Atherstone Town Council

APPLICATION TO USE MARKET SQUARE

Atherstone Town Council
PO Box 2000, Atherstone, CV9 1YN.
Phone & Fax; 01827 720829
E-mail; clerk@atherstone-tc.gov.uk
Website; www.atherstone-tc.gov.uk/.

LOCAL COUNCIL
AWARD SCHEME
FOUNDATION

Notes Ref.	Description	Detail
1	Name of Applicant (including address, telephone number and e-mail address)	
2	Name & Description of event Please give some detail of type and size of planned event.	
3	Date of event, start and finish times	
4	Do you intend to have a bar, serving alcohol, on the Square? If yes then a license will be required. You must contact North Warwickshire Borough Council. A copy of this license will be required before the booking can be confirmed.	
5	You must hold Public Liability Insurance, please provide details and submit a copy before the event.	Please sign to confirm that Insurance is in place and specify the amount of cover:-
6.	Risk Assessments must be event specific and completed prior to the event.	Please sign to confirm that Risk Assessments are completed:-

7.	Do you wish to use the electricity supply? If yes all appliances must be currently PAT tested.	Please sign to confirm equipment is PAT tested:-
8.	I agree that the area of the Square will be cleared of litter, after the event, please sign. Give details of any arrangements made for collection and disposal of litter.	Please sign to confirm litter will be cleared and state who this will be disposed of:-
9.	Do you wish to use the canopy or market stalls? If yes please contact clerk for costs, a plan of the layout of the stalls must be provided before the event Please sign to confirm use of canopy/stalls given to your insurers.	Please sign to confirm your insurers have been informed:-
10.	Will you be applying for road closures, if yes please state the extent of the closures and answer question 10. Please contact Keith Evans at Streetscape, North Warwickshire Borough Council, for advice. A copy of Road Closure order will need to be provided prior to the event.	Give details of which roads are to be closed--
11.	Traffic access must be allowed to business and residential properties in Friar's Gate, please provide contact name & phone number, for use on the day of the event. This must be the designated emergency point of contact for the event.	Name of contact:- Phone number for emergencies:-
12.	All emergency services must be informed of the event in writing:- hollyfinnerty@warwickshire.gov.uk. events@wmas.nhs.uk TacticalPlanning@warwickshire.pnn.police.uk	Please sign to confirm this has been done:-

| 13. | Event organisers should produce an event plan and supply a copy at least 4 weeks prior to the event. Details on event plans can be found in the Home Office Purple Guide. A copy is available in the Town Council Offices.

This should include.

Summary of the event

Stewards and their responsibilities

Traffic Management

Communications

Evacuation/contingency plans | Documents to be supplied to the Town Council:-
Insurance
Event Plan
Road Closure
Licence for alcohol if applicable |
| | | It is a condition of the approval of any event that no advertising banners or posters be displayed without the approval of the appropriate landowner. Any such item must be removed within 24 hours of the finish of the event. |

Where an event is of a substantial size the Organiser may wish to consider holding a Safety Advisory Group meeting so that all partner agencies can give advice on your proposals. Although not mandatory this is a recommendation made in the Home Office Guidance. Should you wish further details regarding this please contact

Mick ROBERTSON, 6794 - *Tactical Planning and Resilience*
Tactical Planner – North Warks, Nuneaton & Bedworth and Rugby
Police Search Advisor
TacticalPlanning@warwickshire.pnn.police.uk
☎ 101 Ext: 7763517
☎ Mobile: 07773 806837

Warwickshire POLICE

All requested documentation must be supplied at least one month prior the event, failure to do so may lead to the cancellation of the booking.

Name of Applicant (Capitals) …………………………………..

Signature of Applicant …………………………………..

Date …………………………………..

I confirm the booking to use the Market Square, on _____ **by**

_____ .

Signed: **(Town Clerk/Deputy Town Clerk)**

Date: