DISASTER AND EMERGENCY MANAGEMENT SERVICES DEPARTMENT
3 Hawley Street, Bedfordview, 2007

DISASTER MANAGEMENT CENTRE DIVISION (EVENTS PERMIT OFFICE)
Tel: (011) 999-1867 / 8833
Email: sasrea@ekurhuleni.gov.za
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City of Ekurhuleni

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

Small	50 - 2 000	
Medium	2001 - 5 000	
Large	5001 – 10 000	
Very Large	10 001 + above	

Participants & Spectators

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		**Launch / Exhibition**	
Concert / Music Festival		**Corporate / Private Party**	
Charity Fundraiser/ Run / Walk		**Night Market / Switch on of Festive Lights**	
Carnival		**Religious Festival / Event**	
Fete, School Carnival, Etc.		**Cultural / Ministerial Event**	
Weddings / Birthday, etc.		**Fireworks / Pyrotechnic Displays**	
Occasional Market		**CoE Corporate Event**	
Other – Please specify:			

BRIEF DESCRIPTION OF EVENT:

_____

_____

PLEASE BRING AT LEAST 5 COPIES OF ALL YOUR DOCUMENTS TO THE SASREA COMMITTEE THAT MEETS EVERY WEDNESDAY AT 08:30

 PLEASE NOTE SUBMISSION OF THIS APPLICATION DOES NOT MEAN THE CITY HAS APPROVED YOUR EVENT. PLEASE LIASE WITH THE EVENTS PERMITS OFFICE. YOUR EVENT MAY ONLY PROCEED ONCE THE CITY FORMALLY GIVES APPROVAL AND A PERMIT IS ISSED.

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**

NB PRE-APPROVAL OF FIRE PLANS BY FIRE DEPARTMENT IS COMPULSARY PLEASE ARRANGE WITH MR HENNIE CROUCAMP AT BRAKPAN FIRE STATION CELLPHONE NUMBER 082 763 3910

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**

NB PRE-APPROVAL OF SITE PLANS BY FIRE DEPARTMENT IS COMPULSARY PLEASE ARRANGE WITH MR HENNIE CROUCAMP AT BRAKPAN FIRE STATION CELLPHONE NUMBER 082 763 3910

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:** _____

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