

Special Event Notification/Permit Form:

A. EVENT ORGANIZER INFORMATION			
Contact Name:			
Organization:			
Contact Person:		Position:	
Phone:		Email:	
Website:			
Organization Address :			

B. EVENT INFORMATION																																																							
Event Name:																																																							
Event Date:		Start Time:	End Time:																																																				
Event Venue:																																																							
Type of Event:	<p>Check All That Apply:</p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Concert/Party</td> <td><input type="checkbox"/></td> <td>Procession / Wedding</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Competition</td> <td><input type="checkbox"/></td> <td>Run/Walk/Marathon</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demonstration</td> <td><input type="checkbox"/></td> <td>Cycling – Road</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fair</td> <td><input type="checkbox"/></td> <td>Cycling – Off Road</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Festival</td> <td><input type="checkbox"/></td> <td>On Water</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Parade</td> <td><input type="checkbox"/></td> <td>Film /Exhibition/ Show</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Alcohol</td> <td><input type="checkbox"/></td> <td>Staging</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amusement Rides</td> <td><input type="checkbox"/></td> <td>Tents</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Live Animals</td> <td><input type="checkbox"/></td> <td>Road Closure</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bleachers/Tiered Seating</td> <td><input type="checkbox"/></td> <td>Fireworks</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Food Vending/Sampling</td> <td><input type="checkbox"/></td> <td>Use of Public Lands/Roads</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amplified Sound</td> <td><input type="checkbox"/></td> <td>Overnight Camping</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Open Air Burning</td> <td><input type="checkbox"/></td> <td>Motorized Off Road Vehicles</td> </tr> </tbody> </table>			<input type="checkbox"/>	Concert/Party	<input type="checkbox"/>	Procession / Wedding	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Run/Walk/Marathon	<input type="checkbox"/>	Demonstration	<input type="checkbox"/>	Cycling – Road	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Cycling – Off Road	<input type="checkbox"/>	Festival	<input type="checkbox"/>	On Water	<input type="checkbox"/>	Parade	<input type="checkbox"/>	Film /Exhibition/ Show	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Staging	<input type="checkbox"/>	Amusement Rides	<input type="checkbox"/>	Tents	<input type="checkbox"/>	Live Animals	<input type="checkbox"/>	Road Closure	<input type="checkbox"/>	Bleachers/Tiered Seating	<input type="checkbox"/>	Fireworks	<input type="checkbox"/>	Food Vending/Sampling	<input type="checkbox"/>	Use of Public Lands/Roads	<input type="checkbox"/>	Amplified Sound	<input type="checkbox"/>	Overnight Camping	<input type="checkbox"/>	Open Air Burning	<input type="checkbox"/>	Motorized Off Road Vehicles
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Description of Event: (include set and tear down timeframe)																																																							

Total Attendance:	Participants:	Spectators:
Event Details:	<ol style="list-style-type: none"> 1. Is the event being held on public land or property? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you require any Road Closure/Traffic Management Provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is alcohol being served? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Requires a Building Permit for tents, stages or other structure? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Does the event present an elevated risk to public and/or participants safety requiring specific risk management controls? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Does the event have any potential negative impacts on the community? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Will the event be displaying any fireworks or pyrotechnics? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Will overnight camping be made available? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Will there be music live entertainment or amplified sound? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Will food be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

NOTE:

Upon review of Part 1 the Director or designate will determine the need for submission of Part 2. If this is a large scale event please submit Part 2 and a corresponding operations plan.

Please contact the Director of Rec. Com. Services should you require any direction on completing Part 2

If you have answered YES to any of the questions in the "Event Details" please submit Event Application Part 1 AND Part 2 to the Director of Recreation and Community Services.

Please retain a copy of this application for your records.

I certify that the information I have provided above is true and correct.

Full Name:	
Position:	
Submission date:	

The personal information on this form is collected under the authority of the Municipal Act, as amended. The information issued to process this application. Questions regarding the collection of this information should be directed to the Township of Oro Medont

