



FORM A - APPLICATION FOR SPECIAL EVENT

Please Print

1) NAME OF EVENT: _____ **DATE:** _____

2) APPLICANT INFORMATION

a) Applicant(s) Name _____

b) Driver's License No. and DOB _____

c) Address _____

d) Telephone Number(s) Bus: _____ Home: _____
Cell: _____

e) Business License No. _____

f) If Incorporated: Date of Incorporation _____
Incorporation No. _____
Director's Names _____

g) Names, titles & cellular numbers of persons who will be on site at the event and who will have direct authority and responsibility: _____

h) Please list below the names and Business License Numbers of any companies or individuals that will be selling merchandise at the event (ie: water food, clothing, jewelry, etc...) _____

3) EVENT INFORMATION

a) Name, address, and telephone number of owner or occupant of event location, if different from Applicant: _____

b) Will alcohol be served at the event? _____

c) Will minors be admitted (18 and under)? _____

d) Age group of expected attendees: _____

e) Anticipated attendance: _____

f) Proposed patron capacity: _____ Fire capacity: _____

g) Type of entertainment: _____

h) Transportation options to and from the event (personal vehicle, shuttle, taxi, etc...): _____

i) Vehicular parking arrangements (number & location): _____

j) Security Company & Business License No.: _____

k) Is the Security Company insured for late night events? _____



- l) Will an additional policing presence be required during the event? If yes, how many? _____

- m) Type of food and beverages available at the event: _____

4) REQUIRED ATTACHMENTS

- a) Two copies of the completed proposal;
- b) A deposited of Two Thousand Dollars (\$2000);
- c) Proof of event insurance;
- d) A letter from the property owner indicating their approval of the event;
- e) Two copies of the complete security/operational plan that meets industry standards and include provisions and details on:
 - a. First aid,
 - b. Severe weather,
 - c. Security,
 - d. Entrance and line control,
 - e. Traffic control,
 - f. Collection and disposal of solid waste, garbage and refuse during and after the event,
 - g. A supply of potable water.

5. APPLICANT COMMITMENTS

In executing this application, the Applicant and the owner of the site agrees to the following:

- All aspects of the application are true and accurate.
- Ensuring that potable water will be available to all participants.
- To cover the cost of additional policing as proposed, presented and recommended by the RCMP. (Payment for additional police officers will NOT be accepted in-lieu of security personnel). Payment for the additional police officers is due prior to the issuance of the Permit and may be made directly to the RCMP.
- To ensure full access to the site for all emergency personnel.
- To accept full responsibility for dealing with ticket holders in the event that a permit is not approved by the Municipality of the County of Antigonish.
- Indemnification of the Municipality against liability associated with incident(s)

Applicants Signature & Print

Date



FOR OFFICE USE ONLY

<p align="center">PLANNING DEPARTMENT</p> <p>Is the proposed location suitable? Y or N Are residential uses in close proximity? Y or N Do you approve of this event? Y or N Comments/Conditions: _____ _____ _____ _____</p> <p>Dir. Of Planning: _____</p>	<p align="center">FIRE DEPARTMENT</p> <p>Max. fire capacity: Plans submitted/approved? Y or N Do you approve of this event? Y or N Comments/Conditions: _____ _____ _____ _____</p> <p>Fire Chief: _____</p>
<p align="center">EMERGENCY MANAGEMENT OFFICE</p> <p>Operational Plan submitted/approved? Y or N Do you approve of this event? Y or N Comments/Conditions: _____ _____ _____ _____</p> <p>EMO Coordinator: _____</p>	<p align="center">RCMP</p> <p>Security Plan submitted / approved? Y or N Do you approve of this event? Y or N Comments/Conditions: _____ _____ _____ _____</p> <p>S/Sgt: _____</p>
<p align="center">NOTIFICATIONS</p> <p>St. Martha's Hospital: _____ Emergency Health Services: _____ Other(s): _____ _____ _____</p>	<p align="center">ADDITIONAL COMMENTS</p> <p>_____ _____ _____ _____ _____</p>

PERMIT	
Deposit Paid:	Yes No If no or a lesser amount, reason: _____
Approved:	Yes No
If no, reason:	_____

<p>_____</p> <p>Approving Authority Signature (Municipal Clerk Treasurer or Designate)</p>	