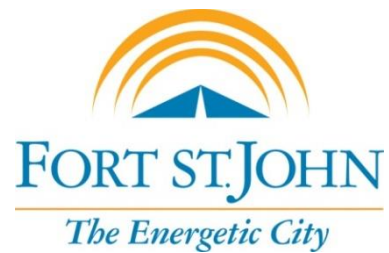


SPECIAL EVENT APPLICATION FOR MUNICIPAL PROPERTY



Please submit to Recreation & Leisure Services. A City staff member will be in contact to discuss further details of your upcoming event. Completion of this form does not confirm your Special Event. A permit letter will be issued with approval at a later date. Please submit applications 6 weeks prior to event.

Event Title:	
Event Date:	
Organization Name:	
Registered Non-profit Society #	
Event Organizer:	
Mailing Address:	
City:	
Postal Code:	
Email Address:	
Phone #	
Alternate Phone #	
On site Contact <i>(if different from above):</i>	

Event Type: *(List what type of event you are hosting, for example Car Show, Tradeshow, Run/Walk, Fundraiser. Be as descriptive as possible)*

Event Details:

Type: <i>(choose all that apply)</i>	<input type="checkbox"/> Park <input type="checkbox"/> Facility <input type="checkbox"/> Parking Lot <input type="checkbox"/> Trail/ walkways <input type="checkbox"/> Roadway
Location(s):	
Roadway(s): <i>(if applicable)</i>	
Time of event:	

Event Set up Details:

Set up date: <i>(if different from above)</i>	
Set up time:	
Tear down time:	

Event Equipment Details: *(Choose all that apply to your event. The City **does not rent** this equipment for Special Events that are outside of an existing facility rental, they are the sole responsibility of the event organizer)*

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Tents | <input type="checkbox"/> Bouncy Castles | <input type="checkbox"/> Sound System |
| <input type="checkbox"/> Tables | <input type="checkbox"/> Detour Signage | <input type="checkbox"/> Bleachers |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Portable Washrooms | <input type="checkbox"/> Staging |
| <input type="checkbox"/> Barricades | <input type="checkbox"/> Handwashing Station | <input type="checkbox"/> Generators |

Other: *(please explain)*

Event Service Requests: (Choose all services you are **requesting from City Staff**, please note that these are not confirmed until the permit has been issued. Some services may have additional fees associated)

- | | | |
|---|--|--|
| <input type="checkbox"/> Garbage Bins | <input type="checkbox"/> Power Access | <input type="checkbox"/> Side Walk Sweep/ Plow |
| <input type="checkbox"/> Recycling Bins | <input type="checkbox"/> Access to washrooms | <input type="checkbox"/> Road Sweep/ Plow |
| <input type="checkbox"/> Sprinkler Shut off | <input type="checkbox"/> Gate Access | <input type="checkbox"/> RCMP Request (\$ Fee) |

Other: (please explain)

Event Summary: (Please include a short and detailed description of the event)

To give us a better understanding of your event, please answer the following:

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| Has your group/individual organized this event in the past? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| • If this is a new event, are you planning on doing this annually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Is your event planning on providing food services to the public? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Is your event planning on providing sold goods to the public for personal gain? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Is your event (or part of) taking place on or crossing over local municipal roads? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Is your event partnering with a registered business or franchise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Do you wish to receive information about City partnership opportunities in the future? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Do participants of the event wish to camp at the facilities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

Camping at Recreational Facility Sites: (Approval granted on a case by case basis. Please attach a site map of intended location.)

Location:	<input type="checkbox"/> Pomeroy Sport Centre	<input type="checkbox"/> North Peace Arena	<input type="checkbox"/> North Peace Leisure Pool
	<input type="checkbox"/> Surerus	<input type="checkbox"/> Kin Park	<input type="checkbox"/> Other:
Number of Units	<input type="checkbox"/> RV/ Motorhome	<input type="checkbox"/> Truck/ Camper	Number of Camping Units:
	<input type="checkbox"/> Trailer	<input type="checkbox"/> Tent	
	<input type="checkbox"/> Other:		Number of People Camping:
Reason for request:			

Documentation Details: (City officials will confirm which documents are required by event organizers and/or organizations. Obtaining proper documentation is at the sole responsibility of organizer and/or organizations)

- | | |
|--|---|
| <input type="checkbox"/> Copy of Insurance | <input type="checkbox"/> Food Safe Certificate |
| <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Special Occasion License (Beer Garden) |
| <input type="checkbox"/> Volunteer Management Plan | <input type="checkbox"/> Safety Authority Permit |
| <input type="checkbox"/> Site Map | <input type="checkbox"/> WCB Certificate |
| <input type="checkbox"/> SOCAN License | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Temporary Food Permit | <input type="checkbox"/> Other |

Submissions:

In person – by appointment

Attention: Community Services Department, Recreation & Leisure Services
 Location: Pomeroy Sport Centre
 9324- 96 St Fort St John V1J 6V5

Via Email: reservations@fortstjohn.ca

Inquiries: Refer to the Special Event Guidelines available on the website or Call 250 785 4592 or email reservations@fortstjohn.ca