

Stratford Park Event Application

This form acts as the initial brief to highlight the nature and size of your event, it will enable Stroud District Council officers to provide advice and guidance on specific aspects of your event i.e. licensing requirements, helping to inform safe planning and delivery of your event; minimising the risk to public safety. Please refer to the contact officer in Section 8 of this form for assistance.

|  |
| --- |
| 1. **Event Details** |

Please complete each section and provide as much detail as possible in relation to the type and nature of your event. (please delete the Y/N as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of event** |  | | |
| **Type of event** |  | | |
| **Date of event** |  | | |
| **Nature of event** | Charitable event  Voluntary / Community event  Commercial event | Yes | No |
|  |  |
| **Description of event activity** |  | | |
| **Anticipated numbers (participants and spectators)** | Participants –  Spectators – | | |
| **Event start/finish times (including set up and clear up times)** | Set up time –  Start of event –  Finish of event –  Site cleared by - | | |
| **Is there a charge to the public to take part in the event (if yes please provide details)** |  | | |
| **Has the event been held before (if yes please provide details)** |  | | |
| **If your event has been held at Stratford Park before, do you plan to operate as per previous events or will there be any significant changes?** |  | | |

|  |
| --- |
| 1. **Event organisers details** |

Please complete each section

|  |  |
| --- | --- |
| **Name of event Organiser/manager** |  |
| **Name of organisation** |  |
| **Address** |  |
| **Email** |  |
| **Tel number** |  |
| **Has your organisation and / or the event manager ever been convicted or found negligent in the planning or staging of an event?** |  |

|  |
| --- |
| 1. **Event location** |

Please complete the location details of your event. If your event is in more than one location or on a public highway please specify the details. If possible please include a site map.

|  |  |
| --- | --- |
| **Main location of event** |  |

|  |
| --- |
| 1. **Licensing details** |

Please complete each section. The information contained within this section will help determine if a license is required.

Contact the Licensing Officer at Stroud District Council for guidance.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| **Will there be alcohol at the event?**  **(mark as appropriate)** | There will be no alcohol at this event  We are selling alcohol  We are serving alcohol (no sale)  Public can bring their own |  |  |
| **Will there be regulated entertainment? (mark as appropriate)** | Live music  Performance of a play(s)  An exhibition of a film(s)  Playing of recorded music  Performance of dance  Provision for making music  Provision of facilities for dance  Boxing or wrestling entertainment |  |  |
| **If you require a license for your event have you spoken with the licensing authority? (mark as appropriate)** | No license required  The venue is already licensed  We are unsure if a license is required  We are in contact with the licensing authority  We have submitted an application for a TEN  A TEN has been approved |  |  |

|  |
| --- |
| 1. Event health and safety details |

Please complete each section.

Contact the Environmental Health Service at Stroud District Council for guidance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Will food be served at your event? (mark as appropriate)** | Food will not be provided  Food will be provided by professional caterers  Food will be provided by the local restaurants  Participants will bring their own (for individual consumption only) | Yes | | No | |
|  | |  | |
| **Will the event create any noise? (mark as appropriate)** | Music will be played  Fireworks  Noise from spectators |  | |  | |
| **Does your event have Public Liability insurance? (please state the level of cover i.e. £10m)** |  | | | | |
| **Will there be any electricity/gases used at the event? (please provide details of what and how it will be used)** |  | | | | |
| **Is your event to be held exclusively within Stratford Park (if yes please give details)** |  | | | | |
| **Will there be any unusual/ high risk activities taking place at the event? (including set up / clear up)** |  | | | | |
| **Will the event have any temporary structures being erected? (mark as appropriate)** | No structures  Marquees  Scaffolding  Fencing  Stage  Bouncy castles / inflatables | | Yes | | No |
|  | |  |

|  |
| --- |
| 1. Supporting information |

Stroud District Council recommends that as a minimum the following documents should be in place for your event –

|  |  |  |
| --- | --- | --- |
| Public liability insurance  Employee liability insurance  Event management plan  Event risk assessments  Event site plan | Yes | No |
|  |  |

Please note that Stroud District Council may request that one or all of the above documents are made accessible to Stroud District Council officers for the purpose of checking measures for public safety.

|  |
| --- |
| 1. Declaration |

I confirm that the information contained within this document is accurate and correct to the best of my knowledge.

I understand that Stroud District Council cannot accept any responsibility for any aspect of my/our event.

I understand that the responsibility for safety at my/our event remains solely with the event organiser.

I understand the Council always reserves the right to charge for reinstatement of the land should the activity result in incurring any additional costs.

PRINT NAME:

ROLE WITHIN THE EVENT:

SIGNED:

DATE:

|  |
| --- |
| 1. Information / submission details |

Please send applications to [stratfordpark@stroud.gov.uk](mailto:stratfordpark@stroud.gov.uk) or Stroud District Council, Ebley Mill, Ebley Wharf, Westward Road, Stroud, Glos, GL5 4UB