

SPECIAL EVENT PERMIT APPLICATION

1. CONTACT INFORMATION:

Organization: _____

Contact Person: _____ Phone: _____

Address: _____ Alternative Phone: _____

City: _____ Postal Code: _____

Email: _____

2. OWNER INFORMATION (IF DIFFERENT FROM ABOVE):

Property Owner: _____ Phone: _____

Address: _____ Alternative Phone: _____

City: _____ Postal Code: _____

Email: _____

3. EVENT DETAILS:

Name of the Event: _____

Address of Event Location: _____

Building/Facility Name/Area: _____

Type of Event (check all that apply):

Indoor Outdoor Public Event Private Event

Concert Festival Tournament/Competition

Other, please specify: _____

Has this event been held previously at this location:

Yes, please list date: _____

No

4. ATTENDANCE INFORMATION:

*Number of People per Day: _____ Number of People for the Entire Event: _____

Number of Volunteers/Staff: _____ **Number of Participants: _____

* If more than 10,000 attendees per day Section 11 of By-law 54-2018 applies

** Includes racers, runners, competitors etc., if applicable

5. EVENT DATES AND TIMES:

DAY	EVENT DATE	EVENT TIME	ALCOHOL SERVING TIME
1	_____ DD/MM/YYYY	Start: _____ Finish: _____	Start: _____ Finish: _____
2	_____ DD/MM/YYYY	Start: _____ Finish: _____	Start: _____ Finish: _____
3	_____ DD/MM/YYYY	Start: _____ Finish: _____	Start: _____ Finish: _____
4	_____ DD/MM/YYYY	Start: _____ Finish: _____	Start: _____ Finish: _____

6. EVENT ELEMENTS:

Sound Amplification: Yes No

Admission Fee: Yes No

Sale of Alcohol: Yes No

Fireworks: Yes No

Food Vendors: Yes No

Portable Washrooms: Yes No

If yes, provide number: _____

If yes, provide number: _____

* Tents/Temporary Structures: Yes No

If yes, provide number: _____

Description: _____

Other (please identify): _____

* Building permit required for tents larger than 60 m2 or attached to a building

7. SITE SECURITY:

Security Hired: Yes No

If yes, provide number: _____

Organization: _____

Contact Person: _____

Phone: _____

Email: _____

8. FIRST AID and/or Medical Support:

First Aid and/or Medical Support Hired: Yes No

If yes, provide number: _____

Highest qualification of on-site First Aid and/or Medical Support: _____

Organization: _____

Contact Person: _____

Phone: _____

Email: _____

9. ADDITIONAL REQUIRED INFORMATION:

Please indicate any other information which may be relevant: _____

*Site Plan

Proof of Insurance (In accordance with section 4 of By-law 54-2018)

*The site plan shall include the following information, if applicable:

- a) The boundaries and dimensions of the land where the event will take place, including security perimeter, if applicable
- b) Vehicle ingress and egress, parking, and points of entry for emergency vehicles
- c) Spectator and participant points of entry into the event grounds.
- d) Staging area for first aid/medical

- e) Location of security check points
- f) Location of food or refreshment sales and consumption
- g) Location of alcohol sale and consumption
- h) Toilet and other sanitary facilities
- i) Location of waste and recycling collection bins
- j) Stages, spectator areas, sound amplification devices, and grandstands
- k) The exhibition or sale of goods or services
- l) Areas for camping and tenting
- m) Area for the lighting fireworks
- n) Any other applicable information

10. Sworn Declaration of Applicant

I (we), _____ of the _____ of _____ in the _____ of _____ solemnly declare that the information contained in this application, including supporting documentation, are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same.

I (we) have read By-law 54-2018 and agree to abide by its regulations.

I (we) hereby covenant and agree to indemnify and save harmless The Corporation of the Township of Greater Madawaska its officials, agents and employees from all costs, expenses, damages, claims and actions that are directly or indirectly caused by or that are the result of the Special Event or that may result from the issuing of a permit for the Special Event.

I also certify I have the authority to sign this agreement on behalf of the Organizers of the Special Event.

Signature of Applicant

Signed this _____ day of _____, 20_____.

11. Sworn Declaration of Property Owner (if different from Applicant)

I (we), _____ of the _____ of _____ in the _____ of _____ am the owner of the property identified in section 3 above and I (we) solemnly declare that I (we) have read By-law 54-2018 and agree to abide by its regulations.

I (we) hereby covenant and agree to indemnify and save harmless The Corporation of the Township of Greater Madawaska its officials, agents and employees from all costs, expenses, damages, claims and actions that are directly or indirectly caused by or that are the result of the Special Event or that may result from the issuing of a permit for the Special Event.

Date

Signature of Owner

Date

Signature of Owner