company' in *Applicant details: Are you applying as an individual or a company?*

Company name Required

Email address Required

Telephone number Required

Street address Required

Is this your postal address? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'no' in *Applicant details: Is this your postal address?*

Postal address Required

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

Will you be the person onsite carrying out the activity? (Select 1 option) Required

yes

no

Complete this field if you selected 'yes' in *Applicant details: Will you be the person onsite carrying out the activity?*

Will there be anyone else accessing the site as part of the activity? (Select 1 option) Required

yes

no

Complete this field if you selected 'yes' in *Applicant details: Will there be anyone else accessing the site as part of the activity?*

Please provide names and contact numbers of all individuals Required

Complete this field if you selected 'yes' in *Applicant details: Will you be the person onsite carrying out the activity?*

Preferred contact method (Select 1 option) Required

email

telephone

Australia Post

Complete this section if you:

- selected 'no' in *Applicant details: Will you be the person onsite carrying out the activity?*

Or if you:

- selected 'company' in *Applicant details: Are you applying as an individual or a company?*

Onsite contact details

This is the person who will be at the specified location carrying out the activity.

First name Required

Last name Required

Email address Required

Telephone number Required

Will there be anyone else accessing the site as part of the activity? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Onsite contact details: Will there be anyone else accessing the site as part of the activity?*

Please provide names and contact numbers of all individuals Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Application details

Select the activity that you are applying for (Select 1 or more options) Required

- noisy activity
- scatter cremated remains
- other

Complete this field if you made a selection that includes 'other' in *Application details: Select the activity that you are applying for*

Please specify Required

Please provide a detailed description of exactly what you would like to do in the park or reserve. Attach any documents, plans or images that will assist us to assess your application Required

Attachments



Please attach all files to the end of this form before submitting it.

Start date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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End date (if more than 1 day)

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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Time(s) required Required

Location

What is the name of the park or reserve? Required

Street name Required

Suburb Required

Indemnity and declaration

Indemnity statement

a. If a permit is issued by the Council as requested by this application then the applicant is responsible for and indemnifies and will keep Council and each of Council's officers, employees, agents and contractors (Indemnified Persons) indemnified in respect of any claim, demand, action, damage, loss, liability, cost, charge, expense, outgoing or payment which Council or any of the Indemnified Persons pay, suffer, incur or are liable for as a consequence of or arising directly or indirectly from any or all of the following:

- (i) any breach or failure to comply with the conditions of the permit by the applicant and/or the applicant's employees, agents, contractors or invitees;
- (ii) any unlawful, wilful or negligent act or omission of the applicant and/or the applicant's employees, contractors, agents or invitees;
- (iii) any event, circumstance, matter or thing being at any time found to be other than as warranted or represented by the applicant, whether in the application, the permit or otherwise.

b. By making this application, the applicant is offering to be bound by this indemnity and this may be relied upon by the Council as a binding agreement if a permit is granted.

c. This agreement to indemnify does not merge on the expiry or cancellation of the permit, and the applicant will remain bound by the indemnity after the permit has expired or has been cancelled.

Declaration

In making this application: (Select 1 or more options)

- I declare that the information and any attachments I have provided are true and correct and I agree to comply with all clauses of the indemnity statement outlined above. **Required**
- I am duly authorised to sign on behalf of the organisation or business named as the applicant (if applicable).
- I agree that by typing my name below I have signed this application. **Required**

Name of signatory **Required**

Date **Required**

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form