



DISASTER AND EMERGENCY MANAGEMENT SERVICES DEPARTMENT
3 Hawley Street, Bedfordview

DISASTER MANAGEMENT CENTRE DIVISION (EVENTS PERMIT OFFICE)

Tel: (011) 999-2293 / 2818 Fax: 011 999 2869

Email : Corrie.Bodenstein@ekurhuleni.gov.za OR Dries.Myburgh@ekurhuleni.gov.za

Website: www.ekurhuleni.gov.za

APPLICATION TO HOST AN EVENT IN THE CITY OF EKURHULENI

NAME OF EVENT: _____

EVENT VENUE (Venue name and address): _____

DATE/S OF PROPOSED EVENT: _____

SET-UP: _____ STRIKE DOWN: _____

TIMES OF EVENT (FOR EACH DAY): _____

SIZE OF EVENT : Please tick the relevant box Participants & Spectators

Small	200 - 2 000	<input type="checkbox"/>
Medium	2001 - 5 000	<input type="checkbox"/>
Large	5001 – 10 000	<input type="checkbox"/>
Very Large	10 001 + above	<input type="checkbox"/>

Number of Spectors: _____

(NB. Specify for each event day)

Number of Participants: _____

(NB. Specify for each event day)

RESPONSIBLE PERSON: _____

APPLICANT (if not event organizer): _____

COMPANY / ORGANIZATION NAME : _____

TELEPHONE NUMBER : _____ CELL : _____

EMAIL : _____ FAX : _____

PHYSICAL ADDRESS (of applicant) _____

TYPE OF EVENT : PLEASE TICK THE RELEVANT BOX

Sports/action	<input type="checkbox"/>	Launch / Exhibition	<input type="checkbox"/>
Concert / Music Festival	<input type="checkbox"/>	Corporate / Private Party	<input type="checkbox"/>
Charity Fundraiser/ Run / Walk	<input type="checkbox"/>	Night Market / Switch on of Festive Lights	<input type="checkbox"/>
Carnival	<input type="checkbox"/>	Religious Festival / Event	<input type="checkbox"/>
Fete, School Carnival, Etc.	<input type="checkbox"/>	Cultural / Minstrel Event	<input type="checkbox"/>
Weddings / Birthday, etc.	<input type="checkbox"/>	Fireworks / Pyrotechnic Displays	<input type="checkbox"/>
Occasional Market	<input type="checkbox"/>	CCT Corporate Event	<input type="checkbox"/>
Other – Please specify:			

BRIEF DESCRIPTION OF EVENT:

PLEASE BRING AT LEAST 3 COPIES OF ALL YOUR DOCUMENTS TO THE SASREA COMMITTEE THAT MEETS EVERY WEDNESDAY AT 08:30

EVENT REQUIREMENTS 1-14 = COMPULSORY FIELDS – MUST BE COMPLETED!

1. ROAD CLOSURES REQUIRED NO YES If yes please provide details

- Roads : _____
- Section of Road(s) _____
- Times : _____

2. TRAFFIC CONTROL REQUIRED NO YES If yes please provide details

- Section of road(s) _____

NB Depending on the extent of the Road Closures and/or traffic impact a detailed transportation management plan may be required.

3. AMPLIFIED SOUND / PA SYSTEM NO YES Kindly complete application for noise control

4. STRUCTURES / MARQUEES / TENTS NO YES If yes please provide details

PRE-APPROVAL OF FIRE PLANS BY FIRE DEPARTMENT IS COMPULSARY

5. VENDING / CATERING / FOOD STALLS NO YES NUMBER OF FOOD STALLS

NB Certificates of Acceptability are required for foodstalls

- LP GASS USAGE NO YES If yes provide details

6. ALCOHOL SALES / CONSUMPTION NO YES If yes, please provide copy of liquor license

Alcohol sales / consumption hours : From: _____ To: _____

ALLOWING OF COOLER BOXES (DEPENDING ON THE VENUE RULES AND REGULATIONS REGARDING ALCOHOL USAGE)

7. PUBLIC LIABILITY INSURANCE (COMPULSARY) YES Provide proof of insurance

8. SITE PLAN / LAYOUT PLAN NO YES Provide layout plan

9. APPOINTMENT OF SAFETY OFFICER (OHS QUALIFICATIONS COMPULSARY) Attach proof of qualifications

10. ABLUTION FACILITIES Number of toilets Number of Vip toilets Maintenance / service plan YES NO No of Disabled toilets

11. REFUSE REMOVAL / CLEANING OF VENUE Company's name

12. WATER (TAP / BOTTLED) NO YES Provide details

13. MEDICAL OPERATIONAL PLAN NO YES COMPANY

14. SECURITY OPERATIONAL PLAN NO YES COMPANY

ACCREDITATION OF MEMBERS	CASH HANDLING	LOST AND FOUND	IDENTIFICATION OF CHILDREN (NAME TAGS/WRIST BANDS)
--------------------------	---------------	----------------	--

Signature _____

Application date: _____