



Event Notification Form

If you are proposing to hold an event in the Maidstone Borough Council area and it is a "large scale or special event" as defined in the Maidstone Borough Council Safety Advisory Group Guidance Notes we would like you to complete this form to provide basic details. Please complete in type or by writing in block Capitals in **BLACK INK**. This will allow the Council and the relevant agencies to plan for your event and provide you with advice on a wide range of matters including Safety, Street Closures and Licences etc.

Please return the completed form as soon as possible and do not wait until the details of your event are finalised before submitting your form.

| | |
|--|-----------------------------------|
| Name of Event: | |
| Event Location : | |
| (Please enclose the relevant part of an ordnance survey map or an ordnance survey location if possible. A site plan showing proposed positions of stalls, marquees, arena, exhibition units, car parking etc would be helpful) | |
| NB:- If the event is to be held on Council Land then a separate application form from Parks & Leisure is required in addition to this form . | |
| Contact: Parks & Leisure on 01622 602000 – Online form available www.maidstone.gov.uk/residents/events/hire-a-park | |
| Location Plan Attached –Yes/No | Site Plan attached Yes /No |

Section One – Organiser Details

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|-----------------------|
| Name of Organisation: |
| Event Organiser/s: |
| Contact Address: |
| E-mail address: |

| | |
|-------------------|------------------------|
| Telephone Details | Home Work Mobile |
|-------------------|------------------------|

Section Two – Event Details

| | | | | |
|---|------------|-------------|--------|-------|
| Event Date | Start Time | Finish Time | | |
| Description of Event | | | | |
| Estimated Maximum Number of Persons Attending | Staff | Performers | Public | Total |
| At any one time | | | | |
| During the event | | | | |

Type of event

| | | | | |
|--|---------------------|-----------------------|--------------------------|-----------------------|
| Commercial Yes/No | Fund Raising Yes/No | Non-Commercial Yes/No | Community Service Yes/No | Charity Event Yes /No |
| Name of Charity | | | | |
| Charity Registration Number | | | | |
| Will all income go to Charity concerned Yes/No | | | | |

Event set up and breakdown

| | | |
|--|---------------------|----------------------|
| Date and Time to enter Site for Preparation | Start time Each Day | Finish time Each Day |
| Date and time the site will be vacated after the event | | |

Further Details

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|--|
| Is the event limited to friends and relatives Yes/No |
| If school Event is it limited to staff/children/parents Yes/No |

| | | | |
|---|--------------------------|---|--------------------------|
| Is the event free Yes/No | Admission Price? | | |
| Selling Programmes Yes/No | Price? | | |
| Possible alternative site | | | |
| Possible alternative date/s | | | |
| Do you intend to utilise or permit the following attractions at the event? If so please tick the box adjacent to <u>all</u> the appropriate items | | | |
| State Occasion/VIP Visit /Military visit | <input type="checkbox"/> | New Event Organiser | <input type="checkbox"/> |
| Classical/Folk/ Theatrical Performance | <input type="checkbox"/> | Spring/Autumn | <input type="checkbox"/> |
| Athletics & Sport (Not League Football) | <input type="checkbox"/> | Winter Event | <input type="checkbox"/> |
| Fetes/Fund Raising Event | <input type="checkbox"/> | Queuing Expected (over 1 hour) | <input type="checkbox"/> |
| Pop/Rock Events | <input type="checkbox"/> | Parking on Site | <input type="checkbox"/> |
| Dance Events (Ballroom Classic) | <input type="checkbox"/> | Stewarding/Security | <input type="checkbox"/> |
| Dance Events (Street/House etc) | <input type="checkbox"/> | Traffic management plan /Access issues / Road closure | <input type="checkbox"/> |
| Agricultural Show / livestock | <input type="checkbox"/> | Summer Event | <input type="checkbox"/> |
| Parades & Carnivals | <input type="checkbox"/> | Temporary structures | <input type="checkbox"/> |
| Fireworks/Pyrotechnics | <input type="checkbox"/> | Onsite catering | <input type="checkbox"/> |
| Aviation Displays (Airfield) | <input type="checkbox"/> | Overnight camping | <input type="checkbox"/> |
| Marine/Waterway/Seafront Events | <input type="checkbox"/> | Traffic movement in crowd area | <input type="checkbox"/> |
| Celebrations & Parties – Private? | <input type="checkbox"/> | Helicopter operations | <input type="checkbox"/> |
| Military / Historic military / weapons | <input type="checkbox"/> | Dangerous goods storage and use - LPG | <input type="checkbox"/> |
| Motor Vehicles Events | <input type="checkbox"/> | Funfairs | <input type="checkbox"/> |
| Indoor | <input type="checkbox"/> | Alcohol available | <input type="checkbox"/> |
| Outdoor – Defined Boundaries | <input type="checkbox"/> | Licensed/Regulated Entertainment | <input type="checkbox"/> |
| Outdoor - Widespread | <input type="checkbox"/> | | <input type="checkbox"/> |

| |
|------------------------|
| Other (Please Specify) |
|------------------------|

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|---|
| Do you intend to provide onsite First Aid Facilities for the event Yes/No |
| If so who is the provider:- |
| Name |
| Address |
| Telephone |

Traffic Control

| | | | |
|---|-------------|---------------------------------|--|
| Is any footpath, bridleway or highway affected by the proposal YES/NO | | | |
| Do you anticipate the need for:- | | | |
| Highway directional Signs? | | Road closure? | |
| Traffic Diversion? | | On street parking restrictions? | |
| Car Park Closure? | | | |
| Car Parking Spaces for | Event Staff | Public | |
| | Yes/No | Yes/No | |
| Approx Number | | | |

NB: If a formal Traffic Order is required, then please allow 12 Weeks notice

NB: If a short term road closure is required under the Police Town Clauses Act then 8 Weeks notice is required

Waste Control

| | |
|---|---|
| Contractor Providing and Emptying Toilets Registered with Environment Agency Yes/No Registration Number | Name Address Telephone Number |
| How will you collect and dispose of waste after the event? | Details |
| Waste Disposal Contractor? Registered with Environment Agency Yes/No Registration Number | Name Address Telephone Number |

Section 3 – Insurance

| | |
|---|--------|
| Has Insurance been arranged in respect of Public Liability or Third Party Risks | Yes/No |
| Name of Insurer | |
| Value of Cover £ (It is recommended that this is not less than £5 Million) | |

If the event takes place I agree to comply with the information supplied on this form and all reasonable instructions given by Authorised Council Officers and Agency Partners in the Maidstone Borough Council Safety Advisory Group

Signed:

Position:

Date:

Please send this completed form, together with any supporting documentation to:

safetyadvisorygroup@maidstone.gov.uk

**Safety Advisory Group
Maidstone Borough Council
Maidstone House
King Street
Maidstone
Kent
ME15 6JQ**

Forms can be submitted by email to safetyadvisorygroup@maidstone.gov.uk

The Chairman, Matt Roberts, can also be contacted on the above email.

**NB: Copies of this form will be sent to the relevant Partner Agencies in the Maidstone Borough Council
Safety Advisory Group.**