



## CGG EXPRESSIONS OF INTEREST EVENT ENTERTAINMENT

### APPLICANT DETAILS

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to be on the CGG database for future events?  Yes  No

### WHAT EVENT ARE YOU APPLYING FOR?

PLEASE TICK ALL EVENTS YOU ARE APPLYING FOR	APPLICATIONS CLOSE
<input type="checkbox"/> Rocks Laneway Opening: 20 September 2019	20 August 2019
<input type="checkbox"/> Christmas on the Terrace: 12 December 2019	12 November 2019
<input type="checkbox"/> Australia Day: 26 January 2020	26 December 2019
<input type="checkbox"/> Wind on Water Festival: 11 & 12 April 2020	11 February 2020

### ENTERTAINMENT TYPE

PLEASE OUTLINE THE CATEGORY OF YOUR ENTERTAINMENT	PLEASE SELECT
Musician/Band/Singer	<input type="checkbox"/>
Kids Entertainment (Bouncy Castles/Face Painting etc.)	<input type="checkbox"/>
Workshops	<input type="checkbox"/>
Arts/Crafts/Puppetry	<input type="checkbox"/>
Dance Groups	<input type="checkbox"/>
Roving Entertainment	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>

### DESCRIPTION

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ENTERTAINMENT	
<hr/> <hr/>	
PLEASE OUTLINE ANY FEES AND CHARGES	
	\$ _____
	\$ _____
	\$ _____

## EQUIPMENT - MUSICIANS

PLEASE OUTLINE THE EQUIPMENT YOU WILL BE BRINGING ALONG	Quantity
Vocal/Singers	_____
Guitars	_____
Bass Guitars	_____
Keyboards	_____
Drum Kit	_____
Other (Please specify) _____	_____
Fee per 45 minute set:	\$ _____

## POWER AND AREA

PLEASE OUTLINE YOUR POWER AND AREA REQUIREMENTS	
Are you providing your own generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you require access to a CGG Generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you require a distribution board?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What size generator do you require from CGG?	_____KVA
AMPS required?	_____
Size of Marquee / Van / Truck / Trailer (please circle)	___m x ___m
Total Area Required: <i>Including service area, customer seating area &amp; back of house</i>	___m x ___m

## DOCUMENTATION

I confirm that I have attached a copy of my Public Liability Insurance.  Yes  No  N/A

What is the expiry date for this policy? \_\_\_\_\_

I confirm that my electrical equipment is tested in compliance with WA OSH regulations.  Yes  No  N/A

(Where Relevant) I confirm that I have the required license to perform in public.  Yes  No  N/A

Is a copy of your Safety Action Plan attached?  Yes  No  N/A

Find an example of this form here:  
<https://www.commerce.wa.gov.au/publications/safety-action-plan-small-business>

Is a copy of your Working With Children attached?  Yes  No  N/A

If you answered no to any of the above questions the City is unable to accept your application until these are provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit completed form to**  
**[council@cgg.wa.gov.au](mailto:council@cgg.wa.gov.au)**