NAME OF EVENT					
EVENT NO.					
LOCATION OF EVENT					
NB: If event include	us a march / nu	racaccia	n / traffic control	include annoyure A	
NB. II event include	s a marcii / pi	00000101	ir / trainic control,	include affilexure A	
DATE (S) OF PROPOSED EVENT					
STATING TIME OF EVENT (FOR EACH DAY)					
DURATION					
EXPECTED NUMBER OF ATTENDEES					
		•			
PERSON MAKING APPLICATION					
COMPANY NAME					
DESIGNATION					
TELEPHONE					

BRIEF DESCRIPTION OF THE EVENT			
		1	
1. TRAFFIC CONTRO BELOW	DL REQUIRED (IF YES, PLEASE PROVIDE DETAIL	YES	NO
SECTIONS OF ROAD (S)			
TIME (S)			
2. MARQUEES / TENTS		YES	NO
IF YES, PLEASE PROVIDE DETAIL			
3. MUSIC OR PUBLIC ADDRESS OR PA SYSTEM TO BE USED		YES	NO
IF YES, PLEASE PROVIDE DETAIL			

MUSIC OR OTHER	
4. CATERING OR FOOD STALL & NUMBERS	
5. OTHER SERVICES	
ELECTRICITY	
IF YES, PLEASE PROVIDE DETAIL	
WATER	
IF YES, PLEASE PROVIDE DETAIL	
WASTE REMOVAL	
IF YES, PLEASE PROVIDE DETAIL	
ANY OTHER SPECIAL REQUIREMENTS	
SIGNATURE:	APPLICATION DATE: / / 20