



# The Corporation of the Township of Huron-Kinloss

## Township of Huron-Kinloss Special Events By-law # 2016-64

### Special Event Notification/Permit Form

#### A. EVENT ORGANIZER INFORMATION

Contact Name:			
Organization:			
Contact Person:		Position:	
Phone #:		Email:	
Website			
Organization Address:			

#### B. EVENT INFORMATION

Event Name:																																																							
Event Date:		Start Time	End Time:																																																				
Event Venue:																																																							
Type of Event: (Check all that apply)	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Concert/Party</td> <td><input type="checkbox"/></td> <td>Procession/Wedding</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Competition</td> <td><input type="checkbox"/></td> <td>Run/Walk Marathon</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demonstration</td> <td><input type="checkbox"/></td> <td>Cycling - Road</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fair</td> <td><input type="checkbox"/></td> <td>Cycling – Off Road</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Festival</td> <td><input type="checkbox"/></td> <td>On Water</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Parade</td> <td><input type="checkbox"/></td> <td>Film/Exhibition/Show</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Alcohol</td> <td><input type="checkbox"/></td> <td>Staging</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bleachers/Tiered Seating</td> <td><input type="checkbox"/></td> <td>Tents/Air Supported Structures</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amusement Rides</td> <td><input type="checkbox"/></td> <td>Road Closures</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Live Animals</td> <td><input type="checkbox"/></td> <td>Fireworks</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Food Vending/Sampling</td> <td><input type="checkbox"/></td> <td>Use of Public Lands/Roads</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amplified Sound</td> <td><input type="checkbox"/></td> <td>Overnight Camping</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Open Air Burning</td> <td><input type="checkbox"/></td> <td>Motorized Off Road Vehicles</td> </tr> </table>			<input type="checkbox"/>	Concert/Party	<input type="checkbox"/>	Procession/Wedding	<input type="checkbox"/>	Competition	<input type="checkbox"/>	Run/Walk Marathon	<input type="checkbox"/>	Demonstration	<input type="checkbox"/>	Cycling - Road	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Cycling – Off Road	<input type="checkbox"/>	Festival	<input type="checkbox"/>	On Water	<input type="checkbox"/>	Parade	<input type="checkbox"/>	Film/Exhibition/Show	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Staging	<input type="checkbox"/>	Bleachers/Tiered Seating	<input type="checkbox"/>	Tents/Air Supported Structures	<input type="checkbox"/>	Amusement Rides	<input type="checkbox"/>	Road Closures	<input type="checkbox"/>	Live Animals	<input type="checkbox"/>	Fireworks	<input type="checkbox"/>	Food Vending/Sampling	<input type="checkbox"/>	Use of Public Lands/Roads	<input type="checkbox"/>	Amplified Sound	<input type="checkbox"/>	Overnight Camping	<input type="checkbox"/>	Open Air Burning	<input type="checkbox"/>	Motorized Off Road Vehicles
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	Other:																																																						



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<b>Description of Event:</b> (include set up and tear down)				
<b>Total Attendance:</b>	<b>Participants:</b>		<b>Spectators:</b>	
<b>Event Details:</b>	<ol style="list-style-type: none"> <li>1. Is this event being held on public land or property? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Do you require and Road Closure/Traffic Management Provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Is this event open to the public <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Is alcohol being served? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Requires a building permit for tents, stages or other structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>6. Does the event present an elevated risk to public and/or participants requiring specific risk management control? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. Does the event have potential negative impacts on the community? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>8. Will the event be displaying fireworks or pyrotechnics? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Will overnight camping be made available? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>10. Will there be live music entertainment or amplified sound? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>11. Will food be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12. Is there an admission charge or tickets that require purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>			



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**NOTE:**

Upon review of this application by the Community Emergency Management Coordinator or their alternate, the need for submission of the Emergency Response and Operational Plan Framework for Special Events form will be determined. If this event is a large scale event please submit a detailed and completed version of the Emergency Response and Operational Plan Framework for Special Events for review.

Please contact the Community Emergency Management Coordinator should you require any direction on completing the Emergency Response and Operational Plan Framework for Special Events.

If you have answered yes to any of the questions in the Event Details section please submit the Emergency Response and Operational Plan Framework for Special Events.

Please retain a copy of this application for your records.

I certify that the information contained within this application is true and correct.

Full Name:	
Position:	
Submission Date:	