



# SPECIAL EVENT APPLICATION

EVENT INFORMATION			
Event Name		Organization	
Date(s) and Time(s) of Event			
Event Organizer		Address	
Email		Web	
Phone (H)	Mobile (M)	Fax	
Secondary Contact		Phone (H)	Phone (M)
This event is: First Time <input type="checkbox"/> Annual <input type="checkbox"/> If Annual, how many years has the event been held?			
Location(s) of Event		Estimated Attendance	
Is your Organization		Your Organization's Mandate is	
Non Profit <input type="checkbox"/> Charitable <input type="checkbox"/> # _____		Education <input type="checkbox"/> Religion <input type="checkbox"/> Community <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/>	

EVENT DETAILS			
Please answer "yes" or "no" to the following and provide details where indicated:			
Proposed Components	Yes	No	Details
Use of Town Facility (arena, park, beach, trail, etc.)			Attach Rental Agreement
Open to the Public			Specify
Road Closures Required			Attach Road Closure Request Form
Alcohol at Event			Dates/Times
Carnival Rides or Amusements/Air Bounce			Dates/Times
Installation of Tents, Stage or Portable Structures			Specify types and sizes
Camping at Event			Specify
Live Entertainment			Specify
Use of Amplified Sound System			Specify
Security Required			Specify
Petting Zoo, Animal Show, Exhibits or Competitions			Specify
Use of Outdoor Cooking Equipment			Specify
Food Concessions			Specify
Parade			Provide Parade Route/Map on separate sheet
Tournament in conjunction with the Event			Hockey Slo-Pitch Fastball Volleyball Other
Race, Run, Walk-a-thon			Attach Road Closure Request Form if necessary
Lottery, raffle, 50/50 draw, Nevada tickets			Check with Clerks Department for required licenses/permits
Fireworks			Attach Fireworks Application
Liability Insurance of \$2,000,000			Attach Proof of Insurance

**Please review the Special Event Checklist provided to ensure your application is completed.**

SPECIAL EVENT AGREEMENT	
I have read the terms and conditions as outlined and have fully disclosed all details and components of the proposed event, and agree to the terms as outlined. I will abide by all conditions and regulations contained in the <u>Town of South Bruce Peninsula Special Event Guidelines</u> and the applicable policies, procedures and responsibilities outlined. I am aware that failure to comply as outlined could lead to cancellation of event approval at any time. The Town reserves the right to verify any information provided as part of this application.	
Event Organizer	Date
Department Review Initials    PW <input type="checkbox"/> FD <input type="checkbox"/> ED <input type="checkbox"/> AD <input type="checkbox"/> BD <input type="checkbox"/> BL <input type="checkbox"/> FS <input type="checkbox"/>	
Comments	