**All applications and full supporting documentation to be submitted a minimum of 12 weeks before the date of the proposed event otherwise approval cannot be guaranteed.**

**About you**

|  |  |
| --- | --- |
| Name of Organisation |  |
| Contact Name |  |
| Contact Address |  |
| Contact Telephone Number |  |
| Contact E-mail Address |  |

**About the Event**

Please provide as much information as possible and attach any relevant documentation or additional pages.

|  |
| --- |
| Where would you like to use? (please attach map or plan of location site(s)) |
| Title/Description of Event i.e. Fun Day, 5k Marathon/Run, Filming Request |
| Details of the event/usage? |
| Is this an annual/repeat event? Yes/No |
| If Yes – please quote the reference number of the previous Council approval.  Council Ref No : |

|  |  |
| --- | --- |
| Date of Event |  |
| Start and end times (including set up and take down) |  |
| How many people will be attending? |  |
| Have you received Council funding towards your event? |  |
| Is there an entry fee for your event?  If so – how much per person? |  |

**Do you intend to use or have any of the following at your event?**

Food vendors Yes/No

Stalls selling other products Yes/No

Live/recorded music or entertainment/PA Yes/No

Generators Yes/No

Inflatables/fairground equipment Yes/No

Fireworks Yes/No

Staging Yes/No

Gas Yes/No

Public/portable toilets Yes/No

Alcohol Yes/No

Animals Yes/No

If the answer to any of the above is yes the Council will require further information, should permission be granted.

**Have you applied or do you intend to apply for any statutory approvals or**

**licences e.g. public entertainments licence, road closure order ?** Yes/No

**The Council will require the following for all events:**

* **Public Liability Insurance – Level of Cover £10m**
* **A risk assessment – for all events**
* **Event Management Plan – for larger events**
* **List of any vendors/traders and evidence that they are registered with their local Council.**

If these are already in place, please provide copies with your application. If they are not already in place, these will be required as a condition of use.

Please return this form with the relevant documentation to the email address or the postal address below.

[landand.property@causewaycoastandglens.gov.uk](mailto:landand.property@causewaycoastandglens.gov.uk)

Land and Property Section

Causeway Coast and Glens Borough Council

66 Portstewart Road

COLERAINE

BT52 1EY

Telephone number for enquiries: 028 7034 7174/7075

I confirm that the information provided on this form is to the best of my knowledge accurate and correct.

Signed:

Date:

Position within Organisation:-