



VICTORIA POLICE

APPLICATION FOR PUBLIC PLACE PERMIT PERFORMING ARTS & RE-ENACTMENT

(Section 130 *Firearms Act* 1996)

APPLICANT'S LICENCE DETAILS

Specify the Firearm Licence Number that the firearm will be carried or used under:

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Licence Expiry Date:

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APPLICANT'S DETAILS

Organisation/Group: _____

Family Name (Mr/Mrs/Miss/Ms): _____

Given Name(s): _____ Date of Birth: ____/____/____

Business/Residential Address: _____

Postal Address: _____

Telephone: (H) _____ (W) _____ (M) _____

Email address: _____

ACTIVITY DETAILS

Note: An inspection by the Divisional Firearms Officer or their delegate will be required for a first application of a new site to ensure that the event can be conducted safely at the location. All applications are required 4 weeks prior to the requested dates, irrespective of whether the site has been previously inspected.

Name of Event: _____

Name of Venue: _____

Organiser/Contact Name: _____ Telephone: _____

Specific Address or Location of Venue: _____

Date(s) of Activity: _____

Times of Activity: START _____ FINISH _____

Type of Event: Stage Television Re-enactment Film Parade Other

If other, please specify: _____

FIREARM DETAILS

| | | | |
|---------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------|
| Category of firearm to be used: | <input type="checkbox"/> Cat A | <input type="checkbox"/> Cat B | <input type="checkbox"/> Other |
| Type of use of firearms: | <input type="checkbox"/> Possession/carrying only | <input type="checkbox"/> Blank firing only | <input type="checkbox"/> Other |

If other, please specify: _____

SAFETY ISSUES

Does the Organisation/group have documented safety operating procedures YES NO

If 'Yes', have they been provided to Victoria Police in the past 12 months? YES NO

If answered 'No' to either of these questions, please specify below the safety procedures to be adopted.

PUBLIC LIABILITY

Does the Organisation/Group have public liability insurance for this activity? YES NO

Is the activity covered by other public liability insurance held by the Sponsor/Organiser? YES NO

Re-occurring Activities

Is it a one off event? YES NO

Are similar events likely to be held at this location within the next 12 months? YES NO

Has Victoria Police previously inspected this location for the activity? YES NO

If a permit had been issued for the 12 months for the **same location**, the Organisation/Group must advise LRD in writing within 7 days if circumstances change YES NO

Participants

Are all persons possessing firearms for the activity, the holder of a current Historical re-enactment)? YES NO

If 'No', (to the above question) do they comply with the requirements of Item 10 Schedule 3? YES NO

Are all persons possessing firearms for the activity a member of an incorporated historical re-enactment group? YES NO

Supporting Documentation

Is a letter of endorsement/invitation from Organiser attached? YES NO

Is other supporting documentation attached? YES NO

Signature of Applicant

_____/_____/_____
Date of Application

Position of Authority:

Send your completed application to: Licensing & Regulation Division, GPO Box 2807, Melbourne, VIC 3001. For further enquiries contact Licensing & Regulation Division on 1300 651 645, between 8.30am-4.30pm, Monday to Friday or email licensingregulation@police.vic.gov.au