



Special Event Permit Application (By-law No. 22-08)

Return completed application in person or by email to admin@zorrra.ca. Form must be accompanied by applicable application fee as per Fees By-law No. 11-09.

Contact Information:

Application Date:
Name of Organization:
Contact Person:
Phone Number:
Email:

Event Information:

Name of Event:		Anticipated Number of Attendees:	
Date(s) of Event:			
Location of Event:		First Time Event? Yes ☐ No ☐	
Purpose of Event (provide full description in Section 2):		Type of Event:	
Setup Begins: Date: Time:	Event Begins: Date: Time:	Event Concludes: Date: Time:	Clean-up Concludes: Date: Time:
Name of Person in Charge on Day of Event:		Phone Number for Person in Charge on Day of Event:	
Applicant Signature:			

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

Yes ☐ No ☐

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:

4. Will any part of this event take place on:

	YES	NO
Zorra Township Road	☐	☐
Oxford County Road	☐	☐
Public Park	☐	☐
Sidewalk	☐	☐
Parking Lot	☐	☐
Township Facility	☐	☐

5. Will this event take place on private property? If so,

Civic address: _____

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/telescoping seating? If yes, please indicate locations including dimensions on the site plan. Yes ☐ No ☐

8. Do you plan to have any sound amplification? Yes ☐ No ☐

☐ Music

☐ Other, please describe: _____

If yes, please note the date(s) and times: _____

9. Is electrical power required (for sound amplification, lighting, etc.) Yes ☐ No ☐

If yes, 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 the site plan. If parking will be on a municipal road, please contact the Township Public Services department for signage.

11. Will you be having amusement rides? Yes ☐ No ☐

If yes, what is the name of the company providing the rides?

Food/Beverage/Merchandising Information:

12. Will alcohol be sold at this event? Yes ☐ No ☐

13. Will food or beverages be prepared, served, or sold at this event? Yes ☐ No ☐

Please list vendors: _____

Note: if food is being served at this event, approval must be obtained through Southwestern Public Health. Visit their website for more information.

<https://www.swpublichealth.ca/partners-professionals/food-service-operators/special-events/>

14. Will merchandise or services be sold at your event? Yes ☐ No ☐

15. What is the anticipated number of vendors attending this event? _____

Event Coordination and On-Site Information:

16. Do you plan to post flyers, signs and/or banners during the event? Yes ☐ No ☐

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 number: _____

Address: _____

Contact Person: _____

Portable Toilets and Hand Washing Sinks:

19. Do you plan to provide portable toilets and handwashing sinks at the event? Yes ☐ No ☐

Garbage and Recycling Services:

20. Please provide your plan for cleanup and removal of garbage and recyclables during and after your event.

Number of Recycling Containers: _____

Number of Garbage Receptacles: _____

Number of Dumpsters with Lids: _____

Size(s): _____

Number of Roll-off Bins: _____

Size(s): _____

Note: The Township of Zorra 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 (30) days prior to the proposed event.

Attachment 'A'

Site Plan

A detailed site plan must be submitted with your application. It may be submitted on a separate sheet as long as it is submitted with the application.

Attachment 'B'

Special Events Indemnification



The Corporation of the Township of Zorra
163 Brock Street, PO Box 189
Thamesford, Ontario N0M 2M0
Phone: 519-485-2490
Email: 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 (please print): _____

Organization: _____

Name of Event: _____

Date of Event: _____

Applicant Signature: _____

Attachment 'C'

Consent to Release Personal Information for Emergency Purposes



The Corporation of the Township of Zorra
163 Brock Street, PO Box 189
Thamesford, Ontario N0M 2M0
Phone: 519-485-2490
Email: 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 organizers telephone number. This number will not be released to the public.

Organization Name: _____

Name of Event: _____

Date of Event: _____

Onsite Contact Name (please print): _____

Onsite Contact Phone Number: _____

Contact Signature: _____

Alternate Onsite Contact Name (please print): _____

Alternate Onsite Contact Phone Number: _____

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