

# Places of Public Entertainment

(Places of Public Entertainment Act)

*PLEASE ALLOW AT LEAST 48 HOURS FOR PERMIT TO BE PROCESSED*

**APPLICANT DETAILS:**

GE830

Name of Applicant \_\_\_\_\_

Name of Organisation (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Postal Address \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Fax)

**VENUE DETAILS:**

Name/Location of Venue \_\_\_\_\_

Description of Premises:  Enclosed Area Building  Open Area

**ENTERTAINMENT DETAILS:**

Dates from: \_\_\_\_\_ to: \_\_\_\_\_ Hours: \_\_\_\_\_

Type of Entertainment Proposed: \_\_\_\_\_

Number of persons expected at public entertainment: \_\_\_\_\_

Number of toilet facilities provided in addition to staff facilities: \_\_\_\_\_

Number of amusement machines provided: \_\_\_\_\_

**APPROVAL IS REQUIRED FROM THE NT FIRE SERVICE:**

APPROVED:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

I/We agree to bound by the conditions determined by the Council or its delegate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Permit Fee \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

*Please contact Council for fees*

Delegate of the Council \_\_\_\_\_ Date \_\_\_\_\_

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