APPLICATION FOR AN EVENT IN HERMANUS

PLEASE NOTE THAT ALL FIELDS WITH AN ASTERIX * ARE COMPULSORY FIELDS

* NAME OF EVENT: ____________________________________________ * ERF No : # __________________

* EVENT VENUE (full address) ____________________________________________

* DATE/S OF PROPOSED EVENT : ____________________________________________

* TIMES OF EVENT (FOR EACH DAY) : ____________________________________________

* SIZE OF EVENT: PLEASE TICK THE RELEVANT BOX

<table>
<thead>
<tr>
<th>Size</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>50 – 2000</td>
</tr>
<tr>
<td>Medium</td>
<td>2001 – 5000</td>
</tr>
<tr>
<td>Large</td>
<td>5001 – 10 000</td>
</tr>
<tr>
<td>Very Large</td>
<td>10 001 + above</td>
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</table>

* NUMBER OF SPECTATORS:
  (NB. Specify for each event day)

* NUMBER OF PARTICIPANTS:
  (NB. Specify for each event day)

* EVENT ORGANISER/RESPONSIBLE PERSON: ____________________________________________

* PERSON MAKING THE APPLICATION : ____________________________________________

* COMPANY/ ORGANISATION NAME : ____________________________________________

* DESIGNATION : ________________________ * TEL: ________________________ * CELL: ________________________

* FAX: ________________________ * EMAIL : ________________________

* WARD/Sub-Council impacted by event

<table>
<thead>
<tr>
<th>Administration</th>
<th>Wards</th>
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* TYPE OF EVENT: PLEASE TICK THE RELEVANT BOX

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>Sports/Action</td>
<td>Awards/Launches/Exhibitions</td>
</tr>
<tr>
<td>Concert/Music Festival</td>
<td>Corporate/Private Party</td>
</tr>
<tr>
<td>Charity Fundraiser/Run/Walk</td>
<td>Night Market/Switch on of Festive Lights</td>
</tr>
<tr>
<td>Carnival</td>
<td>Religious Festivals/Events</td>
</tr>
<tr>
<td>Fetes, School Carnivals etc.</td>
<td>Cultural/Minstrel Events</td>
</tr>
<tr>
<td>Weddings/ Birthdays, etc.</td>
<td>Fireworks/ Pyrotechnical Displays</td>
</tr>
<tr>
<td>Ceremonial Events/Annual rituals</td>
<td>Overstrand Municipality Corporate Event</td>
</tr>
<tr>
<td>Other – Please Specify:</td>
<td></td>
</tr>
</tbody>
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BRIEF DESCRIPTION OF EVENT: (PLEASE ATTACH ADDITIONAL DOCUMENTS AS PER MEVENTS PACK)

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**EVENT REQUIREMENTS**: *1-9 = Compulsory Fields –must be completed!

1. **ROAD CLOSURES REQUIRED?**
   - NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS. **NB.** A Transportation Management Plan may be required.
   - ROADS: ____________________________________________
   - SECTION OF ROAD(S) __________________________________
   - TIMES: ____________________________

2. **TRAFFIC CONTROL REQUIRED?**
   - NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS
   - SECTION OF ROAD(S) __________________________________
   - TIME: ____________________________

3. **AMPLIFIED MUSIC/PUBLIC ADDRESS SYSTEM?**
   - NO [ ]
   - YES [ ]
   IF YES KINDLY COMPLETE APPLICATION FOR NOISE EXEMPTION FORM
   DETAILS: ____________________________________________

4. **STRUCTURES / MARQUEES / TENTS?**
   - NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS AND COMPLETE ERECTION OF TEMPORARY STRUCTURE FORM
   DETAILS:
   - NUMBER OF PLANNED FOOD STALLS: __________________
   - NUMBER WITH CERTIFICATES OF ACCEPTIBILITY: __________________
   - LP GAS USAGE: NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS
   DETAILS: ____________________________________________

5. **GROUND DISTURBANCE** *(e.g. driving pegs, spikes, marquee anchors, stage, earthing rods, etc. into the ground)*
   - NO [ ]
   - YES [ ]
   If yes, please apply for way-leave from Electricity Department and Water & Sanitation Department

6. **VENDING/CATERING / FOOD STALLS:**
   - NO [ ]
   - YES [ ]
   DETAILS:
   - NUMBER OF PLANNED FOOD STALLS: __________________
   - NUMBER WITH CERTIFICATES OF ACCEPTIBILITY: __________________
   - LP GAS USAGE: NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS
   DETAILS: ____________________________________________

7. **ALCOHOL SALES/CONSUMPTION:**
   - NO [ ]
   - YES [ ]
   IF YES please provide copy of Liquor License
   Alcohol Sale/Consumption Hours: From ........ To:......................

8. **UTILISATION OF REMOTELY PILOTED AIRCRAFT (RPA) DRONES/GLIDERS?**
   - NO [ ]
   - YES [ ]
   IF YES Please Provide CAA (Civil Aviation Authority) Registration Certificate

9. **PUBLIC LIABILITY INSURANCE?**
   - NO [ ]
   - YES [ ]
   IF YES, Please Provide Proof/Details

10. **OTHER MUNICIPALITY SERVICES REQUIRED**: **NB:** Provision of Municipality Services may be charged as per applicable tariff/s.
   - **ELECTRICITY**: NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS
   DETAILS: ____________________________________________
   - **WATER**: NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS
   DETAILS: ____________________________________________
   - **WASTE REMOVAL**: NO [ ]
   - YES [ ]
   IF YES PLEASE PROVIDE DETAILS
   DETAILS: ____________________________________________
   - Any other requirements: ____________________________
11. **THE FOLLOWING DOCUMENTS ARE TO BE ATTACHED TO THE APPLICATION:**
   i) Draft layout of venue depicting the location of various activities, available parking, seating, joint operation center (JOC) security personnel etc.
   ii) Draft Emergency Plan (Evacuation)
   iii) Draft Traffic Flow Plan
   iv) Should street parking be used, indicate streets and number of parking marshals to be appointed.

Kindly note that dependent on the nature, scope and impact of the event, more plans might be required which will be requested as soon as the initial application has been considered.

________________________________________
SIGNATURE : ___________________________________ APPLICATION DATE : ____________________________

**PLEASE NOTE:**
Submission of this application does not mean the Municipality has approved your event.
Please ensure you liaise with the Events Office regarding the approval process and any additional information required.
Your Event may only proceed once the Municipality formally gives approval and a permit is issued.