

Event Permit Application Form

Auckland Council
Te Kaunihera o Tāmaki Makaurau



Event Booking Ref: _____

1. Event information

Event name: Shooting Watcher feature film

Event date/s: 23/01/2014

Event start time/s: 2:00pm

Event finish time/s: 5:00pm

Set up and pack down date/s: N/A

Set up start time: N/A

Rain date/s: 01/02/2014

Pack down finish time: N/A

Number of participants (approx): ~14

Donation Entry Fee Ticketed

Venue:

What is the purpose of your event?: i.e. why are you holding it

I am fifteen and making my first feature film, hoping to be a film maker. I will put this film on the IMDb and enter it for a lot of film festivals. I will put a credit for Henderson Japanese Garden on my film. Thank you.

Description of activities: Please attach a copy of your event programme if applicable. If the event is part of a series please list other event dates and venues.

Filming

2. Contact information

Main contact: Rose Goldthorp

Email: rg@darkrose.co.nz

Organisation/company: School girl

Tel: 09481598

Contact on the day: Mrs A.M. Goldthorp

Mobile phone: 0220321040

Alternative contact: N/A

Mobile phone:

Postal address: 5 Alverna Heights View, Gulf Harbour, Auckland,

3. Effects on the environment (please tick all boxes applicable to your event)

Structures: (Please write the quantity and dimensions beside each structure if applicable)

Marquees/EZI-up/gazebo _____

Stages _____

Barbeques _____

Chairs/tables _____

Fencing _____

Other (including signage) _____

Amusement devices:

Inflatable

Other

Noise (amplified):

Live band

Megaphones

PA system

DJ

Other (please describe)

Start time:

Finish time:

Does your event include fireworks and/or special effects?

Yes No

Do you expect waste to be generated by your event?

Yes No

Do you require off-street vehicle access or parking?

Yes No