



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

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/> <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 & 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
events@cgg.wa.gov.au