# Event on the Public Highway

Application Form



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| Name of Requesting individual, organisation or group |       |
| Registered Charity number |       |

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| --- | --- |
| Contact Name |       |
| Contact Address |       |
| Email |       |
| Telephone No. |       |  |
| Fax No. |       |  |

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| --- | --- |
| Organiser in Charge |       |
| Contact No. for Public Enquiry |       |

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| Requested Location of Event |       |
| Requested Start Date |       | Requested End Date |       |
| Type of Event | [ ] Charity | [ ] Community | [ ] Commercial | [ ] Private |  |
| Description and purpose of Event (please include as much details as possible) |
|       |

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| Target Audience |       |
| Approximate number attending this event |       |
| Setting up Time |       | Opening Time |       |  |
| Closing Time |       | Clearing Down Time |       |  |
| Do you request that any of the following be on site |
| [ ] Licence Bar | [ ] Food Stalls |
| [ ] Bouncy Castle | [ ] Fairground Equipment (rides, roundabouts, etc) |
| [ ] Special Carnival or Novelty Acts | [ ] Trade/Exhibition Stalls or Stands |
| [ ] Other Items (please specify) |       |

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| Please detail your arrangements for clearing and removal of litter (we advocate that you recycle your waste wherever possible) |
|       |
| Please provide details of any sound or public address system you are intending to use |
|       |
| \*Public liability insurance number (minimum £10 million indemnity required) |
| Name of policy holder |       |  |
| \* A copy of the public liability insurance policy and risk assessment (if applicable) will need to be presented to the Council and deemed satisfactory by a council officer, before approval of your event is granted.Please note that the event will be posted on our public website |
| This form should be returned as soon as possible to enable the Council and Emergency Services to make comments.Please return to:Network CoordinationTraffic and Highways Services13th Floor, Civic CentreLondon RoadMordenSM4 5DXOr you can scan the completed form and email it to: networkcoordination@merton.gov.ukI confirm that the above details are correct at the time of filling out this form and if any changes aremade with regards to the event itself, I will inform the council immediately and submit any amendmentsfor approval. |
| Name |       | Signed |       | Date |       |
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| You must obtain the council’s permission **BEFORE**committing yourself to organising this event |