



Application form for permission to Hold an Event

Please return this form to:

Bailiff's Chambers, Royal Court House, Royal Square, St Helier, Jersey JE1 1BA

There is a minimum lead-in time required. See Important Notes for details

1. Date of Application: dd/mm/yyyy

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2. Day, date and times of Event:

Day	Date	Start AM/PM	Finish AM/PM

3. Description of Event & Activities
Group to define categories

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4. Full Name of Applicant

a) Full address of Applicant:

b) Phone Number

c) Email Address

5. Name of Organisation:

a) Position in Organisation:

b) Contact Number: (If different from Applicant)

6. Name of owner of venue:

a) Full address of Venue:

b) Phone Number

c) Email Address

7. Has owner given permission for use of the venue?

Yes No N/a

8. What is the approximate number of people expected to attend?

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9. Is the event ticketed?

Yes No N/a

10. Is this event solely for Charity?

Yes No N/a

If not please provide further details

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11. Will there be:-

- | | | | |
|---|----------------------|----|-----|
| a) Paid work at the event | Yes | No | N/a |
| b) Marquee | Yes | No | N/a |
| If yes, from whom? | <input type="text"/> | | |
| c) Liquor licence | Yes | No | N/a |
| If yes, from whom? | <input type="text"/> | | |
| d) Live bands | Yes | No | N/a |
| e) Rides | Yes | No | N/a |
| f) Food | Yes | No | N/a |
| If yes, from whom? | <input type="text"/> | | |
| g) Stalls | Yes | No | N/a |
| h) Entertainment | Yes | No | N/a |
| i) Staging | Yes | No | N/a |
| j) Bins | Yes | No | N/a |
| k) Barriers | Yes | No | N/a |
| If yes, from whom? | <input type="text"/> | | |
| l) Toilets | Yes | No | N/a |
| If yes, from whom? | <input type="text"/> | | |
| m) Is your risk assessment attached? <i>(See Guidelines)</i> | Yes | No | N/a |
| n) Have you complied with Health & Safety statutory requirements? <i>(See Guidelines)</i> | Yes | No | N/a |
| o) Have you provided a route if necessary? | Yes | No | N/a |
| p) Have you given details of lay-by closures? | Yes | No | N/a |

Click here for full Health & Safety Guidelines

All information must be provided by the time the Bailiff's panel meets in the month before the event.

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| 12. Please confirm you have read and understood the guidelines. | Yes | No | N/a |
| 13. Please confirm you are willing to enter into a contract with the Parish where applicable. | Yes | No | N/a |

14. Authorised signatory:

Position in organisation:

Date of signature:

<input type="text"/>
<input type="text"/>
<input type="text"/>

OFFICIAL USE ONLY: Is all relevant information attached.

- | | | | |
|-------------------------------------|-----|----|-----|
| a) Risk Assessment | Yes | No | N/a |
| c) Plan of Site (where applicable) | Yes | No | N/a |
| d) Planned route (where applicable) | Yes | No | N/a |

What Category of Event (please circle):

- a) Outdoor Event b) Indoor Event c) Marching Band