Comhairle Contae Chorcaí Cork County Council

Oifig Mháistir an Chuain, An Príomh Piara, Cionn tSáile, Co. Chorcaí, Éire. Fón: +353 21 477 2503

Harbour Master's Office Main Pier, Kinsale, Co. Cork, Ireland. Tel: +353 21 477 2503 ·



Notice to Mariners No. 1 of 2023

To all ship owners, shipmasters, agents, fishing vessels, pleasure craft users, seafarers, fishery organisations, general port users, clubs and organisations who wish to use pier facilities and harbours under the control of Cork County Council to run events.

<u>Event Application procedure</u> <u>All piers and harbours under control of Cork County Council.</u>

All port users are advised that if they wish to hold an event in a harbour, on a pier or hold a water-based event from a pier or slipway under the control of Cork County Council they are required to complete the attached events application form and submit it at least 30 days prior to the date the event is due to commence.

by email to:

berthing@corkcoco.ie

or by post to:

Cork County Council Harbour Master's Office Main Pier Kinsale P17 H364

Date issued: 01/03/2023

Julian Renault

Máistir Cuain Sinsearach Snr Harbour Master



Piers and Harbours

Event Application Form

Notes:

- The event organisers are to familiarise themselves with the facility and its site specific risk assessment. The event organisers are to develop a risk assessment, safety statement, traffic management plan, emergency plan and any other documentation as required for their specific event.
- For certain events the Council may require a bond to be put in place. This will be advised following submission of application.
- For events with an audience of over 5,000, event organisers need to comply with the Planning and Development Act S.I. No. 154/2001 Planning and Development (Licensing of Outdoor Events) Regulations, 2001.
- Application forms and associated documents must be submitted not later than <u>30</u> days prior to the event start date.

Name of proposed event:		
Proposed commencement date:		
Proposed end date:		
Applicant:		
Name *:	Phone:	
Mobile phone:	Email:	

Postal address:		
Delevent experience / suelifications		
Relevant experience / qualifications:		
*Where the applicant is a company the full name	and registered address of the Company must be	
submitted.		
The Event Organiser:		
Name *:	Phone:	
Mobile phone:	Email:	
Postal address:	L	
Relevant experience / qualifications:		
*Where the applicant is a company the full name	and registered address of the Company must be	
*Where the applicant is a company the full name and registered address of the Company must be submitted.		
Submitted.		
Details of the proposed event:		
Proposed venue(a):		
Proposed venue(s):		
Postal address and description (incl. post code if av	/ailable):	
	a <u>venue location map</u> of suitable size and scale to	
	features (such as potential external/adjacent crowd cing courses or proposed location of any activities on	
the water) in the vicinity of the venue.	g searces of proposed reading of any delivines off	
Proposed times:		

Day 1	Day/date:	Start:	Finish:	
Day 2	Day/date:	Start:	Finish:	
Day 3	Day/date:	Start:	Finish:	
Outline of	event:			
Target au	dience:			
What is the	e expected maximum attendance number?			
Describe p	erformers / participants:			
Who is the	Who is the beneficiary of the event:			
Are you ch	arging an entry fee? If yes, how much?	Yes / N	No (circle) €	
Will alcoho	alcohol be served or available at the event? Yes / No (circle)		lo (circle)	
Has the ev	ent been held before?	Yes / N	No (circle)	
If yes, whe	n and where?	•		
Your event management plan – preliminary information:				
Event Co	ntroller:			

Name:	Telephone:	
Mobile phone:	Email:	
Postal address:		
Relevant experience / qualifications:		
Specific responsibilities for the event:		
Event Safety Officer:		
Name:	Phone:	
Mobile phone:	Email:	
Postal Address:		
Relevant experience / qualifications:		
Specific responsibilities for the event:		
Event Medical Coordinator:		
Name:	Phone:	
Mobile phone:	Email:	

Relevant experience / qualifications:
Specific responsibilities for the event:
Your risk assessment – preliminary information:
Please outline the risks you have identified and the control measure(s) you propose to put in place.
Alternatively, provide a risk assessment plan and safety statement.
Vous incurences
Your insurances:
Please provide details of your insurance cover for the event:
1. name of the insurer(s):
2. policy number(s):
3. cover period (s):
4. name of policyholder::
5. The Insured Business Description: – (detail the activities you are insured to undertake):
In consideration of Cork County Council permitting the user access/usage of property/lands/ harbour areas owned by or under the responsibility of the Cork County Council, the user is obliged to:

- Indemnify the Council in respect of any legal liabilities, loss, claim or proceedings whatsoever
 arising out of or in connection with the death and/or bodily injury to any persons whomsoever
 and/or loss or damage to any property whatsoever which arises directly or indirectly out of the
 granting of the user access/usage of property/ lands/ harbour areas owned by or under the
 responsibility of the Council; and;
- 2. Subject to the prior approval of the council and/or their advisors, the user shall before the granting of access/usage of property/land/ harbour areas owned by or under the responsibility of the council and for the period/duration of the access/usage, take out and maintain Public/Products Liability insurance (and Employers Liability if they have employees) with indemnity limits of not less than €6.5 million (and €13 million) respectively covering any liability, loss, claim or proceedings in respect the matters referred to in clause 1 above. Furthermore such insurances shall contain a notation of an indemnity to the council

Please provide proof of the following:

- 1. Employers Liability Indemnity Limit: (amount not to be less than €13m)
- 2. Public Liability Indemnity Limit: (amount not to be less than €6.5m)
- 3. Specific notation of an indemnity to Cork County Council

Waste Management:				
Please provide details of your wa	Please provide details of your waste management/litter control for the event:			
Tick to indicate if the following	ng have been inform	med of the planned event (where appropriate)	:	
Irish Coast Guard: ☐ RNLI	(Local station):	Gardai: □		
Please confirm that the following documents have been provided with this application:				
Insurance policy documents:	П			
modianos poney documento.				
Safety statement:				

Risk assessment:			
Venue location map(s):			
Waste management plan/ litter of	control plan:		
Copy of crowd control and traffic management plans as submitted to the Gardai: \Box			
Signature of the Event Applicant:			
Date:			

Application Form to be submitted to:

Cork County Council Harbour Master's Office Main Pier Kinsale P17 H364

Email: <u>berthing@corkcoco.ie</u>

Tel: 021 477 2154