EVENT NOTIFICATION FORM



Please complete this form with as much information as you can if you intend organising an event within the borough of Stevenage.

This form is used to update an event diary and notify the Safety Advisory Team of forthcoming events.

IMPORTANT: The role of the Safety Advisory Team is to offer advice to event organisers and help them identify their legal duties.

The group does not issue any approvals for events nor does the group have the power to stop, limit or place restrictions upon any event. This is without prejudice to the Council or other agencies acting under their own legal powers.

The legal responsibility for the health, safety and welfare of an event lies with the event organiser(s). The event organiser(s) are also responsible for ensuring that the necessary permissions are applied for, and obtained before the event.

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Event description						
Who will be the event's organiser						
Contact address			Post Code			
Contact telephone number		Email				
Where do you want to hold	your event					
Date(s) when you want to hold your event						
Start Time F	Finish Time	Time Site Arrival	/ Vacated			
Is the event free? Yes / No If No will you be selling tickets? Yes / No						
How many people do you th	nink will be attending?					
At any point in time	Throughout t	Throughout the event				
Do you intend to use the fol	llowing?					
Highway Directional Signs Site Banners / Posters (If Yes you may need approval	Yes / No	Yes County Counc		·		
Will the event include any o	f the following:					
Animals Fireworks / Pyrotechnics Fairground Equipment P.A System	Yes / No Yes / No Yes / No (If Y	Yes / No Yes / No (If Yes please we may need a sound management plan)				
Motor Vehicles Live / Recorded Music / Enter Generators Marquees / Stages	rtainment Yes / No (If Yes / No (The Yes / No					
Barrier Fencing Toilets Alcohol Arrangements for the collection	•	′es please provide	,			
Stewarding / Security On site caterers Bonfire Barbecue Yes / No (If Yes ho	Yes / No Yes / No Yes / No					
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First Aid

Yes / No

Inflatables e.g. Bouncy Castles

Lost Children Point

Yes / No

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Emergency Services (Fire / Police / Ambulance)

Have you contacted any of the above about your event: **Yes / No** If **Yes** please provide details below.

Other information

Is there anything else that we have not asked for about your event that you think that we should know at this time? If so please give details below.

Other Permissions:

I have applied for or will be applying for the following (please see the SBC website for further information):

Premises License	Yes / No
Temporary Event Notice	Yes / No
Land License (to use SBC land)	Yes / No
Land Owners consent (other than SBC)	Yes / No
Road Closure	Yes / No

Please provide proof of the above where possible.

I accept that the information provided on this form, is to the best of my knowledge, accurate.

Signed: Position:

Date:

Useful Enclosures

- a) Certificate of Public Liability (min £5m / occ. , £10m maximum dependant on event)
- b) Site Plan showing entrances, exits, marquees, tents, stages and other structure and/or areas of use
- c) Programme of the event
- d) Event Management Plan
- e) Risk Assessment

Please return the completed form to:

Safety Advisory Team C/O Licensing

Stevenage Borough Council Daneshill House Danestrete Stevenage Herts., SG1 1HN

Phone: 01438 242259

Or return by email to: licensing@stevenage.gov.uk

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