



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

<b>PERMIT</b>	
Deposit Paid:    Yes    No	If no or a lesser amount, reason: _____
Approved:        Yes    No	
If no, reason: _____	
_____	
_____	
Approving Authority Signature (Municipal Clerk Treasurer or Designate)	