Special Event Request Form

Date of Application:_____ Permit Number (for staff use):_____
Organization: _____ Contact Name:_____
E-Mail:_____ Address: _____
Home Phone:_____ Work Phone: _____
Cell Phone: _____ Fax: _____

Event Name:_____ Date: _____
Facilities Requested: _____ Event Start and End Time: _____
_____ Set-Up and Take Down Time:_____
_____ Number of Participants:_____

Road Closure Required? Y/N _____ Please Specify:_____
Purpose of Event: _____
Assembly Area:_____ Time: _____
Dismissal Area:_____ Time: _____
Describe Event Route (please attach sketch): _____
_____

Check all applicable:

❒ Tournament ❒ Vendors ❒ Alcohol

❒ Food Service – catered or sales ❒ Amplified Sounds Music – Live or recorded
*if recorded see SOCAN fees

❒ Security Required Onsite? ❒ Yes ❒ No If yes, indicate times:_____
_____

❒ Special Requests: _____

❒ I have attached a site plan

Insurance

❒ Yes, I have attached a copy of our insurance stating the requirements outlined on page 6 of the event user guide

❒ Yes, I will provide a copy of our insurance to the City within 10 days of our event

❒ Yes, we are an uninsured group requesting Event Insurance from the City for a fee

Additional Comments: _____
_____

Applicants Signature: _____
Date:_____

FOR INTERNAL USE ONLY (Signature and Date Required)

Approved By:

RCMP:_____ Director of Community Services: _____

Fire Department:_____ Director of Facilities:_____

Director of Public Works: _____

Return To: Community Services Department. 10631-100th Street Fort St. John, BC V1J 3Z5 or fax to 250.787.8181.