



APPLICATION FORM - SPECIAL USE LICENCE

This form advises Council of the scope of your activity and provides appropriate guidelines for you and/or your organisation in planning a safe and successful activity which meets all legislative requirements. **The City of Mitcham requires two (2) calendar months' notice of any proposed activity.**

CITY OF
MITCHAM

Once completed, please return this application form (“**Application Form**”) to City of Mitcham (“**Council**”) at PO Box 21 Mitcham Shopping Centre, TORRENS PARK SA 5062 or email to mitcham@mitchamcouncil.sa.gov.au, alternatively you can hand deliver to 131 Belair Road TORRENS PARK SA 5062.

YOUR DETAILS

Your name (including ABN or ACN) if applicable (“You/Your”)		OFFICE USE ONLY
Postal Address		
Contact person		
Contact details	Home: <input style="width: 100%;" type="text"/>	
	Work: <input style="width: 100%;" type="text"/>	
	Mobile: <input style="width: 100%;" type="text"/>	
	Email: <input style="width: 100%;" type="text"/>	

ACTIVITY DETAILS (together the “Usage Term”)

Please describe Your activity or event (“Activity”)		OFFICE USE ONLY
Activity Name		
Activity Date(s)		
Activity Day(s)		
Set up:	Date <input style="width: 100%;" type="text"/>	
	Time <input style="width: 100%;" type="text"/>	
Dismantle:	Date <input style="width: 100%;" type="text"/>	
	Time <input style="width: 100%;" type="text"/>	
Activity Times	Start <input style="width: 100%;" type="text"/>	
	Finish <input style="width: 100%;" type="text"/>	

AREA REQUIRED

If any of the following does not apply to your event please mark to be “Not Applicable”

Requested area (non-exclusive use) (“Usage Area”)		OFFICE USE ONLY
Expected numbers (large numbers need to be registered with SAPOL)		
Identify Council structures and/or facilities (“Council Facilities”) to be used		

Will You install amusement structures (“Amusement Structures”) or operate amusement rides (“Amusement Rides”)? (Community events only)		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, please provide details of the company and a Current Insurance certificate from the operator must be provided prior to approval	
<input type="checkbox"/> YES		

Do You plan to erect temporary structures, such as stages, stalls, tables, displays, marquees, plant or equipment for this Activity? (“Temporary Structures”)		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, please provide details and complete the table below.	
<input type="checkbox"/> YES		

Temporary Structure	Number	Type	Size	Seating Capacity
Marquees				
Tents				
Stages				
Equipment				
Plant				
Stalls				
Tables				
Displays				
Other				

Will first aid be available at the Activity?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If no, please provide details as to why first aid is not needed.	

Will You be using volunteers? (“Volunteers”)		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please provide details of volunteer roles, Department for Communities & Social Inclusion clearance details, training and induction procedures provided to the Volunteers.	

Will You have qualified security personnel in attendance?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If no, please provide details of why security personnel are not required.	

If a power source is available at the proposed location do You require access? (Community events only)		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please provide details of requirements.	

Are You providing a generator as a power source?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please provide details.	

Will gas grills or propane stoves or similar be used?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please provide details of what will be used, including details of safety equipment to be provided by You.	

Will any open flames (e.g. candles), fireworks or other pyrotechnics be used? (Community events only)		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please include details of the licensed technician approved by Safe Work SA to carry out a fireworks display. You will need to provide a copy of the technician's pyrotechnics licence that complies with the 2001 regulations and conditions of the <i>Australian Explosives Act 1936</i> and an approved Safe Work SA application to have a fireworks display.	
Technician: _____		
Company: _____		
Telephone: _____	Mobile: _____	

Do You plan to have animals on site?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please provide details including the type of animal(s) and what provisions have been made for their care, containment and waste disposal and control. Contact Person: _____ (Responsible for Animals) Phone: _____	

Will You sell or distribute food and or drinks?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, an Environmental Health Officer will contact you. Please provide general details and complete the following table.	

Supplier/Caterer	Contact Details	Type of food/ refreshment	Facilities utilised
	Name:		
	Address:		
	Phone:		
	Name:		
	Address:		
	Phone:		
	Name:		
	Address:		
	Phone:		

Do You plan to serve / sell / provide alcoholic beverages?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, You will require a Liquor Licence,	
<input type="checkbox"/> I / we have applied for a Liquor Licence. Anticipated approval date:...../...../.....		
<input type="checkbox"/> A Liquor Licence has been approved. Please provide copy.		

Do You plan to use sound amplifying equipment or other sound systems? (Community events only)		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please provide details. EPA - Noise exemptions, contact Licensing Branch for application or for technical information, contact Mr John Meakins 8204 2070.	

Do You plan to provide entertainment?		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, please provide details.	
<input type="checkbox"/> YES		

Will the Activity require temporary banners and signage? <i>(Only non-profit organisations are eligible.)</i>		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, please complete the following: Please note that conditions (see attached) apply to any granting of a temporary banner or sign permit. Banner/Sign Construction..... Size: (Height) (Width) Basic Wording on Sign / Banner: Proposed Dates: From:...../...../..... To:...../...../..... <i>(MAXIMUM placement 14 days prior to activity)</i> Council has five (5) locations where a banner may be erected. Please identify which location you propose to use: <i>Two (2) locations only can be chosen</i> <input type="checkbox"/> Cnr Gladstone Road / Shepherds Hill Road, BLACKWOOD <input type="checkbox"/> Cnr Weemala Street / Old Belair Road, MITCHAM <input type="checkbox"/> Watahuna Avenue, HAWTHORNDENE <input type="checkbox"/> Cnr Shepherds Hill / Northcote Roads, EDEN HILLS <input type="checkbox"/> Goodwood Road entrance to Avenue Road, WESTBOURNE PARK	APPROVED. PERMIT NO:
<input type="checkbox"/> YES		

Will the Activity require temporary safety or information signage?		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please indicate the number and nature of signs that will be required and show where they will be located.	

Are You providing portable toilets? (Community events only)		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please indicate how many you will be providing and show where they will be located on the site plan.	

Please describe how You plan to remove garbage from the Usage Area. Please provide a contact name for the person in charge of the clean-up.		OFFICE USE ONLY
Name:		
Phone:		
Mobile:		
Email:		

Do You require additional rubbish bins? (Community events only)		OFFICE USE ONLY
<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, please nominate the numbers of bins you require: Recycling: Green Organics: General Waste:	

Do You have a Traffic Management Plan? (“Traffic Management Plan”) An accredited Traffic Management Plan is required if any temporary parking or traffic restrictions/controls are proposed/required.)		OFFICE USE ONLY
<input type="checkbox"/> NO	If no, please advise why this is not required.	
<input type="checkbox"/> YES	If yes, please describe.	
Contact Person:		
Phone:		
Mobile:		
Email:		

Will donations / contributions be accepted or solicited?		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, Please explain how the donations will be generated or solicited. List all parties who will receive the proceeds from the donations or contributions:	
<input type="checkbox"/> YES		

Will a registration, membership, or admission fee be required in order to attend or participate in the Activity?		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, please provide details regarding the type, amount and purpose of the fee.	
<input type="checkbox"/> YES		

Are there any special provisions or conditions (“Special Conditions”) pertaining to the Activity which have not been addressed elsewhere on this application?		OFFICE USE ONLY
<input type="checkbox"/> NO	If yes, please provide details	
<input type="checkbox"/> YES		

The following applicable documentation MUST be included with this application – or as requested by Council.

Tick where completed	DOCUMENT	OFFICE USE ONLY
	1. A certificate of currency for Your Public Liability Insurance Policy minimum of \$20,000,000.00, insert particulars below. Insurance Company: Policy Number:	Certificate of Currency received by Council Date:..... Officer:.....
	2. Risk Assessment Plan (if required by Council)	Risk Assessment received by Council Date:..... Officer:.....
	3. An Activity site plan.	Activity Site Plan received by Council Date:..... Officer:.....
	4. For Parades, Bi / Triathlons, Foot / Cycle Races and Walkathons - a copy of your proposed route or a map including assembly and disbanding area.	Route Map received by Council Date:..... Officer:.....
	5. Emergency Incident Procedure(s).	Emergency Incident Procedure received by Council Date:..... Officer:.....
	6. Contact details of the Safety Officer – his / her responsibilities, identification. Name: Contact Phone: On the day Contact Phone:	Activity Safety Officer details received by Council Date:..... Officer:.....
	7. Details of your Communications (mobile telephones, portable radios etc).	Communication details received by Council Date:..... Officer:.....
	8. Details of First Aid Officers (Minimum - Senior First Aid Certificate) Name: Contact Phone: On the day Contact Phone:	First Aid details received by Council Date:..... Officer:.....
	9. Details of First Aid Facilities.	Activity Site Plan received by Council Date:..... Officer:.....

	10. Traffic Management Plan.	Traffic Management Plan details received by Council Date:..... Officer:.....
	11. SafeWork SA Amusement Structure and/or Amusement Ride registration certificates	Certificates received by Council Date:..... Officer:.....
	12. Evidence that SafeWork SA has been notified of Your use of an Amusement Structure and/or Amusement Ride	Evidence received by Council Date:..... Officer:.....
	13. If your events is likely to attract large numbers you need to register your event with SAPOL and completed their online safety assessment crowded places form via https://www.police.sa.gov.au/online-services/mass-gatherings	Proof of assessment has been forwarded to Council Date Officer.....

The Applicant acknowledges and agrees that:

1. the Applicant has read and understands the terms and conditions of use (a copy of which is attached to this Application); and
2. if approval is granted by the Council for the Activity the Applicant must comply with the terms and conditions and any other special conditions in Annexure A the Council may impose in its absolute discretion in granting approval.

Signature: _____ **Date:** _____

Name: _____

SPECIAL USE LICENCE

TERMS AND CONDITIONS OF USAGE

General conditions

1. Words that are in bold in these terms and conditions (**Terms and Conditions**) have the meaning given to them in the Application Form that **You** completed.
2. The **Council** reserves the right to consider all applications in its absolute discretion in all things.
3. Receipt of these signed **Terms and Conditions of Usage** by the **Council** confirms acceptance of these **Terms and Conditions** by **You**.
4. Where the context permits, all references to **You** includes references to:
 - a) **Your** employees;
 - b) **Your** agents and contractors;
 - c) **Volunteers**; and
 - d) **Your** invitees.
5. **You** must conduct and manage the **Activity** in a proper, orderly and lawful manner and must not permit any act, matter or thing which discredits or could discredit the **Council**.
6. **You** agree to:
 - a) the **Usage Area** only for the **Activity**, which may be non-exclusive use;
 - b) ensure that **You** have all necessary approvals for the **Activity** during the **Usage Term**;
 - c) not assign, sub licence or transfer **Your** rights and obligation under these **Terms and Conditions**.
 - d) comply with all applicable legislations, regulations and standards in respect of the **Activity** during the **Usage Term**.
 - e) Fees & charges are paid according to the issued invoice.
7. **You** must leave the **Usage Area** clean and tidy at all times during the **Usage Term**, including the appropriate removal of all waste
8. **You** must:
 - a) ensure that **You** use the **Council Facilities** carefully and responsibly and in accordance with any directions given by the **Council** from time to time;
 - b) repair or correct any damage or malfunction which results from any use of the **Council Facilities**.

9. The **Council** makes no warranty or representation regarding the suitability of the **Usage Area** and the **Council Facilities** for the **Activity**.
10. **You** are liable for and indemnify the **Council**, its employees, agents and contractors from and against all actions and claims for any loss incurred or suffered directly or indirectly by the **Council** arising from the **Activity**.
11. **You** will undertake the **Activity** at **Your** risk in all things and hereby releases **Council** from all claims for any loss occurring in connection with the **Activity**.

Risk Management Plan

12. If required by **Council**, **You** must prepare a risk management plan (**Risk Management Plan**). The Risk Management Plan must be approved by Council in writing prior to the **Activity**.
13. The **Risk Management Plan** must detail all reasonably foreseeable risks associated with the **Activity** and the corresponding steps to be taken by **You** to manage and or mitigate these risks.
14. Once finalised, the **Risk Management Plan** will form part of these **Terms and Conditions of Usage**.
15. **You** must implement all strategies identified in the **Risk Management Plan** in undertaking the **Activity**.

Security

16. **You** are responsible for securing the **Usage Area** during the **Usage Term**.
17. **You** must comply with all security and emergency procedures specified by the **Council**.
18. The **Council** reserves the right to cancel, halt or cease the **Activity** if, in the opinion of **Council**, there is an unacceptable risk to the health and safety to the public and/or Council property if the **Activity** proceeds. The **Council** is not liable for any loss, liability, action or claim **You** may suffer if the **Council** cancels, halts or ceases the **Activity**.

Insurance

19. During the **Usage Term**, **You** must effect public liability insurance to the value \$20 million.
20. The insurance policy:
 - a) Should not have exclusions or transfers of risks that expose Council;
 - b) have no limit on the number of claims that can be made under it; and
 - c) cover events occurring during the policy's currency regardless of when claims are made.

Conditions for Food Vendors

21. Food stalls may be assessed by **Council** authorised Environmental Health Officers for safe food preparation and serving.
22. **You** must supply and/or provide:
 - a) appropriate hand washing facilities;
 - b) firefighting equipment as appropriate for the type of cooking and heating appliances being used.
23. Cooking and heating appliances must be out of reach of the public.
24. Barbeques are permitted at the **Usage Area** subject to the barbeque being operated by a competent adult, and the barbeque containing effective gas temperature controls, hoses and in service gas bottles and gas bottle fitted regulators. Barbeques must be located on level ground and sheltered from wind and away from flammable sources and the public.
25. Waste must be disposed of using the appropriate receptacles. All liquid waste (including waste water and oil) must be contained.
26. No waste or other material is to be deposited into the storm water system.
27. No hosing down of areas is to take place.

Liquor Licence

28. If applicable, **You** must obtain the relevant licence for the consumption/supply of alcohol in the **Usage Area**.
29. **You** must ensure this licence is complied with.

Equipment and Public Safety Conditions

30. Open fires are prohibited all year round.
31. **You** must ensure that all structures used at the **Activity** are properly designed and fit for purpose, and are properly erected by a competent person.
32. Pegs, star droppers and stakes are not permitted.

Nuisance

33. **Council** reserves the right to control sound levels for the **Activity**.
34. **You** must respect the rights of nearby residents at all times including;
 - a) not doing anything that may become an offence against any legislation.
35. **You** must ensure that guests leave the **Usage Area** promptly and with a minimum of noise.

Amusement Structure

36. If **You** are installing an **Amusement Structure**, sandbags, concrete blocks or other methods must be used to secure the **Amusement Structure**.
37. If **You** are operating an **Amusement Ride**, **You** must check that the Amusement Ride meets all current registration requirements as required by SafeWork SA, and that the registration certificate serial number relates to the serial number on the **Amusement Rides**.

Temporary Banners and Signage

38. **You** must ensure that materials used are sound and sturdy to adequately cope with weather conditions.
39. Signage must be drafted and printed in a professional manner and approved by **Council** prior to its installation.
40. Signs must not exceed 900 X 600 mm full size banners must not exceed 2000 x 1000 mm.
41. Advertising signs may be erected up to 14 days prior to the **Activity** and are to be removed no later than one (1) day after the **Activity**.
42. **You** must display the permit for the Usage issued to you by Council at the Usage area during the Usage Term.
43. External or internal lighting of signs is not permitted.

Expiration or Termination of Usage Term

44. Upon expiration or termination of the Usage Term, **You** must:
 - a) remove all of **Your** equipment from the **Usage Area** and repair any damage caused by such removal;
 - b) complete, to the **Council's** reasonable satisfaction, all reinstatement tasks notified by the **Council** in respect of the **Usage Area**.

Additional Council Conditions

45. If there is an inconsistency between any additional Council conditions set out in Annexure A (**Additional Council Conditions**) and the rest of these Terms and Conditions, the Additional Council Conditions prevail to the extent of the inconsistency.

APPROVAL

Your application has been approved by the City of Mitcham, subject to additional conditions in Annexure A

ANNEXURE A ADDITIONAL CONDITIONS
[Office Use Only - insert if additional conditions apply to this application]

Signed on behalf of the City of Mitcham
Approved by (name):
Approved by (title):
Approved by (signature):
Approval date:
Confirmation notified to Applicant (time/date/by whom):