



Applicant/Partner Information

Name of Organization

Type of Organization (profit/non-profit)

Applicant Name

Phone Number

Email

Proposed Event/Attraction

Mailing Address (Number Street PO Box City Postal Code)

Instructions

All applications SHALL BE FORWARDED TO THE EVENT COORDINATOR and will be processed from their received date. Applications must be received no later than three (3) months prior to the proposed event date and will require 4-6 weeks for processing. Any missing information will delay the process. *Canal Days must be presented by November 30 of the prior year*

1. The application must be submitted electronically or a hard copy in a binder. (If in binder format please follow the steps outlined below).
2. The binder will be clearly labeled with the Partnership Name and the Event/Attraction.
3. Each segment of the application will be divided into sections with single unit dividers.
4. Each divider will be labeled with the corresponding section number and sub heading following the list below.
5. You must check each box in each section.
6. This page of the application must be used as the FRONT page.

Attraction/Activity/Venue Information Required

1. Partnership Information Checklist

This section will contain the following:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. Partnership Name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. Contact Name, Numbers and Positions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| C. Letter with attraction/activity/venue background and reason for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Partnerships mailing address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. History of Partnership and the event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| F. Status of the Partnership i.e. (profit/non-profit) include NFP# | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

2. Site Information Checklist

This section will contain the following:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. Address of the site the activity/attraction/venue will be held at | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. Map of the site location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| C. Map of the site location (as it pertains to what equipment, product and structures will be at the venue and their locations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Event route: describe all routes and method of travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. Emergency plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| F. Any and all relevant information pertaining to the physical properties of the event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

3. Event Information Checklist

This section will contain the following:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Name of the event (as advertised to the public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. Number expected at the event and the hours in which you perceive to be the busiest and why? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| C. Numbers from the previous year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Age(s) allowed in the event area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. Event information (date of event, times of the event) if on different days, please detail the information for each day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| F. Venue for the event broken down by day(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| G. Number of vehicles in attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| H. Type of entertainment and the schedule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| I. Marketing event breakdown to include a detailed list of all means (social media, print, radio, web) and (attach marketing completed to date, documents as required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| J. Request for funds (include amount and reason) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

4. Alcohol Information Checklist

This section will contain the following:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Will alcohol be served at this event? If yes, Letter of Intent, along with a copy of the application sent to the AGCO must be attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. List of the establishments that may be applying for temporary extension permits as result your advertised event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| C. Area in which alcohol will be permitted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Number of persons permitted in licensed area (estimated) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. Smart serve Certified (please provide the validation numbers of the persons that will be serving at this event) keep in mind that
Additional persons serving may be asked for identification upon arrival | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| F. Number of staff in the licensed area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

5. Security Information Checklist

This section will contain the following:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Name of the company used i.e. (time in business, # of employees) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. Experience i.e. (festivals or events done in the past) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| C. Two letters of recommendation from the events that the company has provided security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Training employees i.e. (first Aid, CPR, Health and safety trained, WHMIS certified, Bill 159 compliant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. Number of security attending and their specific functions and job duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| F. Security plan and contract numbers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| G. Security contract (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| H. Signed letter of commitment from security firm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

6. General Information Checklist

This section will contain the following:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Copy of event insurance (2 million non-alcoholic & 5 million with alcohol) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. Provide and attach copy of all required permits, correspondence, notifications and finalities in regards to, but not limited to; | | | |
| C. Alcohol and Gaming Commission of Ontario | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Regional Permits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. Municipal Permits (noise by-law, tent permit, road closures) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| F. Public Works (water, hydro) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| G. Fire Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| H. EMS Ambulance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| I. Health Department (food, road closures) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

7. Anticipated Policing Requirement Information Checklist

This section will contain the following:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. Previous NRPS recommendations, incident #(s), contracts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| B. Anticipated number of police officers requested | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| C. Date(s), start(s) and end(s) times for all officers attending | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| D. Anticipated duties of police officers:(i.e. police presence, traffic control, and escort) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |
| E. Copy of your approved request to NRPS for the above services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | N/A |

Letter of Understanding and Acknowledgement

“Partnership” which provides an attraction, activity or venue which a large number of vehicular and/or pedestrian traffic will take place within the municipality whether or not for private and/or public attendance will require this application completed and signed.

As the applicant you are hereby acknowledging all responsibility required in the above Partnership.

At any time the Municipality holds the right to refuse permission with less than 24 hours’ notice.

AUTHORIZED APPLICANT SIGNATURE

DD/MM/YYYY

AUTHORIZED CO-APPLICANT SIGNATURE

DD/MM/YYYY

MUNICIPAL OFFICE USE ONLY

____ / ____ / ____
DD MM YY

RECEIVED BY: _____

Notes:

AUTHORIZED STAFF SIGNATURE

DD/MM/YYYY