



SPECIAL EVENTS APPLICATION FORM

Application Date: _____

Special Event Applications shall be completed ninety (90) business days prior to your event. Please note it will be up to the applicant to secure their event location. By submitting this application, even with all required attachments, the Municipality of Meaford reserves the right to deny the applicant with the Special Event approval. Please email events@meaford.ca for more information.

This event application is shared with: Transportation Services; Planning; Municipal Enforcement; Clerk Department; Police Services; Tourism; and Parks, Recreation and Culture Department.

Event Information

Date of Event _____

Name of Event _____

Name of Facility (if applicable) _____

Type of Event (Click all that apply)

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="radio"/> Block Party | <input type="radio"/> Competition | <input type="radio"/> Demonstration |
| <input type="radio"/> Fair | <input type="radio"/> Festival | <input type="radio"/> Film |
| <input type="radio"/> Parade / Procession | <input type="radio"/> Run / Walk | |
| <input type="radio"/> Other (please specify) _____ | | |

Location of Event (include civic address and proposed route if applicable)

- | | | |
|---|---------------------------|--------------------------|
| Is this a new event? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is this intended to be an annual event? | <input type="radio"/> Yes | <input type="radio"/> No |
| Will there be an entrance fee for this event? | <input type="radio"/> Yes | <input type="radio"/> No |

Contact Information

Provide contacts with whom we may communicate for municipal approvals.
These contacts will be for internal use only.

Contact 1

First Name _____ Last Name _____

Position Title _____

Full Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Cell Phone _____

Fax _____ Email _____

Contact 2

First Name _____ Last Name _____

Position Title _____

Full Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Cell Phone _____

Fax _____ Email _____

Activities

Please check off the items that will occur at your event(s).

When answering yes, please refer to the Special Event Planning Guide to ensure you have the correct information attached for approval. Failure to provide the correct information may result in the denial of Special Event Approval.

- | | | |
|---|---------------------------|--------------------------|
| Signage/Promotion | <input type="radio"/> Yes | <input type="radio"/> No |
| Alcohol | <input type="radio"/> Yes | <input type="radio"/> No |
| Smoking | <input type="radio"/> Yes | <input type="radio"/> No |
| Live or Recorded Music | <input type="radio"/> Yes | <input type="radio"/> No |
| Sound / Amplification System | <input type="radio"/> Yes | <input type="radio"/> No |
| Animals | <input type="radio"/> Yes | <input type="radio"/> No |
| Parking | <input type="radio"/> Yes | <input type="radio"/> No |
| Right of Way/Road Closure/Sidewalks | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you require closure of a street? | <input type="radio"/> Yes | <input type="radio"/> No |
| Bicycle Parking | <input type="radio"/> Yes | <input type="radio"/> No |
| Recycling / Compost / Waste Management | <input type="radio"/> Yes | <input type="radio"/> No |
| Itinerant Seller / Vendor (non-food) | <input type="radio"/> Yes | <input type="radio"/> No |
| Food Vendors | <input type="radio"/> Yes | <input type="radio"/> No |
| Amusement Rides | <input type="radio"/> Yes | <input type="radio"/> No |
| Fireworks | <input type="radio"/> Yes | <input type="radio"/> No |
| Open Fires | <input type="radio"/> Yes | <input type="radio"/> No |
| Temporary Structures | <input type="radio"/> Yes | <input type="radio"/> No |
| Medical Coverage | <input type="radio"/> Yes | <input type="radio"/> No |
| Security or Paid Duty Officers Required | <input type="radio"/> Yes | <input type="radio"/> No |
| Payment for Municipal Services | <input type="radio"/> Yes | <input type="radio"/> No |
| Site Plan/Proposed Route | <input type="radio"/> Yes | <input type="radio"/> No |
| Emergency Plan | <input type="radio"/> Yes | <input type="radio"/> No |
| Insurance | <input type="radio"/> Yes | <input type="radio"/> No |

Agreement to indemnify and hold Harmless

The undersigned applicant agrees to save harmless and indemnify the Municipality of Meaford and its elected representatives, officers, employees and agents from and against any and all claims, demands, suits, actions, causes of action and/or proceedings that may be brought against or made upon the Municipality and/or its elected representatives, officers, employees or agents by any person or persons arising out of matters in any way related to any act, failure to act or otherwise of the applicant and/or its employees, officers, servants, volunteers and against in respect of, or pertaining to, the special event described in this application or anything pertaining to the Special Events Permit should one be required and granted.

Release of Waiver of Liability

In addition, the undersigned applicant hereby releases, waives and forever discharges the Municipality and its elected representatives, officers, employees and agents from all liability to itself and its heirs, executors, administrators and assigns for all loss or damage and any claims or demands for such loss or damage on account of injury to person or damage to property for which the Municipality may be responsible in respect of the conduct of the said event.

Responsibilities and Acknowledgements of Event Organizer/Applicant

Should the special event be approved, I agree to the following as an applicant or on behalf of the organization for whom this applications is being made:

- To ensure the physical setting is kept safe for participants and the general public attending the event.
- If I become aware of a situation that could lead to injury or property damage that, I will take immediate and decisive action to prevent participants and the general public attending the event from engaging in activities or conduct that could cause property damage or harm to themselves or others.
- In the event of an incident, to follow the “Incident Reporting Procedures” below. An incident includes; bodily injury to a participant, myself, the public or damage to Municipal owned property or third party property:
 - o Call 911, Police, Ambulance, Fire, etc when assistance is required;
 - o Within the next working day advise the following Municipal representative:
Special Events Coordinator 519-538-1060 ext 1122
 - o Cooperate with Municipal staff, police, investigating authorities and the insurance companies involved.
- To use Municipal facilities and equipment provided to me, if applicable, in a manner consistent with its intended use and application.
- To abide by the by-laws, rules and regulations, policies and procedures of the Municipality of Meaford.
- I/the Organization understand that the issuance of a Special Event Permit if one is required, or approval of this special event, in no way constitutes approval to engage in any unlawful activity and hereby agree to conduct myself/Organization in a manner that does not contravene any Federal, Provincial or Municipal law.

Consent to Collection, Use and Disclosure of Personal and Other Information

Personal information on this form is collected for the purposes of administration, management and enforcement of the Municipalities special events permits and applications. Personal information along with other information provided with this application will be shared among authorized Municipal staff for the purposes of administering and managing approvals and permits required for the special event. Questions concerning this collection may be addressed to: events@meaford.ca.

I certify that I have read this entire application form and am fully aware of its terms and conditions and of my obligations created by it. I certify that I am 18 years of age. By submitting this application electronically, I hereby agree to the terms and conditions on my own behalf, or on behalf of the organization that is being represented or for whom this application is being made.

Submission Instructions

Click the “Save Form” button to save this application. Attach it to an email. Email all applications and attachments to events@meaford.ca.

Event Host Signature:

Date:
