



## Hermanus Events Permit Office

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### APPLICATION FOR AN EVENT IN HERMANUS

PLEASE NOTE THAT ALL FIELDS WITH AN ASTERIX \* ARE COMPULSORY FIELDS

\* NAME OF EVENT: \_\_\_\_\_ \* ERF No : # \_\_\_\_\_

\* EVENT VENUE (full address) \_\_\_\_\_

\* DATE/S OF PROPOSED EVENT : \_\_\_\_\_

\* TIMES OF EVENT (FOR EACH DAY) : \_\_\_\_\_

\* SIZE OF EVENT: PLEASE TICK THE RELEVANT BOX

Participants & Spectators

|            |                |                          |
|------------|----------------|--------------------------|
| Small      | 50 – 2000      | <input type="checkbox"/> |
| Medium     | 2001 – 5000    | <input type="checkbox"/> |
| Large      | 5001 – 10 000  | <input type="checkbox"/> |
| Very Large | 10 001 + above | <input type="checkbox"/> |

\* NUMBER OF SPECTATORS : \_\_\_\_\_  
 (NB. Specify for each event day)

\* NUMBER OF PARTICIPANTS: \_\_\_\_\_  
 (NB. Specify for each event day)

\* EVENT ORGANISER/RESPONSIBLE PERSON: \_\_\_\_\_

\* PERSON MAKING THE APPLICATION : \_\_\_\_\_

\* COMPANY/ ORGANISATION NAME : \_\_\_\_\_

\* DESIGNATION : \_\_\_\_\_ \* TEL: \_\_\_\_\_ \* CELL: \_\_\_\_\_

\* FAX: \_\_\_\_\_ \* EMAIL : \_\_\_\_\_

\* WARD/Sub-Council impacted by event

| Administration | Wards |
|----------------|-------|
|                |       |
|                |       |

\* TYPE OF EVENT: PLEASE TICK THE RELEVANT BOX

|                                  |                          |   |                          |
|----------------------------------|--------------------------|---|--------------------------|
| Sports/Action                    | <input type="checkbox"/> | Awards/Launches/ Exhibitions              | <input type="checkbox"/> |
| Concert/Music Festival           | <input type="checkbox"/> | Corporate/Private Party                   | <input type="checkbox"/> |
| Charity Fundraiser/Run/Walk      | <input type="checkbox"/> | Night Market /Switch on of Festive Lights | <input type="checkbox"/> |
| Carnival                         | <input type="checkbox"/> | Religious Festivals/ Events               | <input type="checkbox"/> |
| Fetes, School Carnivals etc.     | <input type="checkbox"/> | Cultural/Minstrel Events                  | <input type="checkbox"/> |
| Weddings/ Birthdays, etc.        | <input type="checkbox"/> | Fireworks/ Pyrotechnic Displays           | <input type="checkbox"/> |
| Ceremonial Events/Annual rituals | <input type="checkbox"/> | Overstrand Municipality Corporate Event   | <input type="checkbox"/> |
| Other – Please Specify:          |                          |   | <input type="checkbox"/> |

BRIEF DESCRIPTION OF EVENT: (PLEASE ATTACH ADDITIONAL DOCUMENTS AS PER MEVENTS PACK

.....  
 .....  
 .....

**\* EVENT REQUIREMENTS: \* 1-9 = Compulsory Fields –must be completed!**

1. ROAD CLOSURES REQUIRED? : NO  YES  IF YES PLEASE PROVIDE DETAILS. NB. A Transportation Management Plan may be required.

- ROADS : \_\_\_\_\_
- SECTION OF ROAD(S) \_\_\_\_\_
- TIMES: \_\_\_\_\_

2. TRAFFIC CONTROL REQUIRED? NO  YES  IF YES PLEASE PROVIDE DETAILS

- SECTION OF ROAD(S) : \_\_\_\_\_
- TIME: \_\_\_\_\_

3. AMPLIFIED MUSIC/PUBLIC ADDRESS SYSTEM? NO  YES  IF YES KINDLY COMPLETE APPLICATION FOR NOISE EXEMPTION FORM

DETAILS: \_\_\_\_\_

4. STRUCTURES / MARQUEES / TENTS? NO  YES  IF YES PLEASE PROVIDE DETAILS AND COMPLETE ERECTION OF TEMPORARY STRUCTURE FORM

5. GROUND DISTURBANCE (e.g. driving pegs, spikes, marquee anchors, stage, earthing rods, etc. into the ground) NO  YES

If yes, please apply for way-leave from Electricity Department and Water & Sanitation Department

6. VENDING/CATERING / FOOD STALLS: NO  YES

- NUMBER OF PLANNED FOOD STALLS: \_\_\_\_\_
- NUMBER WITH CERTIFICATES OF ACCEPTIBILITY : \_\_\_\_\_
- LP GAS USAGE: NO  YES  IF YES PLEASE PROVIDE DETAILS

DETAILS: \_\_\_\_\_

7. ALCOHOL SALES/CONSUMPTION: NO  YES  IF YES please provide copy of Liquor License

Alcohol Sale/Consumption Hours : From ..... To:.....

8. UTILISATION OF REMOTELY PILOTED AIRCRAFT (RPA) DRONES/GLIDERS)? NO  YES  If Yes, Please Provide CAA (Civil Aviation Authority) Registration Certificate

9. PUBLIC LIABILITY INSURANCE? NO  YES  If Yes, Please Provide Proof/Details

10. OTHER MUNICIPALITY SERVICES REQUIRED: NB: Provision of Municipality Services may be charged as per applicable tariff/s.

ELECTRICITY NO  YES  IF YES PLEASE PROVIDE DETAILS

DETAILS : \_\_\_\_\_

WATER NO  YES  IF YES PLEASE PROVIDE DETAILS

DETAILS : \_\_\_\_\_

WASTE REMOVAL NO  YES  IF YES PLEASE PROVIDE DETAILS

DETAILS : \_\_\_\_\_

Any other requirements \_\_\_\_\_

**11. THE FOLLOWING DOCUMENTS ARE TO BE ATTACHED TO THE APPLICATION:**

- i)** Draft layout of venue depicting the location of various activities, available parking, seating, joint operation center (JOC) security personnel etc.
- ii)** Draft Emergency Plan (Evacuation)
- iii)** Draft Traffic Flow Plan
- iv)** Should street parking be used, indicate streets and number of parking marshals to be appointed.

**Kindly note that dependent on the nature, scope and impact of the event, more plans might be required which will be requested as soon as the initial application has been considered.**

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**SIGNATURE :** \_\_\_\_\_ **APPLICATION DATE :** \_\_\_\_\_

*PLEASE NOTE:*

*Submission of this application does not mean the Municipality has approved your event.*

*Please ensure you liaise with the Events Office regarding the approval process and any additional information required.*

*Your Event may only proceed once the Municipality formally gives approval and a permit is issued*

