



MOSEL BAY MUNICIPALITY

APPLICATION FOR AN EVENT IN THE MOSEL BAY AREA

2020/2021

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|---|-----------|-----------|--|
| NAME OF EVENT: | | EVENT NO: | |
| LOCATION OF EVENT: | | | |
| DATE/S OF PROPOSED EVENT: | | | |
| TIMES OF EVENT (FOR EACH DAY): | | | |
| NUMBER OF ATTENDEES EXPECTED: | <2000 | >2000 | |
| AN APPLICATION MUST BE MADE TO THE SAPS FOR HOSTING AN EVENT WHERE MORE THAN 2000 ATTENDEES ARE EXPECTED AND ALL DOCUMENTATION MUST BE FORWARDED TO THE MUNICIPALITY | | | |
| EVENT ORGANISER/COMPANY NAME: | | | |
| PERSON MAKING THE APPLICATION: | | | |
| DESIGNATION: | TEL/CELL: | FAX: | |
| EMAIL ADDRESS | | | |
| BRIEF DESCRIPTION OF EVENT: (PLEASE ATTACH ADDITIONAL DOCUMENTS AS REQUIRED) | | | |
| 1. TRAFFIC CONTROL REQUIRED? | YES | NO | |
| IF YES PROVIDE DETAILS: | | | |
| • SECTION OF ROAD(S): | | | |
| • TIME: | | | |
| 2. MARQUEE/ TENTS: | YES | NO | |
| IF YES PLEASE DETAILS: | | | |
| PROVIDE TENT ERECTION CERTIFICATE TO THE FIRE SERVICE | | | |
| 3. STAGE ERECTION | YES | NO | |
| IF YES, ENGINEER'S CERTIFICATE TO BE SUPPLIED TO FIRE SERVICE | | | |
| 4. MUSIC/PUBLIC ADDRESS ETC | | | |
| • PA SYSTEMS TO BE USED: | YES | NO | |

MUSIC / OTHER.
 GIVE DETAILS:
MUSIC MUST NOT EXCEED THE LEGAL PERMISSIBLE LEVEL AT ALL TIMES

5. CATERING / FOOD STALLS:

| | |
|-------------------|--|
| • NUMBER PLANNED: | |
|-------------------|--|

| | |
|--|--|
| • NUMBER WITH CERTIFICATES OF ACCEPTABILITY: | |
|--|--|

| | | | | |
|-------------------------|-----|--|----|--|
| 6. PUBLIC PARKING AREAS | YES | | NO | |
|-------------------------|-----|--|----|--|

Application for an occasional use of land in terms of Section 15(2)(p) of the Mossel Bay By-law on Municipal Land Use Planning, 2015 for an event in the Mossel Bay area :
 IF YES PROVIDE DETAILS OF WHAT IS REQUIRED:

7. APPROVAL GRANTED FOR EMERGENCY CARE AT MASS GATHERINGS OF > 1000 PERSONS
 (attach documentation from the Event Medical Service Provider)

YES NO

8. OTHER SERVICES

| | | | | |
|---------------|-----|--|----|--|
| • ELECTRICITY | YES | | NO | |
|---------------|-----|--|----|--|

IF YES PROVIDE DETAILS OF WHAT IS REQUIRED:

| | | | | |
|---------|-----|--|----|--|
| • WATER | YES | | NO | |
|---------|-----|--|----|--|

IF YES PROVIDE DETAILS OF WHAT IS REQUIRED:

| | | | | |
|-----------------|-----|--|----|--|
| • WASTE REMOVAL | YES | | NO | |
|-----------------|-----|--|----|--|

IF YES PROVIDE DETAILS OF WHAT IS REQUIRED:

| | | | | |
|---|-----|--|-------------------|--|
| • TOILET FACILITIES | YES | | NO | |
| IF YES PROVIDE DETAILS OF WHAT IS REQUIRED: | | | | |
| • MUNICIPAL SPORT FACILITIES | YES | | NO | |
| IF YES PROVIDE DETAILS OF WHAT IS REQUIRED: | | | | |
| A WASTE MANAGEMENT PLAN MUST BE SUBMITTED AND RECYCLING MUST TAKE PLACE WITHIN THE PREMISES | | | | |
| A NOISE EXEMPTION MANAGEMENT PLAN MUST BE SUBMITTED TO THE WASTE MANAGEMENT DEPARTMENT | | | | |
| A FIRE SAFETY RISK ASSESSMENT MUST BE DONE AND A FIRE SAFETY PLAN MUST BE SUBMITTED TO THE FIRE AND DISASTER MANAGEMENT SERVICES | | | | |
| A SECURITY RISK ASSESSMENT MUST BE DONE AND A SECURITY PLAN MUST BE SUBMITTED TO THE FIRE AND DISASTER MANAGEMENT SERVICES | | | | |
| A MEDICAL RISK ASSESSMENT MUST BE DONE AND A MEDICAL PLAN MUST BE SUBMITTED TO THE FIRE AND DISASTER MANAGEMENT SERVICES | | | | |
| NAME: | | | SURNAME: | |
| SIGNATURE: | | | APPLICATION DATE: | |
| <p>PLEASE NOTE: This application does not mean the Municipality has approved your planned event. Please ensure you liaise with the relevant departments regarding the approval process and any additional information required. Your Event can only proceed once the Municipality formally gives approval and a permit is issued.</p> <p>All relevant documentation must be forwarded to admin@mosselbay.gov.za.</p> <p>Event Application tariff: mSCOA Vote#: 9/642-405-70680 - R 370</p> <p>EFT: Contact the Office at 044-606 5007 for detail.</p> | | | | |