

## Application Form for Use of a Public Road or Open Space for an Event or Activity

### PLEASE READ ACCOMPANYING NOTES PRIOR TO COMPLETING THIS APPLICATION FORM

<b>1.</b>	Name of Organisation/Applicant making application	
<b>2.</b>	Address of Applicant	
<b>3.</b>	Applicant Contact Details	
<b>4.</b>	Name and contact details of designated Event Co-ordinator	
<b>5.</b>	Name and contact details of designated Health and Safety Officer for the Event	
<b>6.</b>	Main day to day activities or purpose of the organisation making the application?	
<b>7.</b>	What is the status of the organisation? (e.g. State Agency, Limited Company, Voluntary Committee etc) – <b><u>Please enclose copy of constitution, Memorandum &amp; Articles of Association, Committee etc</u></b>	
<b>8.</b>	Location of proposed event/activity <b><u>Please enclose location map indicating public area(s) where events or activities are proposed</u></b>	
<b>9.</b>	Dates(s) and Times of Activity/Event	
<b>10.</b>	Brief summary of proposed activities for the event – e.g. Street Entertainment, Street Festival, Artistic/Cultural Event, Charity/Community Event, Promotional Activity <b><i>(please attach draft Event Programme)</i></b>	
<b>11.</b>	Estimated numbers attending event – Please note that attendances of <b><u>over 5,000</u></b> must apply for an Event Licence to Offaly Co. Council Planning Department.	
<b>12.</b>	Please give details of type and size of equipment to be used at event and enclose specifications and certifications if relevant	



	<b><i>(please mark proposed locations on a map)</i></b>	
13.	Please confirm power source and its location	
14.	Name and address of Organiser's Insurance Company/Broker	
15.	Insurance Policy No. <b><i>(please enclose copy of policy)</i></b>	
16.	Please confirm current level of public liability cover on policy in any one incident <b><i>(minimum level acceptable €6.5m)</i></b>	
17.	Date of expiry of insurance policy	
18.	Confirmation of Indemnity to Offaly County Council	
19.	Has a risk assessment of the venue been carried out by a competent person? <i>(if 'yes' please submit copy and name, address and qualifications of Assessor)</i>	<b>Yes/No</b> – applicant confirm this is in place
20.	Please attach copy of Draft Event Management & Safety Plan for the event	Applicant confirm this is in place
21.	Has consultation taken place with the Tullamore Gardai <i>(if 'yes' please confirm name of Member of the Gardai )</i>	<b>Yes/No</b> <b>Name of Contact</b>
22.	Has consultation taken place with the Tullamore Fire Services? <i>(if 'yes' please confirm name of Fire Officer)</i>	<b>Yes/No</b> <b>Name of Contact</b>
23.	Has the Gardai or Fire Services requested any specific measures that have to be complied with by the event organisers? <i>(if 'yes' please list these)</i>	
24.	Has it been deemed necessary to seek assistance from the Civil Defence or other such voluntary agencies for the duration of the event? <i>(if 'yes' please give details of assistance to be provided (e.g. first aiders, ambulance etc)</i>	
25.	Please outline details of the Organiser's Child Protection Policy and procedures for vetting of artists, performers, volunteers etc that may	

	come into direct contact with children during the event.	
<b>26.</b>	Please confirm if Road Closures will be required and if so in what locations and for what durations <b>(please mark on a map)</b>	<b>N/A</b>
<b>27.</b>	Please confirm if pedestrian movement will be affected and if so in what locations and for what durations <b>(please mark on a map)</b>	<b>N/A</b>
	Please confirm if activities will impact on any pay parking zones in the towns and if so please name the specific streets or car parks <b>(please mark on a map)</b>	

I acknowledge that I have read and understood the 'Terms and Conditions of Tullamore Municipal District for use of a Public Road or Open Space for an Event or Activity by State Agencies and Community & Voluntary Organisations' which accompanied this application and confirm that the procedures and requirements as set out by Tullamore Municipal District will be fully adhered to at all times.

I further certify that the information supplied in this application is a true and accurate representation of the facts.

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return Completed Form to:

Tullamore Municipal District, Town Hall, Tullamore, County Offaly  
Telephone: (057) 9352470  
Email: [tullamoremd@offalycoco.ie](mailto:tullamoremd@offalycoco.ie)