



## Special Event Application

Please print clearly or complete electronically.

Please return a signed copy to the Fields/Events Booking Clerk located at 1 Sherwood Dr, Brantford ON, N3T 1N3. This is an application/request only and does not guarantee a permit will be issued or permission given. Please have this form completed and returned a minimum of **120 days** in advance of your event. Applicants holding a special event that requires the services of more than one city department will be required to attend a Special Event Advisory Team (S.E.A.T) meeting.

### Contact Information

Date of Application: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_  
Name that will appear on Certificate of Insurance

Mailing Address: \_\_\_\_\_  
Street Address City Province Postal Code

Telephone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

**In the event we receive inquiries regarding this event, please provide contact information that can be made available to the public.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Event Information

Type of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

First Time Event: YES  Returning  Date of last event: \_\_\_\_\_

Location(s) of Event: \_\_\_\_\_ Additional Venue(s): \_\_\_\_\_

Set Up Begins: Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Date Details: Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tear Down Begins: Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

# of Event Participants: \_\_\_\_\_ # of Event Vehicles: \_\_\_\_\_ # of Event Spectators: \_\_\_\_\_

**Your organization must provide a minimum \$2,000,000. (2 million dollars) liability insurance naming the Corporation of the City of Brantford as "Additional Insured". (Events & activities deemed high risk may require higher coverage)**

Applicant Signature: \_\_\_\_\_ (I have the signing authority to bind the organization)

**ADDITIONAL FEES MAY APPLY**

<b>Application forms must be submitted 120 days prior to your event</b>	<b>Yes</b>	<b>No</b>	<b>Details</b>
Will event take place on municipal property which includes: sidewalks; roads; trails; community centre; parks, arenas, parking lots	<input type="checkbox"/>	<input type="checkbox"/>	
Selling or serving alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	
Serving/selling food (sold or free?)	<input type="checkbox"/>	<input type="checkbox"/>	
Sales vendor(s)	<input type="checkbox"/>	<input type="checkbox"/>	#
Information booth(s)	<input type="checkbox"/>	<input type="checkbox"/>	#
Garbage Cans	<input type="checkbox"/>	<input type="checkbox"/>	#
Recycle bins	<input type="checkbox"/>	<input type="checkbox"/>	#
Picnic table(s)	<input type="checkbox"/>	<input type="checkbox"/>	#
Tables (Harmony Square only)	<input type="checkbox"/>	<input type="checkbox"/>	#
Chairs (Harmony Square only)	<input type="checkbox"/>	<input type="checkbox"/>	#
Tent(s) Indicate the size of tent(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Locates (ex. Anchoring, grounding of electrical)	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity? (please specify onsite electrical or generator) Note: City electrical access is subject to availability in the park and/or building.	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery/raffle	<input type="checkbox"/>	<input type="checkbox"/>	
Bouncy Castle or Amusement Rides	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks or Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	
Amplified Sound (iPod/live/megaphone/DJ etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Staging & production (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Sound system (Harmony Square only)	<input type="checkbox"/>	<input type="checkbox"/>	
Portable Washrooms/Hand Wash Stations	<input type="checkbox"/>	<input type="checkbox"/>	#
Emergency Medical Services (identify EMS provider)	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	
Police Involvement (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic control (ex. Barricades, pylons)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>A DETAILED SITE MAP IS REQUIRED AT TIME OF SUBMISSION</b>			

Additional event details (ex. Schedule of events, details of event, written routes etc.): \_\_\_\_\_

\_\_\_\_\_

NOTE: Personal information on this form is collected under the authority of section 10(1) of the Municipal Act, 2001, as amended and will be used solely to contact persons making application for a Special Event Permit with the City of Brantford. Questions about this collection should be directed to the Director of Parks Services, 1 Sherwood Drive, Brantford, ON N3T 1N3, (519) 756-1500.

**OFFICE USE ONLY** SEAT Meeting Date: \_\_\_\_\_