



VICTORIA POLICE

APPLICATION FOR PUBLIC PLACE PERMIT PERFORMING ARTS & RE-ENACTMENT

(Section 130 *Firearms Act* 1996)

PART 1 - APPLICANT'S LICENCE DETAILS (All applicants must complete this part)									
Specify the Firearm Licence Number that the firearm will be carried or used under:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Licence Expiry date:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>			/			/		
		/			/				

APPLICANT'S DETAILS (All applicants must complete this part)	
Organisation Name (if applicable)	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Trading Name (if applicable):	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Nominee Name (if applicable):	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Family Name (Mr/Mrs/Miss/Ms):	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Given Name(s):	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Date of Birth:	/ /
Business/Residential Address:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
	State: <div style="border-bottom: 1px solid black; width: 100px;"></div> Postcode: <div style="border-bottom: 1px solid black; width: 100px;"></div>
Postal Address:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
	State: <div style="border-bottom: 1px solid black; width: 100px;"></div> Postcode: <div style="border-bottom: 1px solid black; width: 100px;"></div>
Telephone:	(H) <div style="border-bottom: 1px solid black; width: 100px;"></div> (W) <div style="border-bottom: 1px solid black; width: 100px;"></div> (M) <div style="border-bottom: 1px solid black; width: 100px;"></div>
Email address:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

APPLICANT'S DETAILS (All applicants must complete this part)	
Organisation Group:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Family Name (Mr/Mrs/Miss/Ms):	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Given Name(s):	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
Date of Birth:	/ /
Business/Residential Address:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
	State: <div style="border-bottom: 1px solid black; width: 100px;"></div> Postcode: <div style="border-bottom: 1px solid black; width: 100px;"></div>
Postal Address:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
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Email address:	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>

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:			

If other, please specify: _____

SAFETY ISSUES (All applicants must complete this part)

Does the Organisation/group have documented safety operating procedures?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'Yes', have these been provided to Victoria Police in the past 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'No' to either of these questions, please specify below the safety procedures to be adopted.	

PUBLIC LIABILITY (All applicants must complete this part)

Does the Organisation/Group have public liability insurance for this activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the activity covered by other public liability insurance held by the Sponsor/Organiser?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Re-occurring Activities	
Is it a one off event?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are similar events likely to be held at this location within the next 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has Victoria Police previously inspected this location for the activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
Participants	

Are all persons possessing firearms for the activity, the holder of a current Historical re-enactment)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'No', (to the above question) do they comply with the requirements of Item 10 Schedule 3?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are all persons possessing firearms for the activity a member of an incorporated Historical re-enactment group?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a current copy of a Level 1 – First Aid Qualification?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Supporting Documentation	
Is a letter of endorsement/invitation from Organiser attached?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is other supporting documentation attached?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 or email licensingregulation@police.vic.gov.au