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Public Health Act 1997
Sections 76 & 81

PLACE OF ASSEMBLY

| | |
|--|-----------|
| <input type="checkbox"/> Application for a Place of Assembly Licence | |
| <input type="checkbox"/> Application for Renewal of a Place of Assembly Licence | |
| APPLICANT DETAILS | |
| Applicant Name | |
| Postal Address | |
| | Postcode |
| Telephone | Mobile |
| Email | |
| PREMISES DETAILS | |
| Trade Name of Premises | |
| Address of Premises | |
| | Postcode |
| Postal Address for correspondence | |
| | Postcode |
| Emergency Contact | Telephone |
| Description of intended use of premises | |
| ----- | |
| ----- | |
| Number of persons to be accommodated | |
| ----- | |
| ----- | |
| Other licences issued to the premises | |
| ----- | |
| Do you intend to rely on an Alternative Solution to comply with Part F of the Guidelines | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Applicant Signature | |
| Fee \$ | Date |

NOTE: The application fee includes an amount to cover a basic inspection of the premises. Any further inspections required for the purposes of assessing the application may require an additional fee.

Documentation that must accompany application

- Site plan and/or floor plan
- Any information required by the Council for assessment purposes

Please lodge your completed application form, attachments and fee with the General Manager of the Council

OFFICE USE ONLY

Receipt No#

Date

Capacity of Premises

Council Checklist

- Form fully completed
- Form signed
- Form dated
- Fee paid
- Site/floor plan attached
- Further information required **Y / N**
- Date requested _____

Details
