

Special Event Permit Application



Application date:			
Name of organization:			
Contact person:		E-mail:	
Mailing address:			
Business telephone:	Residence telephone:	Mobile telephone:	
Event Information			
Name of event:			
Dates of event (MM/DD/YYYY):			
Expected attendance:		Number of participants:	
Annual event: <input type="checkbox"/> Yes <input type="checkbox"/> No		First time event: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location(s) of event:			
Event type and purpose of event:			
Date and time of event set-up:	Date and time event begins:	Date and time event ends:	Date and time clean-up ends:
Person in charge on day of event:			
Mailing address:			
Business telephone:	Residence telephone:	Mobile telephone:	
Event includes the following:			
<input type="checkbox"/> Liquor	<input type="checkbox"/> Signage	<input type="checkbox"/> Electrical or water	
<input type="checkbox"/> Food	<input type="checkbox"/> Fireworks or pyrotechnics	<input type="checkbox"/> Staging	
<input type="checkbox"/> Tents	<input type="checkbox"/> Vendors	<input type="checkbox"/> Sound amplification	
<input type="checkbox"/> Barbecues	<input type="checkbox"/> Partial road closure(s)	<input type="checkbox"/> Live animals	
<input type="checkbox"/> Full road closure(s)	<input type="checkbox"/> Extra garbage receptacles	<input type="checkbox"/> Special on-street parking	
<input type="checkbox"/> 20 picnic tables on trailer \$200/day	<input type="checkbox"/> #__ Portable washrooms \$100/each /day		
Road and Traffic Implications			
Street(s) affected (attach map):			
Date(s) and time of road closure:			
Signature			
Applicant's signature: _____		Date: _____	
Internal use only			
This event requires: <input type="checkbox"/> Police <input type="checkbox"/> City monitor <input type="checkbox"/> City staff <input type="checkbox"/> Security			
Signature of approval: _____		Department: _____	
By signing this document, I hereby give authority for this Special Event to occur as specified in the information above.			
Conditions:			
Locations for notification: <input type="checkbox"/> Guelph Police Services <input type="checkbox"/> Guelph Fire Department <input type="checkbox"/> Guelph Transit <input type="checkbox"/> Waterworks <input type="checkbox"/> OPP			
<input type="checkbox"/> Royal City Ambulance	<input type="checkbox"/> Community Services	<input type="checkbox"/> Downtown Board	<input type="checkbox"/> City Council <input type="checkbox"/> Building Dept.
<input type="checkbox"/> WDG Health Unit	<input type="checkbox"/> Humane Society	<input type="checkbox"/> Operations	<input type="checkbox"/> Township of Guelph/Eramosa

The personal information on this form is collected pursuant to the Municipal Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990 for the purpose of the administration of picnic shelter bookings. Questions regarding this collection should be directed to the Information, Privacy and Records Coordinator, City Hall, 519-822-1260 x 2439.