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**APPLICATION FOR AN EVENT IN DRAKENSTEIN
TO BE SUBMITTED THREE MONTHS BEFORE THE EVENT**

SECTION 1: EVENT DETAILS

NAME OF EVENT: _____ EVENT No: # _____

NATURE/TYPE OF EVENT: _____

(NB. If event includes a march/procession, complete Annexure A)

EVENT VENUE/ STADIUM/ROUTE: _____

PHYSICAL ADDRESS OF EVENT VENUE/ STADIUM: _____

LOCAL AUTHORITY CERTIFIED SAFE SPECTATOR CAPACITY OF THE VENUE/STADIUM:

GPS CO-ORDINATES OF EVENT VENUE/STADIUM: _____

DATE/S OF PROPOSED EVENT: _____

START TIME OF EVENT (FOR EACH DAY): _____ DURATION: _____

POPULARITY/ REPUTATION OF THE EVENT: _____

NUMBER OF ATTENDEES EXPECTED: _____

(NB. Specify estimates for each day)

SUITABILITY OF THE STADIUM/VENUE/ROUTE: _____

ANY VIP's/ VVP's/ MINISTERS ATTENDING/ PARTICIPATING IN THE EVENT: _____

HISTORIC RECORD OF SAFETY, SECURITY AND MEDICAL INCIDENTS AT SIMILAR EVENTS:

ANY RELEVANT CRIME STATISTICS AND CRIME TRENDS: _____

ANY THREAT ANALYSIS INFORMATION REGARDING THE EVENT:

ANY INFORMATION WITH REGARDS TO THE SALE AND CONSUMPTION OF LIQUOR AT THE
EVENT:

RELEVANCE OF THE OUTCOME OF A COMPETITIVE EVENT:

LEVEL OF RIVALRY BETWEEN COMPETING SPORTS TEAMS OR SPORTS PERSONS
PARTICIPATING AND / OR ANY TENSION/ RIVALRY WHICH MAY EXIST BETWEEN THE
SUPPORTERS:

POSITIONS OF THE TEAMS ON THE LEAGUE OR RANKINGS OF THE PERSONS PARTICIPATING:

ANY INTERNATIONAL, NATIONAL, LOCAL, SOCIAL, ECONOMIC, POLITICAL, OR SECURITY RELATED FACTORS WHICH MAY HAVE AN IMPACT ON THE EVENT FROM A SAFETY AND SECURITY PERSPECTIVE: _____

AVAILABILITY OF POLICE OFFICIALS, EMERGENCY AND ESSENTIAL SERVICES TO ASSIST AT THE EVENT: _____

WEATHER OR OTHER NATURAL CONDITIONS WHICH ARE ANTICIPATED BEFORE OR ON THE DAY OF THE EVENT: _____

THE NATURE OF PRE-EVENT SPECTATOR ENTERTAINMENT AND MARKETING PROMOTIONS BEFORE OR ON THE DAY OF THE EVENT: _____

ANY OTHER FACTOR THAT THE NATIONAL COMMISSIONER MUST TAKE INTO CONSIDERATION: _____

EVENT ORGANISER/PERSON MAKING APPLICATION: _____

NEAREST SAPS POLICE STATION: _____

BRIEF DESCRIPTION OF EVENT: *(PLEASE ATTACH ADDITIONAL DOCUMENTS)*

1. TRAFFIC CONTROL REQUIRED? : YES No

IF YES PLEASE PROVIDE DETAILS: _____

• SECTION OF ROAD(S): _____

• TIME: _____

2. MARQUEES / TENTS: YES NO

IF YES PLEASE PROVIDE DETAILS: _____

3. MUSIC/PUBLIC ADDRESS/ PA SYSTEM, ETC. TO BE USED: YES NO
• MUSIC / OTHER. PLEASE GIVE DETAILS:

4. CATERING / FOOD STALLS:

• NUMBER PLANNED: _____

• NUMBER WITH CERTIFICATES OF ACCEPTIBILITY: _____

5. OTHER SERVICES

• ELECTRICITY YES NO

DETAILS: _____

• WATER YES NO

DETAILS: _____

• WASTE REMOVAL YES NO

DETAILS: _____

ANY OTHER SPECIAL REQUIREMENTS: _____

SIGNATURE: _____ **APPLICATION DATE:** _____

PLEASE NOTE: This application does not mean the Drakenstein Municipality has approved your planned event. Please ensure you liaise with the Events Office regarding the approval process and any additional information required. Your Event can only proceed once Drakenstein Municipality formally gives approval and such approval is issued.

SECTION 2: RESPONSIBLE PERSONS (SECTION 4(1) OF THE SAFETY AT SPORTS & RECREATIONAL EVENTS ACT, 2010)

EVENT ORGANISER:

CONTACT DETAILS

- CONTACT PERSON: _____
- E-MAIL ADDRESS: _____
- MOBILE NO: _____
- TELEPHONE NO: _____
- POSTAL ADDRESS: _____
- PHYSICAL ADDRESS: _____

STADIUM/VENUE OWNER:

CONTACT DETAILS:

- CONTACT PERSON: _____
- E-MAIL ADDRESS: _____
- MOBILE NO: _____
- TELEPHONE NO: _____
- POSTAL ADDRESS: _____
- PHYSICAL ADDRESS: _____

CONTROLLING BODY:

CONTACT DETAILS:

- CONTACT PERSON: _____
- E-MAIL ADDRESS: _____
- MOBILE NO: _____
- TELEPHONE NO: _____
- POSTAL ADDRESS: _____
- PHYSICAL ADDRESS: _____

SECTION 3: CONFIRMATIONS

I/We confirm that:

- 3.1 I/We have/have not previously submitted an annual schedule of events as contemplated in Section 6 (1) of the Act. (Delete where not applicable);

- 3.2 I/We have/have not previously received a risk categorization in respect of our submitted annual schedule of events from the National Commissioner of the South African Police Service as contemplated in Section 6 (5) of the Act. (Delete where not applicable);

- 3.3 There is/is not a valid and current existing stadium or venue safety and grading certificate in place for the stadium/venue, as contemplated in Section 8 of the Act, which will still be valid on the day of the event. (Delete where not applicable);

IF THERE ARE NO CERTIFICATES AS REFERRED TO IN PARAGRAPH 3.3 ARE IN PLACE, WRITTEN REASONS MUST BE SET OUT BELOW AS TO WHY SUCH CERTIFICATES ARE NOT IN PLACE:

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- 3.4 I/We have just initiated plans for the event;

- 3.5 This application satisfies the short notice requirements of Section 6 (3) of the Act:

- 3.5.1 Furnish written reasons here as to why requirements i.t.o. Section 6(1) of the Act i.e. submission of an annual schedule of events could not be complied with in respect of this event:

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SECTION 4: ADDITIONAL FACTORS FOR CONSIDERATION BY THE NATIONAL COMMISSIONER TO DETERMINE THE RISK CATEGORIZATION OF THE EVENT

We respectfully submit that the following factors should also be considered by the National Commissioner in determining the risk categorization in respect of this event:

- 4.1 I/We have/do not have historical experience in the holding of similar events of a similar size **(delete where not applicable)**;
- 4.2 I/We have appointed/ensured the appointment of an Event Safety Officer to oversee the safety & security planning requirements of Section 4 (9) & 23 of the Act are in place:

NAME OF THE EVENT SAFETY OFFICER:

CONTACT DETAILS:

- E-MAIL ADDRESS: _____
- CONTACT NO: _____

- 4.3 There will/will not **(Delete where not applicable)** be controlled liquor sales to the general public at the venue/ stadium in terms of existing protocols with the local SAPS;
- 4.4 SIRA registered and Private Security Industry Regulation Act compliant security providers who have worked at the stadium/ venue previously will provide access control & general in-stadium/ venue security and safety stewarding services on the day;
- 4.5 Both provincial & private sector medical emergency services will be deployed at the event for the safety of event participants and the general public;
- 4.6 There are no material historical medical incident trends at similar events hosted previously at the venue which could have an impact on the safety of spectators at the event;
- 4.7 We have notified, in writing, the nearest police station - **(name of nearest SAPS Station)** of the details of the event.

SECTION 5: EVENT RISK CATEGORIZATION RECOMMENDATION

We respectfully submit, with reference to all of the information set-out above, that the event should be categorized as **LOW RISK/ MEDIUM RISK/HIGH RISK** (Delete where applicable)

I/We await your event risk categorization of this event.

An event briefing meeting has been scheduled at the event venue at on

SECTION 6: REQUIRED DOCUMENTATION (NB)

Please note that each plan must be signed off by the person(s) responsible for implementing it.

1. SITE PLAN INDICATING ALL ACTIVITIES (*PLEASE ATTACH*)

- Stages
- Marquees
- Fencing
- Crowd Barriers
- Vendors
- Catering
- Lockdown
- VOC Location
- Ticket Selling Booths

2. TRAFFIC PLAN (*PLEASE ATTACH*)

- Road closures (and times)
- Parking areas
- Route Plan (if applicable)
- Emergency Access Routes
- Emergency Vehicle Parking Areas

3. SAFETY PLAN / DISASTER MANAGEMENT PLAN (*PLEASE ATTACH*)

- Medical Plan
- Security Plan
- Departmental Emergency Response Plan
- Evacuation Plan
- Facility Emergency Plan
- Civil Aviation Plan

4. ENVIRONMENTAL PLAN (*PLEASE ATTACH*)

- Electricity
- Water
- Waste Management Plan
 - Prior arrangements for cleaning venue
 - Bins
 - Receipt slip from landfill site (post event)
- Transport, Roads and Storm water
- Ablution Facilities and/or Mobile Toilets

5. VENDOR LIST AND COMPLIANCE CERTIFICATE (*PLEASE ATTACH*)

- List of Details
- Use of LP Gas
- Vendor License
- Food integrity
- Certificate of Acceptability
- Tobacco Control

6. LIABILITY INSURANCE (*PLEASE ATTACH*)

7. TEMPORARY STRUCTURE ENGINEERING CERTIFICATES (*PLEASE ATTACH*)

8. SECURITY SERVICES (*PLEASE ATTACH REGISTRATION OF SECURITY COMPANY*)

9. CONSENT OF NEIGHBOURS (*PLEASE ATTACH SUPPORTING LETTERS/ DOCUMENTS*)

- Contact with councilor/s
- Contact with immediate neighbors/Community/Residents
Organizations/Associations
- Residents/Businesses/Community Consultation

10. NEWSPAPER ADVERTS

- If the road is going to be closed for more than two hours due to your event, please advertise this on the local newspaper/billboards to make the community aware.

PLEASE ALSO COMPLETE THE ATTACHED APPLICATION FOR THE NATIONAL COMMISSIONER OF THE SOUTH AFRICAN POLICE SERVICES (SAPS) TO CATEGORIZE THE

EVENT IN TERMS OF THE SAFETY AT SPORTS AND RECREATIONAL EVENTS ACT 2/2010. YOU NEED TO SEND IT OFF TO THE CONTACT E-MAIL / FAX PROVIDED ON THE FORM FOR THE NATIONAL COMMISSIONERS OFFICE. PROOF THAT THIS IS DONE MUST ACCOMPANY THE APPLICATION TO DRAKENSTEIN MUNICIPALITY.

..... (date and time)

Kind regards

For and on behalf & duly authorized by:
(Full legal name of Event Organizer)

INDEMNITY FORM

Given by

.....
.....

herein represented by

.....
.....

who warrants that he is duly authorised thereto (if not signed by the entity applying) herein referred to as **THE "APPLICANT"** to Drakenstein Municipality herein referred to as **THE "MUNICIPALITY"** in respect of

.....
.....

(DESCRIPTION OF THE "EVENT")

1. BACKGROUND:

- 1.1 The Applicant has applied to the Municipality for permission to present the Event.
- 1.2 The Municipality is prepared to grant such permission, subject amongst others to the condition that the Applicant shall indemnify the Municipality against all damages arising from such Event.
- 1.3 This document contains such indemnity.

2. INDEMNITY:

- 2.1 Under no circumstances will the Municipality be liable for any actual or alleged direct/indirect loss or consequential loss however arising suffered by the Applicant, including, but not limited to, loss of profits, anticipated profits, savings, business or opportunity or loss of publicity or loss of reputation or opportunity to enhance reputation or any other sort of economic loss.
- 2.2 The Applicant shall indemnify and keep indemnified the Municipality from and against all demands, claims, legal action, damages, costs (including, without limitation, legal costs on an attorney and own client basis and the fees of any expert witnesses

incurred in connection with any actions or proceedings), loss, interest or expenses arising, directly or indirectly, out of the Event.

- 2.3 The Municipality will have no responsibility for any loss of or damage to the property and effects of the Applicant or the Applicant's Personnel arising from the Event.
- 2.4 The Applicant shall be responsible for the actions of all its personnel engaged in the rendering of this service.
- 2.5 The Applicant and the applicant's personnel will exercise all due care and diligence when presenting the Event. For the avoidance of doubt the Applicant indemnify the Municipality against any loss, damages and any other costs sustained by the Municipality and arising directly or indirectly as a result of the Event by the Applicant or the Applicant's personnel.

THUS SIGNED AT ON

WITNESSES:

- 1.
 - 2.
- APPLICANT**

DRAKENSTEIN MUNICIPALITY

NOISE EXEMPTION APPLICATION IN TERMS OF REGULATION 7. (2) OF THE NOISE CONTROL REGULATIONS P.N. 627/1998 MADE UNDER SECTION 25 OF THE ENVIRONMENTAL CONSERVATION ACT, 1989 (ACT 73 OF 1989).

1. Name of owner/manager of the business/premises: _____

2. Name of Company or Organisation (if applicable): _____

3. Applicant: _____ Phone No: _____

4. Event location: _____

5. Date of event: _____ Time of event: _____ Start Stop: _____

6. Responsible Person: _____ Cell No: _____

7. Noise source (eg. live band, D.J., microphone, construction equipment, etc.): _____

8. Is event: Indoor Outdoor No of guests

9. Existing and/or proposed measures in place or to be adopted to limit the noise at source. _____

10. Does the premises where the event is to be held have a valid liquor licence: Yes No

11. Liquor Licence Ref No: _____

Signature of Applicant: _____ Date: _____



DIRECTORATE: PLANNING AND ECONOMIC DEVELOPMENT

DEPARTMENT: PLANNING SERVICES

APPLICATION FOR AN EVENT

NB: 1. IT IS ESSENTIAL THAT THE AFFECTED ERF/FARM OWNER'S DETAILS ARE CLEARLY STIPULATED.

2. IT IS ESSENTIAL THAT THE AFFECTED ERF/FARM OWNERS ERF/FARM NUMBERS ARE INDICATED ON THIS FORM.

1. APPLICANT DETAILS (PERSON APPLYING FOR THE EVENT)

Name of Applicant/Owner _____

Street Address _____

Erf/ Farm No. of venue _____

2. DETAILS OF AFFECTED ERF OWNER (PERSON WHOSE PERMISSION IS REQUIRED FOR BUILDING WORK)

I _____, registered owner of Erf/farm number _____, have been shown the plans of the proposed event to take place on the above mentioned property. I hereby understand that the proposed event could possibly cause certain nuisances, if any. I however grant my consent for **(mark yes or no)**:

No	Yes	The event as proposed to take place on the above mentioned property for the _____ event on this day/s _____
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In case of objection against proposed event, please explain the reason for objection below:

3. DETAILS OF THE AFFECTED PROPERTY OWNER (PERSON WHOSE PERMISSION IS REQUIRED FOR EVENT)

Full name: _____

Address: _____

Phone: (H) _____

(W) _____

Signature: _____

Date: _____