

PUBLIC PLACES APPLICATION

Public Places By Law 1 of 2025

Applicant Details:								
Full Name								
ACN (if a company)								
Address								
Phone Number	er							
Email								
Activity Details:								
Event Name								
Location of Ev	vent							
One off Event			Yes □ No	Annual	Permit	□ Yes □	No	
Proposed Activity								
 □ Alfresco Dining □ Busking □ Public Event □ Sale of Goods or Services □ Hire of Public Reserve for Function Please provide a detailed description of the production				□ Erect □ Orgo □ Othe	☐ Erect a Structure ☐ Erect a Sign ☐ Organise Sporting Event ☐ Other, Please specify posed activity:			
Date/s of proposed Activity								
Proposed Hours of Activity (or attendance on site)								
Monday	Tuesc	day	Wednesday	Thursday	Friday	Saturday	Sunday	
Do you have public Liability insurance? Yes No (Please attach a copy)								
Applicant Signature: Signature: Date:								









