



TOWNSHIP OF ZORRA

SPECIAL EVENT PERMIT APPLICATION

By-law 22-08

Return completed application in person or by email to admin@zorra.ca

Contact Information

Application Date:	
Name of Organization:	
Fee: \$54.00	
Contact Person:	
Mailing Address:	
Telephone (Home):	Telephone (Business):
Telephone (Cell):	Email:

Event Information

Name of Event:		Anticipated Number of Attendees at Event	
Date(s) of Event:			
Location(s) of Event:		First Time Event : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Purpose of Event (provide full description in Section 2):		Event Type:	
<u>Set Up Begins</u>	<u>Event Begins</u>	<u>Event Concludes</u>	<u>Clean-Up Concludes</u>
Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:
Name of Person in charge on day of event:		Mailing Address:	
Telephone (Home):		Telephone (Business):	
Telephone (Cell):		Applicant Signature:	

YES NO

1. Will an admission fee be charged for this event?

2. What is the purpose of this event? _____

3. Please provide a DETAILED outline of the activities you plan to present (attach an additional sheet if more space is required). Include types of performers, speakers and all activities.

SITE PLAN INFORMATION

	YES	NO
4. Will any part of this event take place on a:		
Zorra Township Road	<input type="checkbox"/>	<input type="checkbox"/>
Oxford County Road	<input type="checkbox"/>	<input type="checkbox"/>
Park	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot	<input type="checkbox"/>	<input type="checkbox"/>
Township Facility	<input type="checkbox"/>	<input type="checkbox"/>

5. Will this event take place on private property? YES NO

Civic Address : _____

Lot/Concession : _____

6. Are you installing, erecting or constructing any structures, including buildings, climbing structures, tents, marquee structures, fencing, etc.? YES NO

If yes, what structures: _____
 (please indicate locations including dimensions on the site plan.)

7. **Are you installing any stages, grandstands, bleachers, or folding or telescoping seating?** YES NO

If yes, please indicate locations including dimensions on the site plan.

8. **Do you plan to have any sound amplification?**

Music

Other, please describe _____

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.**

If parking will be on a municipal road, contact the Township Public Works department for signage.

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 number of vendors?** _____

EVENT COORDINATION AND ON-SITE INFORMATION

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 removal of advertising items? _____

18. Do you plan to hire a private security company as security or crowd control for this event. YES NO

If yes:
Company Name: _____
Telephone No.: _____
Address: _____
Contact Person: _____

PORTABLE TOILETS AND HAND WASHING SINKS

19. Do you plan to provide portable toilets and hand washing sinks at the event?

GARBAGE AND RECYCLING SERVICES

20. Please provide your plan for the clean-up and removal of garbage and recyclables during and after your event.

Number of Recycling Containers: _____
Number of Garbage Receptacles: _____
Number of Dumpsters with Lid: _____ Size(s) _____
Number of Roll-off Bins _____ Size(s) _____

Note: Zorra Township does not supply the above items. It is the organizers responsibility to make provisions for garbage collection.

Please note: As per By-law No. 22-08, Section 2.1, Special Event applications must be submitted to the municipality no less than thirty days prior to the proposed event.

ATTACHMENT 'A' – SITE PLAN

ATTACHMENT 'B' – SPECIAL EVENTS INDEMNIFICATION



The Corporation of Township of Zorra
163 Brock Street, PO Box 189
Thamesford ON N0M 2M0
Tel 519-485-2490 Fax 519-485-2520
admin@zorra.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: _____ Signature Applicant: _____
(please print)

Organization: _____

Name of Event: _____ Date of Event: _____

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



The Corporation of Township of Zorra
163 Brock Street, PO Box 189
Thamesford ON N0M 2M0
Tel 519-485-2490 Fax 519-485-2520
admin@zorra.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