



SPECIAL EVENT APPLICATION

Name of Sponsoring Organization	Address (Civic & Mailing)		
Contact Person	Phone (Business)	Phone (Home)	E-mail Address

I/WE hereby make Application for a Permit for:

Name of Event: _____

Location: _____

Date(s): _____ Times: _____

Brief Description: _____

Anticipated Attendance: _____

and I/WE acknowledge that if approval is granted and a permit issued, that all terms, conditions and regulations of the permit will be fully complied with.

Applicant's Signature	Date of Application
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THIS EVENT WILL INVOLVE:

- | | |
|---|---|
| <input type="checkbox"/> Amplified Music, Speeches, etc.
<input type="checkbox"/> Merchandise for Sale
<input type="checkbox"/> **Temporary Structures** (e.g. stages, tents)
(provide sketch of where you plan to install)
(NO TENT PEGS ALLOWED)
<input type="checkbox"/> Food Preparation/Selling | <input type="checkbox"/> **Street Closures and/or Parades**
<input type="checkbox"/> **Service of Alcoholic Beverages**
<input type="checkbox"/> **Fireworks** |
|---|---|

NOTE: Health Approval may be required. It is the applicant's responsibility to contact the Ministry of Health at 604-860-7630.

MUNICIPAL SERVICES REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> Power (available at most venues)
<input type="checkbox"/> Pylons ___ (indicate # required: only 12 avail on first-come, first-served basis)
<input type="checkbox"/> Barricades ___ / Snow-fencing ___ ** (provide sketch of requested placement, limited #'s available) **
<input type="checkbox"/> Lighting: Park ___ / Ball field ___ (requested hours) _____
<input type="checkbox"/> Washrooms Open (requested hours): _____
<input type="checkbox"/> Wind Protection Screen for Stage (requested hours): _____
<input type="checkbox"/> Ball Fields: mowed ___ / floated ___ | <input type="checkbox"/> Extra Garbage Cans
<input type="checkbox"/> Ball Diamond Safety Net |
|---|---|
- **Overnight Camping (Sixth Avenue Park only) ****

**** ADDITIONAL DOCUMENTATION REQUIRED**



SPECIAL EVENT PERMIT TERMS AND REGULATIONS

Event No: _____

Event Name: _____

The following terms and regulations are conditions of this permit and must be fully complied with.

The Sponsoring organization/applicant shall:

- a) Be responsible for advising all attendees and ensure that all attendees adhere strictly to all regulations posted and/or attached hereto. Failure to adhere to said regulations may result in this permit being revoked without refund of any fees paid;
- b) Provide a competent and trustworthy adult who will personally undertake to be responsible for the due observance of regulations governing the use of District of Hope or Fraser Valley Regional District premises, lands and equipment;
- c) Obtain the prior consent of the owner for the use of any facility, lands and equipment of adjacent premises;
- d) Report all damage immediately to the District of Hope Office at (604) 869-5671.
- e) Be responsible for any damages incurred. Any damages are to be paid firstly by the Applicant and/or their insurer;
- f) Use only the District of Hope premises, lands and equipment named in this agreement;
- g) Not permit any other group or organization not named in this agreement to use the premises, lands and equipment of the District of Hope or Fraser Valley Regional District without the prior written authorization of the District of Hope or the Fraser Valley Regional District;
- h) Be responsible for leaving the premises, lands and equipment clean. Failure to do so may result in an additional fee levied for clean up;
- i) Adhere to grass closure.
- j) Not use grass fields, parks, etc. when closure is in effect, unless specific authorization has been given by the District of Hope or Fraser Valley Regional District;
- k) Not place objects in, or on grass fields without first seeking authorization from the District of Hope or Fraser Valley Regional District;
- l) Advise the District of Hope (604) 869-5671 as soon as practicable if you intend to cancel the event;
- m) Not permit alcohol, on any premises unless a Special Occasion Permit is in effect. A copy of the Special Occasion Permit shall be prominently displayed.
- n) Pay all fees levied in accordance with this agreement including, but not limited to, costs incurred by the District of Hope or Fraser Valley Regional District as a result of the breach of any regulation contained in the permit.

Applicant's Signature

Date

PLEASE NOTE: A "Certificate of Insurance" will be required to be provided before an application receives final approval. If your group is already covered by a policy, we still require that they provide us with a "Certificate of Insurance" that names the District of Hope as additional insured. The certificate must name the event, the date and the venue. A minimum of \$5,000,000.00 liability is required; however, this amount is subject to change.

Applications are considered on a "first come; first served" basis. Payments/deposits and all required documentation must be submitted in full prior to your application being processed or considered as received by the District of Hope.



DISTRICT OF HOPE SPECIAL EVENT APPLICATION

Event No: _____

Event

Name: _____

For Office Use Only

Preliminary Internal Distribution: <input type="checkbox"/> Public Works	<input type="checkbox"/> Fire	<input type="checkbox"/> Bylaw
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REQUIRED DOCUMENTS

REQ'D

REC'D

COMMENTS

Insurance Certificate (Minimum \$5,000,000 liability insurance)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sketches/Diagrams	<input type="checkbox"/>	<input type="checkbox"/>	_____
Terms & Regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parade Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Street Closure Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fireworks Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Permits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor License	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waiver Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approval Fax	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neighbor Notification	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Event Approved

Date

Applicant Notified by _____

Staff

Date