

The Corporation of the Township of Brock 1 Cameron St. East P.O. Box 10 Cannington, ON L0E 1E0 705-432-2355 www.townshipofbrock.ca

Special Event Application

For Office Use Only **Permit No.**

The Township of Brock requests that the Special Event Application be completed, in full, and submitted to clerks@brock.ca at least 60 days in advance of your planned event. Staff will review the application in accordance with the Support for Community Organizations Policy. A Township representative will advise if approval has been granted and if any requirements have been imposed.

| 1. Applicant Info | ormation (Primary | y Contact) | | | | |
|--------------------------------------|---|------------|-----------|---|--|--|
| Organization Name: | · · · · · · · · · · · · · · · · · · · | | | | | |
| Primary Contact Nan | ne for the event: | | | | | |
| Mailing Address: | | | | | | |
| City, Township, Villa | ge: | Province: | | Postal Code: | | |
| Telephone No.: | | E-mail: | | | | |
| Website and/or socia | al media links: | | | | | |
| 2. Event Descrip | otion | | | | | |
| Event Name: | | | | | | |
| Event Description: | | | | | | |
| | | | | | | |
| | | | | | | |
| Council Approval: | ☐ This event has received Council endorsement in previous years | | | | | |
| | ☐ This event is new and does not have previous endorsement | | | | | |
| Date(s) of Event: Please include set | Start Date: | | End Date: | | | |
| up and tear down dates and times. | Time: Time: | | | | | |
| Facility Booking: | | | | be booked including all times , parking lots, green spaces | | |

| | Will there be any modifications made to the facility? (i.e. stairs, temporary walls, fencing) Will a stage be erected? Please describe: | | | |
|--|---|--|--|--|
| | | | | |
| | Has the facility been booked and pre-paid for? | | | |
| | □ Yes □ No | | | |
| | If you answered yes to the above question, are you requesting a partial refund of the pre-paid rental rates? | | | |
| | □ Yes □ No | | | |
| | If yes, please indicate the refund you wish to receive. Note: insurance purchased through the municipality is not eligible for refund. Damage deposits will be refunded after a successful facility check by municipal staff. | | | |
| | | | | |
| | Are you requesting a booking to be made for your event without payment? (free use of the municipal space). Note: you will be required to pay the damage deposit and provide proof of insurance/purchase insurance through the municipality. Yes No | | | |
| | | | | |
| Type of Event. | Please select all that apply. | | | |
| | □ Parade □ Street Event / Block Party □ Festival / Fair □ Group walk / run / cycle □ Cycling, running race or soap box derby □ Other: | | | |
| | | | | |
| Anticipated number of participants: | ☐ Under 100 ☐ Up to 500 ☐ 500 – 2,000 ☐ Over 2,000 | | | |
| Is there alcohol being served at this event? | ☐ Yes, alcohol will be provided free of cost ☐ Yes, alcohol will be sold ☐ No | | | |
| | If "yes", please note that A Special Occasion Permit (SOP) must be obtained from the Alcohol and Gaming Commission of Ontario (AGCO). For more details and how to apply visit Special occasion permits Alcohol and Gaming Commission of Ontario (agco.ca) | | | |

| | Is this is a ☐ Public Event ☐ Private Event | | | | | |
|---|---|--|--|--|--|--|
| | Note for "public events" Council approval and declaration of municipal | | | | | |
| | significance is required. As such a written request will be placed on a public | | | | | |
| Will there be | agenda for consideration. | | | | | |
| security at the | | | | | | |
| event? | □ No | | | | | |
| | Please note the Municipal Alcohol Policy has security requirements that must be followed. | | | | | |
| Will there be tents | □ Yes | | | | | |
| at this event: | □ No | | | | | |
| | | | | | | |
| | Please contact the Development Services Department (<u>building@brock.ca</u>) to determine if a building permit is required for the intended tent to be set up. | | | | | |
| Will there be food | | | | | | |
| at your event? | ☐ Yes , Food will be provided free of cost☐ Yes , food will be sold | | | | | |
| | □ No , there will be no food | | | | | |
| NAME OF THE PARTY | | | | | | |
| Will there be food truck / refreshment | □ Yes | | | | | |
| vehicles at the | □ No | | | | | |
| event? | If you answered yes, providers may be required to have a refreshment vehicle licence | | | | | |
| | from the Township of Brock or a valid license from another municipality. Please contact | | | | | |
| Will a BBQ be used | the Clerk's Department clerks@brock.ca for more information. | | | | | |
| at the event? | ☐ Yes , A BBQ will be used at the event | | | | | |
| | □ No BBQ will not be used | | | | | |
| | If you answered yes, approval from the Fire Department is required. Please contact | | | | | |
| Will there be | fire@brock.ca for more information. | | | | | |
| amplified music? | □ Yes □ No | | | | | |
| | If live or recorded music of any kind is included in | | | | | |
| | your special event, event organizers are required to | | | | | |
| | pay a license fee to SOCAN. Visit <u>www.socan.ca</u> for more information | | | | | |
| | Approximate times of music/amplified noise: | | | | | |
| | Approximate times of music/amplified floise. | | | | | |
| | Events must follow the Municipal Noise By-law. If | | | | | |
| | you are aware that your event will not abide by the | | | | | |
| | by-law, you may apply for an exemption by following the criteria in Section 5 of the below. | | | | | |
| | | | | | | |
| | Typical hours noise is prohibited 9:00 p.m. – 8:00 a.m. Noise outside of permitted hours is subject to a | | | | | |
| | separate fee and Council approval. This request will | | | | | |
| | be placed on a public agenda for approval. | | | | | |

| Will there be fireworks? | | Yes | |
|--|---|---|--|
| oworkor | | No | |
| | _ | | |
| | precedi and on | ing Vict Canada | s per our Firework bylaw, Fireworks are only permitted the day oria Day and on Victoria Day and the day preceding Canada Day a Day weekend. Review the Fireworks By-Law number 3119-information. A Firework permit will be required. |
| Will admission/tickets | | Yes | |
| be required to attend your event? | | No | |
| Will you be providing portable | | Yes | |
| washrooms? | | No | |
| | | | additional portable washrooms may be a requirement for your event at he event organizer. See attached Requirement Checklist for further |
| Does this event meet accessibility requirements? | | Yes | |
| requirements: | | No | |
| | in every to be a Disabili https://v event.a | yday life ccessib ties Act www.tov spx to v | eans giving people of all abilities opportunities to participate fully e. The Township expects that all events held in Brock will strive le and compliant with the Accessibility of Ontarians with , 2005. Please visit our website at: wnshipofbrock.ca/en/recreation-and-events/hosting-an-view the accessible event plan checklist. |
| Do you have insurance? | | The eve | nt has or will purchase its own insurance. |
| | | | insurance naming the Township as an additional insured will be amount of insurance coverage will be determined based on the |
| | | nsuran | ce will be purchased through the Township. |
| | Note: Fevents. | | ng insurance through the Township is only available on certain |
| Will there be vendors at your | | Yes | |
| event? |] [| No | |
| | <u> </u> | | division and a self-self-self-self-self-self-self-self- |
| | If you a | | d yes, you must collect insurance information from each of your |
| Will there be inflatables or amusement rides | | Yes | |
| at your event? | | No | |

| | If you answered "yes", additional information for each inflatable or ride must be collected. TSSA approval may be required for some inflatables. Please contact clerks@brock.ca for more information. |
|-----------------------------------|---|
| Do you require a Lottery Licence? | Are there activities taking place at your event where attendees pay a fee for a chance to win a prize? |
| | ☐ No If you answered yes, please contact clerks@brock.ca for more information on how to obtain a lottery licence. |

| 3. Road Closures | Require | ed | | |
|--|--|---|--|--|
| Municipal Road | □ Y | 'es | | |
| Closure required? | | | | |
| | If yes, why is the road closure required? (on street events/activities, parade | | | |
| | etc.) | | | |
| | | M- | | |
| | L | No | | |
| | Road closi | ures requests will be reviev | wed by Public Works in accordance with | |
| | | | y Conditions OTM Book 7 (as amended). | |
| | | | al Road Occupancy Permit shall be | |
| | | Iditional fees may apply. | , , | |
| Regional road | □ Ye | es | | |
| closure required? | | | | |
| | | lo | | |
| | | | 16 11 5 1 15 16 | |
| | | | proved for the Regional Road Occupancy | |
| | | I supply a copy to the Town s.durham.ca/Applications/Traf | | |
| Times of Road | Start time: | | End time: | |
| Closure | | | Life time. | |
| | | | | |
| Roads to be closed: | | | | |
| | | | | |
| | | | | |
| Please describe how | | | | |
| roads will be closed | | | | |
| (barricades, | | | | |
| volunteers, police | | | | |
| etc.) | | | | |
| Statement of Acknowledgement | | | | |
| Neter Leading suite date that Tournahin of Durah, and do are seed in a second still a seed are seed. | | | | |
| Note: I acknowledge that Township of Brock roads are not in a new condition and may have | | | | |
| imperfections including but not limited to cracks, potholes, pavement distortion, gravel on the | | | | |
| pavement, pavement drop off and washouts that could contribute to a possible injury to a participant | | | | |

| of the event. | |
|---------------|--|
| INITIAL HERE: | |

4. Site Plan

A detailed Site Plan must be included with your package. Anything in the list below that is relevant must be included in your Site Plan. (This can be submitted as a google map image, hand sketched resemblance etc. A formal survey/architectural design is not required).

- Location of all Tents, temporary or permanent structures
- Location of Barricades and road closures (road, parking, bicycle parking, parking lots)
- Detailed detour route identifying from to points of road closure
- Emergency exits
- Fire extinguishers, propane storage
- Location of command post or office, medical and first aid station(s) emergency vehicle access points and all exits and entrances (both emergency and for the public)
- Fencing, staging, bleachers, stages, inflatables, petting zoos, etc.
- Food/refreshment tent vendors, restrooms, refreshment tents
- Location of portable washrooms and handwash stations
- Location of Garbage receptacles
- Location of Picnic Tables
- Location of any Township provided item(s)

| 5. Emergency Management | |
|--|--|
| Designated Emergency Personal / Liaison (onsite) | |
| Cell Number | |
| Alternate Contact Person | |
| Cell number | |
| Where will liaison meet Emergency | |
| Services in the event of an emergency? | |
| | |
| | |
| | |

6. Additional In-Kind Support Requests

| Picnic Tables Yes No Receptacles Yes No Request: Yes Yes No Request: Yes Yes No Yes No Request: Yes Yes No Request: Yes Yes No Yes No Request: Yes Yes No Request: Yes Yes No Yes No Yes No Yes No Yes No Yes Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes | User Group Request | Number requested | Maximum available (to be filled out by staff) | Township to absorb costs | Council / Committee Endorsement (Office use only) |
|---|---|------------------|---|---|---|
| Yes No Receptacles Yes No | Safety Vests | | | ☐ Yes ☐ No | |
| Receptacles Barricades Yes No | Picnic Tables | | | | |
| Pylons | | | | | |
| Additional portable toilets and hand washing stations can be arranged by the municipality for supply by the municipality approved contractor. The community organization requesting the additional amenities will be charge back for the cost. Portable Toilets - Standard Portable Toilets - Accessible Portable Handwashing Station Additional Request: Please indicate (example, baseball diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal staff duties) Additional Request: **Please indicate** Additional Request: **Please indicate** Additional Request: **Please indicate** **T. Municipal Representation at the Event** **Would you like a member(s) of Council to be in attendance at the event?* What tasks would you like member(s) of Council to complete if they are able to | Barricades | | | ☐ Yes ☐ No | |
| municipally approved contractor. The community organization requesting the additional amenities will be charge back for the cost. Portable Toilets - | Pylons | | | ☐ Yes ☐ No | |
| Standard Portable Toilets - Accessible Portable Handwashing Station Additional Request: Please indicate (example, basebald diamond grading, heavy equipment, moving snew, mounicipal staff time for set up and requested municipal staff duties) Additional Request: Please indicate Additional Request: Please indicate T. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | municipally approved | | community org | ganization requesting the for the cost. | |
| Portable Toilets - Accessible Portable Handwashing Station Additional Request: *Please indicate (example, basebald diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal staff duties) Additional Request: *Please indicate Additional Request: *Please indicate *Please indicate T. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | | | | □ No | |
| Accessible Portable Handwashing Station Additional Request: *Please indicate (example, baseball diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal staff duties) Additional Request: *Please indicate Additional Request: *Please indicate T. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | | | | □ No | |
| Portable Handwashing Station Additional Request: *Please indicate (example, baseball diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal staff duties) Additional Request: *Please indicate 7. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | | | | | |
| Station Additional Request: *Please indicate (example, baseball diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal staff duties) Additional Request: *Please indicate Additional Request: *Please indicate 7. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | | | | □ No | |
| Request: *Please indicate (example, baseball diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal staff duties) Additional Request: *Please indicate Additional Request: *Please indicate 7. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | Station | | | | |
| Request: *Please indicate Additional Request: *Please indicate 7. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | Request: *Please indicate (example, baseball diamond grading, heavy equipment, moving snow, municipal staff time for set up and requested municipal | | | LI TES LI NO | |
| Request: *Please indicate 7. Municipal Representation at the Event Would you like a member(s) of Council to be in attendance at the event? What tasks would you like member(s) of Council to complete if they are able to | Request: | | | ☐ Yes ☐ No | |
| Would you like a member(s) of Council ☐ Yes ☐ No What tasks would you like member(s) of Council to complete if they are able to | Request: | | | □ Yes □ No | |
| Would you like a member(s) of Council ☐ Yes ☐ No What tasks would you like member(s) of Council to complete if they are able to | 7 Municipal F | Panrasantat | ion at the | Event | |
| Council to complete if they are able to | Would you like a | member(s) of (| Council | □ Yes | |
| | | | | | |
| | Council to complete if they are able to attend? (give a speech, ribbon cutting, | | | | |

| 8. Additional Event Details |
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| If there is any further information that you would like to provide about your event, please include it in the box below. |
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entering a float into a parade etc.)