



Comhairle Cathrach na Gaillimhe  
Galway City Council

<b>OFFICAL USE ONLY</b>	
Ref No.	_____
Dated Received	_____
Application	
Granted	Refused

**APPLICATION FORM FOR EVENT MANAGEMENT PERMIT  
RECREATION & AMENITY**

1. **Name of Applicant:** \_\_\_\_\_  
2. **Contact Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tel No. :** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

3. **Organisation Name:** \_\_\_\_\_

4. **Type of Organisation:**  **Charity**  **Commercial**  
(Please tick appropriate box)  **Other** \_\_\_\_\_  
(if other please specify)

5. **Address for Correspondence:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel No. :** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

6. **Description of Type of Event proposed to be held:** \_\_\_\_\_  
7. **(Please specify if any equipment will be used eg trailer/tent etc)**  
\_\_\_\_\_  
\_\_\_\_\_

7. **Proposed Event Venue:** \_\_\_\_\_

8. **(a) Proposed Date of Event:** \_\_\_\_\_

**(b) Proposed time event is due to commence and conclude:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Public Liability Insurance
- Employers Liability Insurance
- Method Statement 
  - Programme of Event Management
  - Safety Statement
  - Risk Assessments
  - Traffic and Pedestrian Management Plan

**Please note all Terms & Conditions before submitting application. Prior to permission being granted Galway City Council must be satisfied that all relevant Terms & Conditions have been met by the Applicant.**