



Telephone 03 6269 0000 Fax 03 6269 0014 sorell.council@sorell.tas.gov.au www.sorell.tas.gov.au

Public Places By-Law 1 of 2015

Application for Public Places Permit

Applicant Details			
Name of applicant			
ACN (if a Company)			
Address			
		Post	code
Telephone		Mobile	
Email		·	
Location of Proposed	Activity		
Proposed Activity:			
☐ Alfresco Dining	☐ Busking	☐ Public Event	☐ Sale of goods or services
☐ Hire Public Reserve for function	☐ Erect a structure	☐ Erect a sign	☐ Organised sporting event
Other:			
Provide a more detail	ed description of th	ne proposed activity	
		,	
one off event or activi	ty (please circle)	Y / N Annual Permit	Y/N
Data/a of proposed as	~4i, ;i4, ;.		
Date/s of proposed ac	Suvity:		
Proposed hours of op	eration (or attendand	ce on site)	
Mon	Tue	Wed	Thur
Fri	Sat	Sun	
Do you have Public L	iability Insurance?	If so provide details:	
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Proposed safety management plan (attach) or describe proposed safety measures:			
Signature			
Plans and Specifications -			
For new applications (where appropriate) please provide a location plan and other specifications or			
information clearly showing the design and extent of the proposed use.			
The state of the s			
Upon receipt of your completed form. Council will then forward an invoice to vour			
Upon receipt of your completed form, Council will then forward an invoice to your			
nominated address.			
A permit will not be issued until full payment is received.			
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