



Welcome / Bienvenue

Request to Host Special Event **Application Form**

PLEASE SUBMIT YOUR APPLICATION TO:

Recreation and Events Coordinator
Town of Penetanguishene
P.O. Box 5009
10 Robert Street West
Penetanguishene, Ontario, L9M 2G2

Email: events@penetanguishene.ca
Phone: 705-549-7453 x 223

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SPECIAL EVENT APPLICATION

PURPOSE

The Town's staff are involved in the approval, organization and/or preparations for events hosted in the municipality. The Application Procedure outlines the roles and responsibilities of the Town staff and the Event Organizers.

APPROVAL PROCESS

1. A group or organization that wishes to hold an Event in the Town of Penetanguishene must complete a Special Event Application and submit with necessary permits and paperwork.
2. Applications must be filled out by the Event Organizer and submitted to the Recreation & Events Coordinator. Applicants should direct any questions or concerns to the Recreation & Events Coordinator by way of phone call, email or meeting request.
3. The Recreation & Events Coordinator will forward the Special Event Application to applicable Town Departments, OPP, SMDHU, and AGCO for feedback and together they will identify applicable resources, recommendations, requirements, and/or permits necessary for the event and inform the organizer of any associated costs.
4. If required, the Recreation & Events Coordinator will prepare a report to the Committee of the Whole (Town Council) outlining the details of the event and if deemed necessary will invite the Event Organizer to present a Deputation to Council.
5. Any event that will have the following, should submit an application a minimum (120) days prior to the event date in order to allow proper time for approval procedures to be completed;
 - *Expected Attendance of 1,000 or more people*
 - *Alcoholic Beverages*
 - *Loud noise from equipment, motorized machines, live concert bands, etc.*
 - *Event requests that require exemptions from Town By-laws, require permits or are requesting road closures*
 - *Other activities that are considered to be high-risk*

All other events, should submit application a minimum (30) days in advance of event date.

The Town reserves the right to deny any special event applications. The Town also has the right to apply recommendations, restrictions and requirements that must be adhered to in order for the Special Event Application to be approved.

CONTACT INFORMATION			
Name of Applicant:			
Mailing Address:			
Town:	Province:	Postal Code:	
Phone:	Email:		
Name of Organization:			
Mailing Address:			
Town:	Province:	Postal Code:	
Phone:	Website:		
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Registered Non-Profit/Charitable Organization		
EVENT DETAILS			
Event Title:			
Event Date # 1:		Event Time:	
Event Date # 2:		Event Time:	
Event Date # 3:		Event Time:	
<i>Please attach copy of any advertising materials such as posters, flyers, vendor forms, etc.</i>			
Event Description (Please give as much DETAILED information as possible):			
Expected Attendance:			
Target Audience:	<input type="checkbox"/> Youth	<input type="checkbox"/> Family	<input type="checkbox"/> Seniors OTHER:
Number of volunteers:		Number of event committee members:	
PROPOSED LOCATION:			
<input type="checkbox"/> Rotary Champlain Wendat Park <i>*Washrooms only available by Splash Pad*</i>	<input type="checkbox"/> Huronia Park	<input type="checkbox"/> Memorial Park <i>*No washroom facilities</i>	<input type="checkbox"/> Town Dock
OTHER:			
Please specify exact location event will take place on proposed property and attach map:			
Will you require use of pavilion at Rotary Park (Splash Pad)? <input type="checkbox"/>			

EQUIPMENT/SERVICES ** Fees may apply for Town equipment, supplies & services

<input type="checkbox"/> # of garbage cans required:	<input type="checkbox"/> # of recycling bins required:
<input type="checkbox"/> # of picnic tables required:	<input type="checkbox"/> Electrical (will you require access to power, if available):
<input type="checkbox"/> Orange Temporary Plastic Fencing	Length of Fencing Required:
<input type="checkbox"/> # of Portable Toilets rented by host:	<input type="checkbox"/> # of Handwashing Sinks rented by host:

OTHER:

DETAILS:

MUSIC ~ SOCAN and/or RESOUND fees may apply www.socan.ca/licensees/music-use <http://www.resound.ca/>

<input type="checkbox"/> Will your event have music?	DETAILS:
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TRAFFIC (Town) *please check if required

<input type="checkbox"/> Barricades and notifications	<input type="checkbox"/> Road Closure	<input type="checkbox"/> Detour signs
<input type="checkbox"/> Special Parking Requirements	OTHER:	

DETAILS:

PERMITS/LICENCES/BY-LAWS (applicant) *please check if required

<input type="checkbox"/> Special Occasion Permit/Liquor License	<input type="checkbox"/> Lottery License
<input type="checkbox"/> Building Permit (i.e. Tents, seating structures etc.)	<input type="checkbox"/> SMDHU Food Vendor Permit
<input type="checkbox"/> Noise Temporary Application Permit	<input type="checkbox"/> By-law Exemptions
<input type="checkbox"/> Open Air Burning Permit	<input type="checkbox"/> Application for Sign Permit
<input type="checkbox"/> Application for Fireworks Permit	<input type="checkbox"/> Use of Sidewalk and Boulevards

OTHER:

DETAILS:

SAFETY/SECURITY (applicant)

<input type="checkbox"/> Ontario Provincial Police (OPP)	<input type="checkbox"/> Safety Plan in writing
<input type="checkbox"/> Licensed Security Guards	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> # of Special Constables	OTHER:

DETAILS:

MANDATORY REQUIREMENTS

****Items to be submitted with Special Event Application****

Draft Detailed Map of Event Site

****Items to be submitted minimum (30) days prior to Event Date****

General Liability Insurance Certificate with a minimum coverage amount as directed by the Town, naming the Corporation of the Town of Penetanguishene as an additional party insured on your policy. If event includes alcohol, insurance policy must cover both General Liability and Liquor Liability.

Detailed Plan of Security, including number of Security Staff and/or Police and Security Company contact information

Detailed Plan of First Aid / Emergency Response

Detailed Plan of Traffic Management including parking (if applicable)

****Items to be submitted minimum (14) days prior to Event Date****

Copy of approved Special Occasion Permit or Liquor Sales License for the service of Alcoholic Beverages, including list of all Smart Serve Bartending Staff

List of key event staff, including number of volunteers

Copy of approved Coordinator Application Event Form from Simcoe Muskoka District Health Unit (SMDHU) Phone: 705-526-9324 x 7428 www.simcoemuskokahealth.org

List of all Vendors & Contractors (Food, Beverage, Wares, Service Providers, Rentals, etc.)

NOTES:

I acknowledge that by submitting this application does not warrant automatic approval of the said event. I also acknowledge that the Town also has the right to apply recommendations, restrictions and requirements that must be adhered to in order for the Special Event Application to be approved.

I acknowledge that the municipality recommends that all contractors utilized in respect to the proposed event are covered with WSIB, are professionally designated, and are insured for appropriate level of liability.

I acknowledge that all fees, expenses, and costs associated with hosting the said event above are the responsibility of the event host, including repayment of any damages to grounds and/or equipment.

I agree to indemnify and save harmless the Town, its officials, agents and employees from all costs, expenses, damages, claims and actions caused by or resulting from the event as a result of the above event being approved.

I further attest to the truth of the information contained in this application.

Applicant Name:

Applicant Signature:

Date:

STAFF USE ONLY

Emailed application to applicable departments Date:

<input type="checkbox"/> Fire	<input type="checkbox"/> By-law	<input type="checkbox"/> Parks	<input type="checkbox"/> Building	<input type="checkbox"/> Harbour	<input type="checkbox"/> Public Works	<input type="checkbox"/> Finance	<input type="checkbox"/> SMDHU	<input type="checkbox"/> OPP	<input type="checkbox"/> AGCO
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Other:

Certificate of Insurance	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Noise Exemption	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Signage Permit	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Special Occasion Permit	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Building Permit Application	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Traffic Management Plan	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Security Plan	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Site Plan Map	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Event Emergency Plan	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Lottery License Application	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Fireworks Application	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
SMDHU Coordinator Application	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Road Occupancy Permit	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	
Water Meter Bulk Use Permit	<input type="checkbox"/> Required	<input type="checkbox"/> Attached	

RECORD OF CONTACT/NOTES
