

Tasman Council



Application for Place of Assembly Licence (Specific Event)

The personal information requested on this form is being collected by council for purpose set out in the title of the form. The personal information will be used solely by council for the primary purpose or directly related purposes. The applicant understands that personal information is provided for the above mentioned function and that he/she may apply to council for access to and/or amendment of the information. Requests for access or correction should be made to Tasman Council's Customer Service Officer.

Public Health Act 1997, S78

APPLICATION FOR:	<input type="checkbox"/> Place of Assembly Licence (Specific Event)	Date: _____
		Event: _____

APPLICANT DETAILS

FULL NAME			
POSTAL ADDRESS			POSTCODE
PHONE (BUSINESS HOURS)		FAX	
MOBILE		EMAIL	

PREMISES DETAILS

NAME OF PREMISES			
ADDRESS OF PREMISES			
DESCRIPTION OF INTENDED USE OF PREMISES			
NUMBER OF PERSONS TO BE ACCOMODATED			
OTHER LICENCES ISSUED TO THE PREMISES			
EMERGENCY CONTACT PERSON		PHONE (HOME/ MOBILE)	
APPLICANT SIGNATURE			
DATE			

OFFICE USE ONLY

<input type="checkbox"/> \$307.50 Place of Assembly Licence (Specific Event)	Receipt No: _____	<input type="checkbox"/> Application has been assessed in accordance with Public Health Act 1997
	Date of Receipt: _____	<input type="checkbox"/> Licence Issued
		Licence No: _____