

Place of assembly licence application



City of HOBART

When to use this form

Use this form if you need to apply for a place of assembly licence. You will need to apply for a licence if your event:

- will have 1000 people or more in attendance at any one point and
- has a duration of 2 or more hours and
- will be held outdoors

For your application to be considered please include the supporting documents listed below:

1. Event site plan (required)
2. Smoke free management plan (as approved by the Department of Health) (required)
3. Event program (if applicable)
4. Noise management plan (if applicable)
5. Risk management plan (if applicable)
6. List of food and drink stalls (if applicable)
7. Temporary Occupancy permit (if required)
8. Traffic management plan (if required)

Before you submit your application please read the [information sheet](#) for other considerations and information. This may include road closures, the sale of food or alcohol and also the number of male and female toilets that will need to be provided.

If you are not sure if you need to apply for a licence, have any questions or would like further information you can contact as at coh@hobartcity.com.au or telephone [03 6238 2711](tel:0362382711).

Applicant's details

I am applying as a: (Select 1 option) Required

- charity organisation
- school
- commercial organisation or business

What is the name of the charity/school/commercial organisation or business? Required

I have read and understand the place of assembly [information sheet](#) which includes the sanitary facilities guidelines and the noise management plan requirements.

(Select 1 option) Required

- yes
- no

First name Required

Last name Required

ABN (if a registered company)

Date of birth Required

D	D	M	M	Y	Y	Y	Y
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Email address Required

Telephone number Required

Unit/Street number Required

Street name Required

Suburb Required

Preferred contact method (Select 1 or more options) Required

- telephone
- email
- Australia Post

On-site emergency contact details

First name Required

Last name Required

Email address

Mobile number Required

Event details

Event name Required

Event location Required

Start date Required

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

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Will your event go for more than one day? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'yes' in *Event details: Will your event go for more than one day?*

End 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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If start and finish times vary for different days please indicate in the start/finish time fields below which date they relate to.

Start time Required

Finish time Required

Additional information

Number of unisex toilets (total) Required

Number/length of urinal(s)

Number of hand wash basins Required

Number of accessible toilets Required

Maximum number of people attending at any one time (including staff and volunteers) Required

Describe any activities that could generate noise, odour or other pollutants. Required

Do you intend to erect any temporary structures e.g. tents, marquees, stages, light towers etc. (Select 1 option) Required

- yes
- no

The information in the field below applies if you selected 'yes' in *Event details: Do you intend to erect any temporary structures e.g. tents, marquees, stages, light towers etc.*

Your event may require a Temporary Occupancy Permit from a Building Surveyor. Please provide your Building Surveyors details below. If you are not sure whether this requirement applies for your event, please contact our Environmental Health team on 6238 2711.

Building surveyor details

Complete this field if you selected 'yes' in *Event details: Do you intend to erect any temporary structures e.g. tents, marquees, stages, light towers etc.*

Full name Required

Complete this field if you selected 'yes' in *Event details: Do you intend to erect any temporary structures e.g. tents, marquees, stages, light towers etc.*

Telephone number Required

Acoustic engineer details

Full name

Telephone number

(Select 1 or more options)

I give permission for City of Hobart officers to contact the acoustic engineer and discuss the information in our plan.

Supporting documentation


As part of your application please make sure you have attached your supporting documentation below.

1. Event site plan Required




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


2. Smoke free management plan (as approved by the Department of Health) Required

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


3. Event program (if applicable)

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


4. Noise management plan (if applicable)

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


5. Risk management plan (if applicable)

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


6. List of food and drink stalls (if applicable)

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


7. Temporary occupancy permit (if applicable)

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

8. Traffic management plan (if applicable)

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

9. Any additional information

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

Declaration

I have attached the following documentation that must accompany my application: (Select 1 or more options)

- 1. Event site plan **Required**
- 2. Smoke free management plan (as approved by the Department of Health) **Required**
- 3. Event program (if applicable)
- 4. Noise management plan (if applicable)
- 5. Risk management plan (if applicable)
- 6. List of food and drink stalls (if applicable)
- 7. Approval for your events COVID - 19 safety plan (if applicable)
- 8. Temporary occupancy permit (if applicable)
- 9. Traffic management plan (if applicable)

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

- I declare that the information on this application is true, accurate and complete. **Required**
- I acknowledge that this application is not valid and assessment of the application will not commence until all application fees are paid in full. **Required**
- I acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council. **Required**
- 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)

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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