

Email or post your completed form to:

Licensing & Regulation Division
 GPO Box 2807
 MELBOURNE 3001

Phone: 1300 651 645
 Email: lrld@police.vic.gov.au



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> <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>			/			/				
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APPLICANT'S DETAILS (All applicants must complete this part)	
Organisation Name (if applicable)	_____
Trading Name (if applicable):	_____
Nominee Name (if applicable):	_____
Family Name (Mr/Mrs/Miss/Ms):	_____
Given Name(s):	_____
Date of Birth:	_ / _ /
Business/Residential Address:	_____
Postal Address:	State: _____ Postcode: _____
Telephone:	(H) _____ (W) _____ (M) _____
Email address:	_____

APPLICANT'S DETAILS (All applicants must complete this part)	
Organisation Group:	_____
Family Name (Mr/Mrs/Miss/Ms):	_____
Given Name(s):	_____
Date of Birth:	_ / _ /
Business/Residential Address:	_____
Postal Address:	State: _____ Postcode: _____
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:	<input type="checkbox"/> Stage <input type="checkbox"/> Television <input type="checkbox"/> Re-enactment <input type="checkbox"/> Film <input type="checkbox"/> Parade <input type="checkbox"/> 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 this 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:

Email the completed application and supporting documents to lrd@police.vic.gov.au or post to: Licensing & Regulation Division, GPO Box 2807, Melbourne, VIC 3001. For further enquiries contact Licensing & Regulation Division on 1300 651 645.