

EVENTS ADMINISTRATION OFFICE

31 Park Drive, St Georges Park,
Port Elizabeth, South Africa
6001

Tel: 041 506 2764 / 041 506 1505

Email: kcain@mandelametro.gov.za

APPLICATION TO HOST AN EVENT IN NELSON MANDELA BAY MUNICIPALITY

1. CONTACT INFORMATION	
APPLICANT (Signature must match on last page)	Name:
	Title: Organization:
	Phone: Cell:
	Email:
	Street Address:
	City: Province:
	Postal Code:
Event Organizer (If different from applicant)	Name:
	Title: Organization:
	Phone: Cell:
	Email:
	Street Address:
	City: Province:
	Postal Code:
Billing Information (Responsible for payments and receiving invoices)	Name:
	Title: Organization:
	Phone: Cell:
	Email:
	Street Address:
	City: Province:
	Postal Code:
On site contact (available at the event site on the day of the event)	Contact Name: Cell:
	Title/Position: Location:
	Contact Name: Cell:
	Title/Position: Location:

2. EVENT OVERVIEW	
Event name	
Venue (area requested)	
Organization Website	
Proposed date / dates	
Setup	Start <input type="text"/> Strike Down <input type="text"/>
Event time	Start <input type="text"/> End <input type="text"/>

- **Size of the event**
- **Participants and Spectators**

Small	1 – 200	<input type="checkbox"/>
Medium	201 – 2000	<input type="checkbox"/>
Large	2001 – 5000	<input type="checkbox"/>
Very large	5001 – 10 000 & over	<input type="checkbox"/>

No. of participant per day: _____

No. of spectators per day: _____

Staff deployment per day: _____

- **Type of event: Please tick the relevant box**

Sport /Action	<input type="checkbox"/>	Religious Festival/ Event	<input type="checkbox"/>
Launch/ Exhibition	<input type="checkbox"/>	Firework / Pyrotechnic display	<input type="checkbox"/>
Corporate/ Private	<input type="checkbox"/>	Market / Promotional	<input type="checkbox"/>
Concert / Musical / Performing arts	<input type="checkbox"/>	Recurring / Annual	<input type="checkbox"/>
Charity/Fundraiser	<input type="checkbox"/>	Parade	<input type="checkbox"/>
Weddings/Birthdays	<input type="checkbox"/>	Restaurant / bar extended service	<input type="checkbox"/>
School Carnival / Fete etc.	<input type="checkbox"/>	Protest / Rally / Manifesto	<input type="checkbox"/>
Ceremonial / Ritual event	<input type="checkbox"/>	Ticketed Event	<input type="checkbox"/>
Other: (Please Specify)	<input type="checkbox"/>		<input type="checkbox"/>

- **Brief description of the event:** _____

- **Wards impacted by the event**

Equipment / Setup	Select where applicable. Show equipment on event layout and in supplemental annexures		
	Stage / Scaffolding	<input type="checkbox"/>	
	Generator	<input type="checkbox"/>	
	Speaker / PA system	<input type="checkbox"/>	
	Recycling station / Bins	<input type="checkbox"/>	
	Fireworks	<input type="checkbox"/>	
	Inflatables	<input type="checkbox"/>	
	Promotional banners / feathers	<input type="checkbox"/>	
	Other equipment:	_____	

- **Visual media**

Please provide details of any filming to take place at your event

Do you plan to film at your event: No Yes

If YES - Photographers need to be identified and permission requested.

Do you plan to use a drone: No Yes

If YES - Please include permission from the South African Civil Aviation Authority

- **Safety Officer**

Please provide details of the appointed safety officer:

3. MUNICIPAL ASSISTANCE / REQUIREMENTS

a.) Road Closure required & Traffic Control No Yes

If YES, please provide information.

Road / Street: _____

Section of road / street: _____

Times: _____

Street Closure Details					
Street Name	Between	Start Date	Start Time	End Date	End Time
<i>Example</i> Beach Road	2 nd Avenue & La Roche	1/1/2019	08:00	2/1/2019	15:00

Parking Lot Reservation					
Public Parking Area or Public Open Space	Start Date	Start Time	End Date	End Time	
<i>Example</i> Hobie Beach Parking Lot Pollock Beach Grass Area	1/1/2019	08:00	2/1/2019	15:00	

NB. Depending on the extent of the road closures and impact on traffic a detailed Transport Management Plan may be necessary. In addition, a Residents Communication Plan will need to be discussed as to how they are notified of the road closures.

b.) Amplified Sound / Public Address System No Yes

If YES, please provide noise certificate

Details: _____

c.) Marquees / Structures / Tents No Yes

If YES, please provide details & structural certificates

d.) Soil and geological disturbance (*inserting spikes, pegs, anchors, etc. into the ground*)

No Yes

If YES, please contact relevant departments for site inspection

Details: _____

e.) Sale of liquor / consumption

No Yes

If YES, please provide copy of liquor license

Time of sale or consumption

Start: _____ End: _____

Please note, the application for liquor license is a separate application to be lodged at the Eastern Cape Liquor Board.

f.) Food trucks / Stalls / Vending / Traders

No Yes

If YES, please provide the no. of stalls ____ food trucks ____ or traders ____ with the supporting Certificate of acceptability, traders / hawkers permit & permit to conduct a business.

g.) Public Liability

No Yes

If YES, please provide proof thereof.

h.) Other services required:

- Crowd and access control measures

No Yes

Details: _____

- Safety Measures

No Yes

Details: _____

- Waste Plan

No Yes

Depending on your event and the number of participants you may be required to provide additional toilets and bins at your event.

Number of toilets on site: Male ____ Female ____ Paraplegic ____

Male ____ Female ____ Paraplegic ____

Number of portable toilets: Male ____ Female ____ Paraplegic ____

Number of bins on site: Number of bins provided: ____

- Electricity

No Yes

Details: _____

- Other Requirements: _____



I certify that the information I have provided on this application is true and accurate to the best of my knowledge. I have read and completed the event application form in good faith and I agree to adhere to all of the requests made during the assessment and planning phase that may be stipulated by the N.M.B.M and other agencies.

Name: _____

Application Date: _____

Signed: _____

Please note

Submission of this application does not constitute approval of your event. The Events Officer will advise and guide you as to the next steps of the event planning phase. The application is to be submitted at least 21 days prior to event taking place. Your event may only proceed once the municipality formally provides approval.



Indemnity form

I, _____ (*print full name*) with I.D. No. _____ in my capacity as _____ (*designation*) of _____ (*full name of organization / company*) being the authorized person on behalf of the aforementioned institution with regard to _____ (*state purpose / event*) hereby acknowledge following:

- a.) The organization / applicant hereby indemnifies and holds the Nelson Mandela Bay Municipality, its Directors, employees, representatives and agents harmless against all claims, damages, injuries, losses, deaths, expenses and liabilities arising from the event and actions of third parties.
- b.) The organization / applicant recognising the inherent hazards that exist on premises of this nature and hereby accept that the use of the said property is entirely at the risk of the aforementioned organization.
- c.) The Company shall have no claims against N.M.B.M in the event of it being under-insured or should their claims being repudiated.
- d.) This indemnity shall in all respects be governed by the laws of the Republic of South Africa and all disputes, actions and other matters arising in connection therewith, shall be determined in accordance with such laws.

Signed on this ____ day of _____ at _____ (*place*)

Signature

Date

Witness:

Signature

Date

Witness:

Signature

Date