

Application No.:

SWAKOPMUND PRIVATE EVENT HOSTING APPLICATION FORM

The following information and documentation are required from ALL organizers of events wishing to host events in Swakopmund on private property/venues in Swakopmund and/or Council's leased property.

Event Information

Name of Event:

Event Venue:

(Full address)

Date/s of proposed Event:

Event Start Time:

Event End Time:

Set-Up: Date & Time:

Strike Down Date & Time:

Event Overview:

(Full event proposal/profile to be attached)

Event Format:

Overall Event Profile *[Please indicate the most applicable event (✓)]*

Concert/ Music Festival	☐	Sports	☐	Trade Shows Exhibition/Launches	☐	Religious/ Church Event	☐
Fireworks – Pyrotechnic Displays	☐	Charity Fundraiser Cycling/Run/Walk	☐	Conference Meetings/ Seminars	☐	Cultural Event	☐
Carnivals	☐	Award Ceremonies	☐	Day/Night Market	☐	School Event	☐
Leisure & Lifestyle Food & Wine	☐	Community Event	☐	Corporate Party	☐	Weddings/Birthdays (If using Municipal facilities)	☐

Other - Please Specify:

Expected attendance at the Event / Event Size

Category	Pax	Tick (✓)	Minimum time to submit the Application
Very Small	01 - 50	☐	20 working days (4 weeks)
Small	51 - 2000	☐	25 working days (5 weeks)
Medium	2001 – 5000	☐	60 working days (3 months)

Event Organizer

Name:		Surname:	
Organization:			
Designation:			
Contact Number:		E-mail Address:	

Event Requirements <i>[This section is compulsory]</i>		
Road Closure required?:	No ☐ Yes ☐	<i>If yes, please provide details and complete [Form 01]</i>
▪ Roads:		
▪ Section of Road(s):		
▪ Times:		
Traffic Control required?	No ☐ Yes ☐	<i>If yes, please provide details and complete [Form 02]</i>
Traffic Escort:	No ☐ Yes ☐	
Section of Road(s):		
Times		
<i>NB: Depending on the extend of the Road Closure and/or Traffic impact a detailed Traffic Management Plan may be required.</i>		
Amplified Sound/PA system?	No ☐ Yes ☐	<i>Permission to be obtained from Nampol – Submit consent letter</i>
Details:		
Structures /Marquees/ Tents?	No ☐ Yes ☐	<i>If yes, please provide details and plans.</i>
Vending/Catering/Food Stands:	No ☐ Yes ☐	Total Number of Stands:
<i>NB: Conditional Health Certificate are required for food stalls from the Health Department [Form 3]</i>		
Fire Compliance	No ☐ Yes ☐	Number of Barbecue + Hot Oils stands:
<i>NB: Conditional Fire Prevention Certificate are required for stands using wood and coal barbecue cooking, and/or using hot oil of any kind from the Fire Brigade Section [Form 4]</i>		
Alcohol Sales/Consumption	No ☐ Yes ☐	<i>If yes, please provide copy of Liquor license.</i>
Alcohol sales/consumption hours? From To		
<i>The granting of an Event Permit by Swakopmund Municipality does not authorize the sale/consumption of alcohol. A separate application must be made for a Liquor License at the Ministry of Justice – approval to be submitted before event commence.</i>		
Public Liability Insurance?	Required/Compulsory	Confirmation of Public Liability Insurance / Provide proof
Other Services Required	<i>NB: Provision of Municipal Services may be charged as per applicable tariff/s.</i>	
▪ Waste Removal	No ☐ Yes ☐	
Details:		
▪ Water Connection	No ☐ Yes ☐	
Details:		
▪ Fire Prevention	No ☐ Yes ☐	
Details:		
Any other Requirements?:		
Declaration		
I declare that all the information provided is complete and correct to the best of my knowledge. I understand that submission of this application does not mean Municipality of Swakopmund has supported my event.		
Signature of Applicant		Application Date

The timeous provision of the complete information will support and assist with the processing of the application, the approval process by the range of Municipality of Swakopmund departments and compliance with legislative requirements.

Application to be accompanied/attached:

▪ Layout Plan for event indicating:	• Stages, Marquees & other temporary structures • Access & Evacuation Flows • Fencing & Crowd barriers • Catering facilities & Vendor Area
▪ Event Programme	• Draft programme event
▪ Safety Plan	• Medical Plan – including details of medical services. • Security Plan – including details of private security provider/s • Emergency response plan • Civil Aviation application/approval (if applicable)
▪ Fires and Safety	• Making of fires – a person may not make, cause, or permit to be made, a fire in the open air in such a place or in such a manner as to endanger the safety of any person, building, premises, or property. • All fires must be attended at all times, failure to do this will result in suspension of permit. The wind direction at the site of burning must be such that the smoke will generally be carried away from public roads and areas of human habitation and surrounded buildings. All burning shall cease if wind velocity reaches or exceeds 10 m.p.h. Check with fire department dispatch or local radio for information on winds. No natural or synthetic rubber or petroleum products shall be burned at any time. • All governmental regulations are also in effect when making fire. • Certificate/s of Acceptability - wood and coal barbecue cooking, and/or using hot oil of any kind – Condition of Fire Prevention Certificate
▪ Health Requirements	• Ablution Facilities and/or Mobile Toilets • Details of Vendors / Caterers, including licenses • Certificate/s of Acceptability – Food Vendors – Condition of Health Certificate
▪ Community Participation	• Approval/communication/consent with affected residents/businesses/business associations

NOTE:

This application excluded any specific or special application directives which the Municipal Council may issue from time to time, which may vary by event type, risk, size, the time of the year, duration venue or location (for example over the festive season or public holiday or related to a type of event or specific venue/location on the transport network or any other activity). The timeframes provided do not include event applications where a land use planning approval is required i.e., where an event is to be held on land which is not appropriately zoned. In such instances, the time frames for very large event will apply.

OFFICE USE

Application received	Date:		
Application decision	Accepted	☐	Rejected ☐
Accepted Motivation(s)			
Rejected Reason(s)			
After approval requirements			
Indemnity Form	Completed Indemnity Form	(after Council approval, before Event)	
Conditional Health Form/s	Completed form/s authorized by Council's Health Department for every food stand/stall	(after Council approval, before Event) If Applicable	
Conditional Fire Prevention Form/s	Completed form/s authorized by the Fire Brigade for every stand using wood and coal barbecue cooking, and/or using hot oil of any kind	(after Council approval, before Event) If Applicable	
Approval of	▪ Noise exemption ▪ Liquor Licenses (if applicable)		

**GENERAL MANAGER
ECONOMIC DEVELOPMENT SERVICES**

DATE STAMP

**FORM 01**

EMERGENCY & LAW ENFORCEMENT UNIT



(064) 4104650



53 Swakopmund

NAMIBIA

traffic@swkmun.com.na

Enquiries: Manager: Emergency & Law Enforcement Unit

APPLICATION FOR STREET CLOSURE

I/We _____

In my/our capacities as _____

Of (name of deceased) _____

Hereby unconditionally indemnify the **COUNCIL OF THE MUNICIPALITY OF SWAKOPMUND** against all and any claims in respect of damage to property and/or bodily injury to/loss of life of people that may arise from the utilisation of streets, roads and/or any other land during an event of funeral, weddings and memorial services within the municipal area of Swakopmund by participants and/or authorised officials of The Traffic Section to provide street closure duties.

on occasion of _____

to be held on (date) _____

APPLICANT CHECKLIST/REQUIREMENTS

		YES	NO
1	Applicant obtains approximate positions of Municipal services in the area for safe erection of tents from the Engineering		
2	Applicant proposes detours during the street closure period to prevent interruption to the traffic flow in consultation with Engineering.		
3	Damages to the road surface and or Municipal services be for the account of the applicant and be repaired upon notification by the Engineering.		
4	Applicant indicates whether refuse bins will be required and pay for the lease thereof as well as the removal afterwards (N\$15.00 per bin and N\$357.50 per truck load for the removal {15% VAT excluded}) in consultation Health Service.		
5	That the applicant ensures that sufficient ablution facilities are provided for in consultation Health Service.		
6	Applicant to obtain written consent from adjoining property owners.		
7	The Applicant indemnifies Council from any claims that may arise in respect of damages to property or injury to people, using the area applied for.		
8	Applicant obtains road traffic signs for street closure from the Work Section, for placement by the Traffic Officers, to secure the street for safety reasons.		
9	That sound be restricted to the immediate surrounding area. On receipt of any complaints due to noise or misbehavior, the use of the area is cancelled immediately by the Traffic Section.		
10	Applicant liaises with the Traffic Section for the requirements to ensure that road users comply with traffic rules		
11	The area be restored to its original condition and to the satisfaction of the Swakopmund Municipality after the event.		
12	Applicant be responsible for keeping the area clean at all times during and after the event.		

APPLICANT DETAILS

Contact Person Name / Surname	
Telephone / Mobile Number	
Remarks	

ARRANGEMENTS

Engineering Services	:	Woks Section
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☐ Funeral	From:		To:		Time:	
☐ Memorial Services	From:		To:		Time:	
☐ Wedding	From:		To:		Time:	

NB: TO BE SUPPLIED BY THE APPLICANT

Tent	☐ No	☐ Yes		Drums	☐ No	☐ Yes		Barrier Tape	☐ No	☐ Yes
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Applicants Financial Responsibility – Payable by the Applicant

- Daily rental/lease fee of N\$99,00 (VAT Excl.) [N\$99,00 x 15% = N\$114.00/day]
- Refundable deposit when using roads with the following surfaces:
 - Gravel Road N\$750,00
 - Interlocks N\$1 500,00
 - Bitumen N\$2 000,00
- Damages to road surfaces (if needed) be defrayed from the refundable deposit mentioned in (2.) above.

Finance : Cashier

Amount to be Paid:		Receipt No.	Cashier Stamp
Rental [101]	Days:	N\$	
Refundable Deposit [129]		N\$	

Thus, signed at _____ this _____ day of _____ 20 _____

APPLICANT SIGNATURE		
ENGINEERING SERVICES		
HEALTH SERVICES		
TRAFFIC SERVICES	SIGNATURE	OFFICIAL STAMP

INSPECTION AFTER EVENT – DEPOSIT REFUND

ENGINEERING SERVICES	SIGNATURE	OFFICIAL STAMP
REMARKS		

**FORM 02**

EMERGENCY & LAW ENFORCEMENT UNIT



(064) 4104650



53 Swakopmund

NAMIBIA

traffic@swkmun.com.na**Enquiries:** Manager: Emergency & Law Enforcement Unit

APPLICATION FOR ESCORT DUTIES

I/We _____

In my/our capacities as _____

Of (name of deceased) _____

Hereby unconditionally indemnify the **COUNCIL OF THE MUNICIPALITY OF SWAKOPMUND** against all and any claims in respect of damage to property and/or bodily injury to/loss of life of people that may arise from the utilisation of streets, roads and/or any other land within the municipal area of Swakopmund by participants and/or authorised officials of The Traffic Section to provide escort/assistance duties.

on occasion of _____

To be held on (date) _____

TRAFFIC SECTION: ESCORT DUTIES

FROM			
TO			
DATE		TIME	
FROM			
TO			
DATE		TIME	
FROM			
TO			
DATE		TIME	

APPLICANT DETAILS

Contact Person Name / Surname		SIGNATURE:
Telephone / Mobile Number		

thus, signed at _____ this _____ day of _____ 20 _____

OFFICE USE

Payment received	Yes	No	Not Applicable	Receipt Date:	Receipt no.:
Traffic Official					
				Signature of Traffic Official	Official Date Stamp

**FORM 03****HEALTH & SOLID WASTE MANAGEMENT**

(064) 4104500
53 Swakopmund
NAMIBIA
swkmun@swkmun.com.na

Enquiries: Denise Marais/Alfred Ndiweteko

**APPLICATION
HEALTH REGISTRATION CERTIFICATE**

Note: This Application / Permit is not valid until signed by a Health & Solid Waste Management representative.

ORGANIZATION/EVENT	
ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	
NAME OF PERSON RESPONSIBLE	
ADDRESS WHERE PREPARATION TAKE PLACE:	
TYPE OF FOODS FOR SALE	
DATE/S OF EVENT	

BASIC HEALTH CONDITIONS

1. All applications for events must be submitted at least 5 (five) days before date of sale and no sale may take place until a temporary registration certificate is issued by the Town Health Officer.
2. The applicant must keep a record of each donor, manufacturer and supplier of every article displayed for sale.
3. Every article of food must be labeled, identifying the name and address or reference number of supplier.
4. All possible measures must be taken in order to protect the public health during preparation and sale of perishable products.
5. Every other statutory requirement is the responsibility of the applicant.
6. The applicants will be responsible to keep the immediate surroundings of their stalls in a tidy condition.

I declare to the best of my knowledge and beliefs the information made herein are true and correct.

SIGNATURE OF APPLICANT

PRINT: NAME OF APPLICANT

DATE

OFFICIAL USE ONLY

OBSERVATIONS/RECOMMENDATIONS:

APPROVED:

☐

|

REJECTED:

☐

OFFICIAL DATE STAMP

Municipality of Swakopmund

GENERAL MANAGER : HEALTH & SWM

Private Event Hosting Application



Enquiries:



Bainga Matengu – Chief Fire Brigade Officer

EMERGENCY MANAGEMENT SERVICES DIVISION

FORM 04



+264 64 4104637 / 4104640



+ 264 811244161



53 Swakopmund

NAMIBIA



swkmun@swkmun.com.na

APPLICATION/PERMIT CONDITIONAL FIRE PREVENTION FOR EVENT HOSTING

Note: This Application / Permit is not valid until signed by a Chief Fire Brigade Officer representative. // A fee will be charged for this application/permit.

APPLICANT/BILLING INFORMATION			
ADDRESS			
CONTACT NUMBER			
NAME OF PERSON IN CHARGE			
ADDRESS OF EVENT			
DATE/S OF EVENT			
NUMBER OF STANDS	Barbeque / Grill /Open Fire		Deep Fryers / Gas stoves
Fire Protection <i>[Please indicate services required for your event (✓)]</i>			
Fire Brigade Inspection	☐ Fire Protection	☐ Fire Prevention & Inspection	☐ Other Services
Other - Please Specify:			

*If safety provisions are not sufficient for the event, additional safety provisions may be required by the Fire Brigade.

SAFETY PROVISIONS INFORMATION FOR EVENT

- The event applicant process begins with an application is submitted to the Fire Brigade of Swakopmund Municipality.
- The acceptance of the application shall in no way be construed as final approval.
- Permit application must be received no later than thirty (30) days prior to the actual date of event.
- An inspection to the venue is required before and/or during the event and a final approval will be used at the time of the final inspection.
- The application/permit is not valid until signed by a representative from the Fire Brigade.
- The Fire Brigade encourages the use of non-flammable material in the cooking areas and that cooking areas are not left unattended, wear proper clothing, and keep flammables away from heat sources.
- Each barbeque/grill/open fire/deep frying/gas stove users at stands/stalls shall have a portable fire extinguisher **DCP/Co2, fire blanket & bucket filled with sand**. The fire extinguisher must be mounted or secured so that it will not fall over, be visible and accessible and way from the cooking area and be services within the last year, with a service tag attached.
- Charcoal and wood barbecue cooking is prohibited inside a booth and charcoal/wood cooking shall be performed only in areas away from public access and shall be 10 feet away from permanent structure.
- Coals shall be disposed of only in metal containers that have been designed for such use and approved by the Fire Brigade
- Dumping coals in trash containers is prohibited.
- Deep fat frying (using hot oil of any kind) shall be located in a sperate enclosure where only cooking operations are performed. The top enclosure shall be open a metal screening shall be provided.

I declare to the best of my knowledge and beliefs the information made herein are true and correct.

SIGNATURE OF APPLICANT

PRINT: NAME OF APPLICANT

DATE

**FORM 05****HEALTH & SOLID WASTE MANAGEMENT**

(064) 4104500
53 Swakopmund
NAMIBIA

Enquiries: Stephanie Namwenyo

swkmun@swkmun.com.na

APPLICATION - SOLID WASTE MANAGEMENT FOR EVENT HOSTING

ORGANIZATION/EVENT	
ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS:	
NAME OF PERSON RESPONSIBLE	
ADDRESS WHERE EVENT TAKES PLACE:	
DATE/S OF EVENT	

Solid Waste Management request *[Please indicate your requirements (✓)]*

Waste Removal	☐	Once a day	☐	Twice a day	☐	Three times and more	☐
Bins required	☐	Number of bins required?					

SIGNATURE OF APPLICANT

PRINT: NAME OF APPLICANT

DATE

OFFICIAL USE ONLY

OBSERVATIONS/RECOMMENDATIONS:

APPROVED:

☐

|

REJECTED:

☐

OFFICIAL DATE STAMP

GENERAL MANAGER : HEALTH & SWM

OFFICE USE & FINAL PROCESSION

Application received	Date:		
Application decision	Accepted	☐	Rejected
Accepted Motivation(s)			
Rejected Reason(s)			

CHIEF FIRE OFFICER

OFFICIAL DATE STAMP



Ref No:

Enquiries: Manager: Traffic
or Ms A Swart

+264 064- 4104650
53 Swakopmund, NAMIBIA
www.swkmun.com.na
swkmun@swkmun.com.na

CERTIFICATE OF INDEMNITY TO FILM IN SWAKOPMUND

I/We _____

In my/our capacity/capacities as _____

of _____

Hereby unconditionally indemnify the **MUNICIPALITY OF SWAKOPMUND**, and its Council, Management & Staff members against all and any claims in respect of damage to property and/or bodily injury to/loss of life of people that may arise from the utilisation of streets, roads and/or any other land within the municipal area of Swakopmund by participants and/or authorised officials

of _____

on occasion of _____

to be held on (date/s) _____

THUS, signed at _____ this _____ day of _____ 20 _____

SIGNATURE

AS WITNESSES:

1. _____
2. _____

TRAFFIC DEPT. : 24 HOUR STANDBY CELL PHONE NUMBERS

0811224677

or

0811224679

Please inform us in advance with any changes to this application.