Southend-on-Sea City Council PO Box 5557, Civic Centre Victoria Avenue, Southend on Sea, SS2 6ZF



Email: council@southend.gov.uk Tel: 01702 21500 Ext: 4360

Street Party – List of Participants, Contractors and Sub-Contractors

You can complete and submit this form electronically to council@southend.gov.uk or send it to the address above.

Please complete using block capitals and black ink.

1. Street Party Organiser Details

Title:			Unit/Number:				
First Name:			Street:				
Last Name:			Town:				
Email:			Post Code:				
Telephone:	elephone:		Mobile:				
2. Street Party Date and Time							
Date of Street Party:		From:		То:			
Time Road to be Closed:		From:		То:			
3. Street Party Location Details							
Name of the road(s) to be closed							
Where will the closure begin and end?							

Please list overleaf, the Names and addresses of all third parties (exhibitors, ground entertainer, contractors, sub-Contractors, not volunteers) at your event. Confirm what type of permission(s) and Insurance they hold.

As the Street Party organiser you will be responsible for producing evidence of, the existence of, Public Liability Insurance and or any Licence, Notice or Consent approval the third party is also required to hold.

4. Participants List

Event/Activity	Contact Name:	
-		
Role:	Company Name:	
Noie.	Company Name.	
Title(s) of:		
Insurance,		
Licence,		
Notice,		
Consent,		
Other:		
Other.		
Event/Activity	Contact Name:	
•		
Role:	Company Names	
Role:	Company Name:	
Title(s) of:		
` ,		
Insurance,		
Licence,		
Notice,		
Consent,		
Other:		
Other:		
	Contact Name:	
Other: Event/Activity	Contact Name:	
	Contact Name:	
Event/Activity		
	Contact Name: Company Name:	
Event/Activity Role:		
Event/Activity Role:		
Event/Activity		
Event/Activity Role: Title(s) of:		
Event/Activity Role: Title(s) of: Insurance,		
Event/Activity Role: Title(s) of:		
Event/Activity Role: Title(s) of: Insurance, Licence,		
Event/Activity Role: Title(s) of: Insurance, Licence, Notice,		
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent,		
Event/Activity Role: Title(s) of: Insurance, Licence, Notice,		
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent,		
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other:	Company Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent,		
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other:	Company Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other:	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity	Company Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role:	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role: Title(s) of:	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role: Title(s) of: Insurance,	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role: Title(s) of: Insurance,	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role: Title(s) of: Insurance, Licence,	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role: Title(s) of: Insurance, Licence, Notice,	Company Name: Contact Name:	
Event/Activity Role: Title(s) of: Insurance, Licence, Notice, Consent, Other: Event/Activity Role: Title(s) of: Insurance, Licence,	Company Name: Contact Name:	