



Name of Applicant and/or Contact: _____

Role of Applicant and/or Contact: _____

Address of Applicant and/or Contact: _____

Telephone Number: _____

Email Address: _____

Name of Event: _____

Purpose and Nature of Event: _____

Date(s): _____

Time(s): _____

Car Park/Number of Spaces: _____

Have you enclosed your Public Liability Insurance? _____ YES/NO

Do you have any marshalling or first aid arrangements? _____ YES/NO

If yes please include details:

Have you consulted any other organisations regarding this event? _____ YES/NO

If yes, please include details:

I/ we agree to pay all costs of making good any damage to the car park caused by the above event.

I/ we confirm that I /we hold valid public liability insurance for the event for a minimum cover of £5 million.

I/ we agree to keep clear access at all times for emergency vehicles during the event.

I/ we agree to be available during, immediately before and after the event so that we can be contacted by the council.

Signed: _____ Date: _____

Please return to:

Car Parks
Mendip District Council
Cannards Grave Road
Shepton Mallet
Somerset
BA4 5BT