

### **TOWNSHIP OF ZORRA**

# SPECIAL EVENT PERMIT APPLICATION By-law 22-08

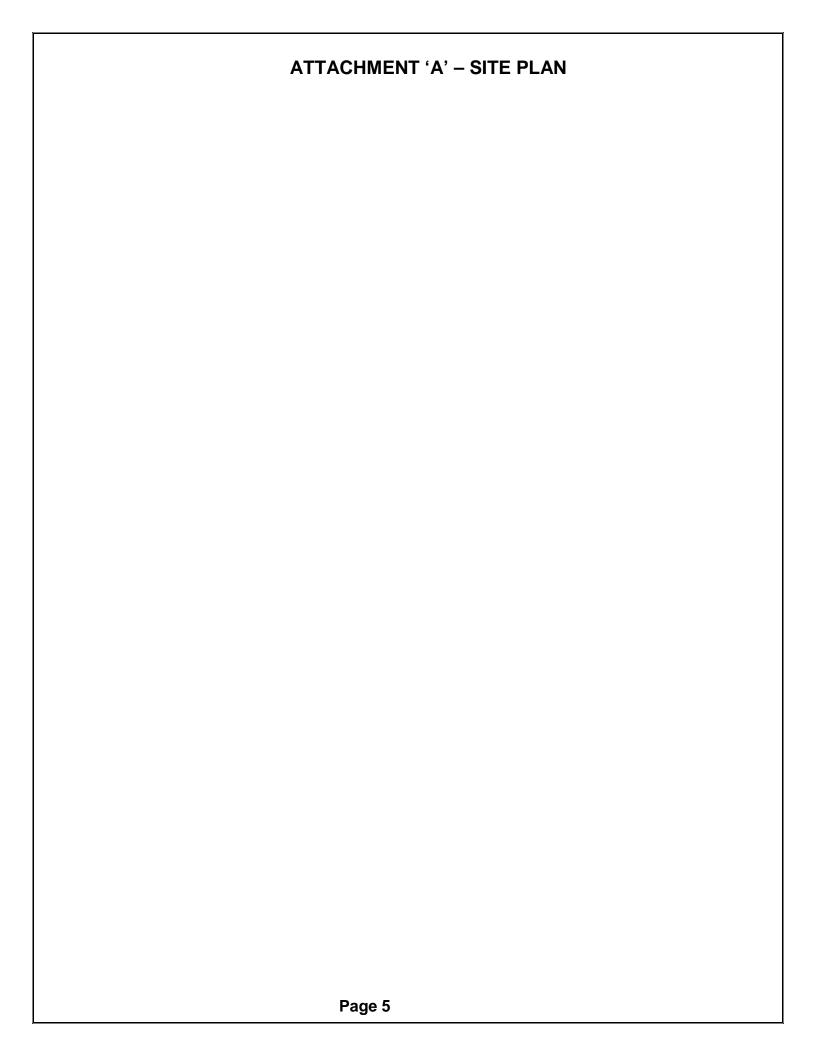
#### **Contact Information**

Application Date:		
Name of Organization:		
Fee: <b>\$50.00</b>		
Contact Person:		
Mailing Address:		
elephone (Home):	Telephone (Bu	usiness):
elephone (Cell):	Email:	
Eve	ent Information	
lame of Event:		Anticipated Number of Attendees at Event
Date(s) of Event:		
ocation(s) of Event:	First Time Event	: Yes  No
Purpose of Event (provide full description in Section 2):	Event Type:	
Cot Up Dogina   Front Bogina	Event Concludes	Class Un Canaludas
Set Up Begins Date:  Event Begins Date:	Event Concludes  Date:	Clean-Up Concludes Date:
Time: Time:	Time:	Time:
Name of Person in charge on day of event:	Mailing Address:	
elephone (Home):	Telephone (Busin	ness):
elephone (Cell):	Applicant Signatu	ure:
		YES NO
1. Will an admission fee be charged for	or this event?	
2. What is the purpose of this event?		

	SITE PLAN INFORMATION		
	OHE FEAR ME OKMACION	VEC	NC
4.	Will any part of this event take place on a:	YES	NC
	Zorra Township Road		
	Oxford County Road		
	Park		
	Sidewalk		
	Parking Lot		
	Township Facility		
5.	Will this event take place on private property?		
	Civic Address :	_	
	Lot/Concession :	_	
	Are you installing, erecting or constructing any structures, inclu		as.
6.			,

7.	Are you installing any stages, grandstands, bleachers, or folding or teleseating?	escopii YES	ng NO			
	If yes, please indicate locations including dimensions on the site plan.					
8.	Do you plan to have any sound amplification?					
	<ul><li>☐ Music</li><li>☐ Other, please describe</li></ul>					
	If yes, please note the dates and times:					
9.	Is electrical power required (for sound amplification, lighting, etc.)?					
	If yes, please show items on the site plan and describe how power is being provided.					
10.	Please show entrances/exits and proposed parking (public and private) on site plan.					
11.	Will you be having amusement rides?					
	If yes, what is the name of the company providing the rides?					
	FOOD/BEVERAGE/MERCHANDISING INFORMATION	-				
12.	Will alcohol be sold?					
13.	Will food or beverages be prepared, served or sold at this event?  Note: A list of vendors must be supplied before your permit will be issued.					
14.	Will merchandise or services be sold at your event?					
15.	If vendors are going to be attending this event what is the anticipated vendors?	ated nu	ımber of			
	<b>EVENT COORDINATION AND ON-SITE INFORMATION</b>					
16.	Do you plan to post flyers, signs and/or banners during the event?					
17.	What is the name of the person responsible for installation and remova advertising items?					
	Page 3					

	Do you plan to hire a private sec for this event.	ourney comp	any ac cocamy or cross	YES N
	If yes:			
	Company Name:			
	Telephone No.:			
	Address:			
	Contact Person:			
	PORTABLE TOI	<u>LETS AND I</u>	HAND WASHING SINKS	<u>i</u>
9.	Do you plan to provide portable	toilets and	hand washing sinks at	the event? $\Box$
	GARBAGE	AND RECY	CLING SERVICES	
Э.	Please provide your plan for the during and after your event.		nd removal of garbage	-
	Number of Recycling Containers:		_	
			<u> </u>	
	Number of Garbage Receptacles:		C:=o(o)	
	Number of Dumpsters with Lid:		` '	
			0: ( )	
	Number of Dumpsters with Lid:	not supply	Size(s)the above items. It	
	Number of Dumpsters with Lid: Number of Roll-off Bins  Note: Zorra Township does r	not supply	Size(s)the above items. It	
	Number of Dumpsters with Lid: Number of Roll-off Bins  Note: Zorra Township does r	not supply	Size(s)the above items. It	
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#### ATTACHMENT 'B' - SPECIAL EVENTS INDEMNIFICATION



The Corporation of Township of Zorra 274620 27<sup>th</sup> Line P.O. Box 306 Ingersoll ON N5C 3K5
Tel 519-485-2490 Fax 519-485-2520 admin@zorra.on.ca

The applicant/organizer of the approved Special Event for which a permit has been issued, agrees that the Corporation of the Township of Zorra (the Township), its elected officials, officers, employees, servants or agents, shall not be held liable for any injury, loss or damage, however caused, which the Township may incur resulting from or arising out of the granting of this permission for use of Township owned property.

The applicant shall indemnify and hold harmless the Corporation of the Township of Zorra, its elected officials, officers, employees, servants or agents from any and all actions made upon the Township, and against all loss, liability, judgements, costs or expenses which the Township may sustain, incur or be put to resulting from or arising out of any act or omission on the part of the Applicant, which was done or purported to have been done in the performance of the Applicant's event/activity obligations here under.

Application Date:			_
Name of Applicant:	(please print)	_ Signature Applicant:	-
Organization:			
Name of Event:		Date of Event:	

## ATTACHMENT 'C' – CONSENT TO RELEASE PERSONAL INFORMATION FOR EMERGENCY PURPOSES



The Corporation of Township of Zorra 274620 27<sup>th</sup> Line P.O. Box 306 Ingersoll ON N5C 3K5 Tel 519-485-2490 Fax 519-485-2520 admin@zorra.on.ca

#### For Emergency/Administrative Purposes Only

In case of emergency/whereby your event may need to be cancelled or altered at the last minute, or if essential information must be clarified, we would appreciate permission for Township staff to use the organizer's home telephone number. This number will not be released to the public.

Organization Name:		
Name of Event:		
Event Date:		
Contact Name:(Name of person to be	contacted for more information)	
Telephone:	Cell Phone:	
Signature:(contact person)		

The personal information on this form is collected under the authority of the Municipal Act, Chapter 237