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| **Your Contact Details** | |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone** |  |
| **Event Details** | |
| **Name your Street Party** |  |
| **Date of your Street Party** | Click here to enter a date. |
| **Start time of your Street Party** | Start: ……………….  End: ……………….. |
| **Location of your street party** |  |
| **How many people are you expecting?** |  |
| **Have your neighbours been consulted?** | Yes  No |
| **Is the location *(Required)*** | Private land  Council-owned land  On/near a highway |
| **Will the event require road closures or 'no waiting' restrictions?** | Yes  *Please include a plan/map indicating the proposed closures*  No |
| **Will you be having loud music at your street party?** | Yes  No |
| **Is food, drink or alcohol to be sold?** | Yes  No  If yes, please provide further details below: |
| **Please provide an outline of what you have planned for the Street Party:**  Please note: If you are bringing in any third parties to provide services or equipment (including bouncy castles) pleas use the space below to let us know. You should also let us know if you are collecting money in buckets, having car boot style stalls, or intending to sell alcohol. | |
| **Have you carried out a risk assessment? *(Required)*** | Yes   No |

**Please return completed forms or direct any questions to our events team:** [events@oldham.gov.uk](mailto:events@oldham.gov.uk)

**Hard copies can also be returned via post to:**  
Events, Room 315, Civic Centre, West Street, Oldham, OL1 1UG