



## APPLICANT INFORMATION

**Full Name:**

**Organization  
Name:**

**Role/Title:**

**Phone Number:**

**Email:**

**Mailing  
Address:**



## EVENT OVERVIEW

**Event Name:**

**Event Type:**

Festival

Concert

Sporting Event

Parade/Race

Market

Other (please specify)

**Event  
Description:**



**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Expected Attendance:** \_\_\_\_\_

**Setup Date:** \_\_\_\_\_

**Event Level:** Choose one of the following

**Setup Time:** \_\_\_\_\_

1	2	3	4	5
<input type="checkbox"/>				

**Teardown Date:** \_\_\_\_\_

**Teardown Time:** \_\_\_\_\_

**Is the event advertised to the public?:**

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

**Is the event ticketed?:**

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

**Venue Name:** \_\_\_\_\_

**Venue Address:** \_\_\_\_\_

**Is the venue on private property?:**

If yes, attach venue consent documentation.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

**Have you reserved a City facility for your event?:** If yes, attach reservation confirmation.

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No



## ACTIVITIES AND INFRASTRUCTURE

**Check all that apply:**

- Road, sidewalk, or parking closure  
**TRAFFIC ACCOMMODATION PLAN & COUNCIL APPROVAL NEEDED**
- Use of public property
- Alcohol service or sales  
**AGLC SPECIAL EVENT LIQUOR LICENCE NEEDED**
- Food sales or service  
**FIRE INSPECTION AND AHS NEEDED**
- Other (please describe)
- Inflatables (i.e. bouncy castles) **INSURANCE NEEDED**
- Tents, canopies, or stages  
**DEVELOPMENT PERMIT MAY BE NEEDED**
- Fireworks, pyrotechnics, or open flames **FIRE PERMIT NEEDED**
- Amplified sound or excessive noise
- Vendors  
**BUSINESS LICENCE(S) NEEDED**
- High-risk activities (please describe)

**Use this space to describe if you chose "Other" or "High-risk":**



## SUPPORT SERVICES

**Check any that are required:**

- Police
- Fire
- Other City services (please specify)



## EQUIPMENT REQUESTS

**Check if you are requesting any of the following (subject to availability):**

- Barricades
  - Pylons
  - Signage
  - Other (please specify)
- 

**Requested Delivery/Set up Date :** \_\_\_\_\_

**Requested Delivery/Set up Time:** \_\_\_\_\_



## SAFETY & EMERGENCY PREPAREDNESS

**Will First Aid Stations be provided?** If yes, describe location, shelter, and signage

Yes

No

**Will Emergency Medical Personnel be on-site?** If yes, specify provider

Yes

No



## INSURANCE & INDEMNITY

**Special Event Organizers must carry Commercial General Liability insurance and provide a copy to the City.** The following considerations need to be included with your insurance certification. Please check each off to confirm they are included in your policy:

**Cross-liability clause**

**City as named insured**

**30-day cancellation notice**



## INVITE ELECTED OFFICIAL

**Would you like a City of Camrose elected official to attend?**

**Yes**

**No**

While we do our best to accommodate requests, please note that attendance is subject to Council members' availability and cannot be guaranteed. Requests can be made through [this online form](#).



The deadline for your application will depend on the Event Level. Please refer to the Special Events Application Guide for more information. **Council approval for road closures can take up to one month, so please take this into consideration when planning your event.**



## DOCUMENTATION CHECKLIST

**Special Event Permit Completed Application**

**Site Plan**

**Permit Copies**

**Proof of Insurance**

**Fees Paid in Full**

Please note: Depending on the information shared on this form, you may be asked to include additional plans and permits or may be contacted by our Licensing Officer for more information prior to approval.



## ACKNOWLEDGEMENT

**I acknowledge that I have read and understood the City of Camrose Special Events Guidelines and agree to comply with all requirements. I understand that failure to meet the permit conditions may result in the cancellation of the event and/or fines.**

**Signature**

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**Date**

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The personal information collected in this permit application is collected solely for processing this permit application. The collection is authorized by section 4 of the *Protection of Privacy Act*, specifically section 4(c) that information relates directly to and is necessary for an operating program or activity. The information may be included in public records or otherwise disclosed as authorized under the *Protection of Privacy Act* and the *Access to Information Act*. For questions about the collection of personal information, contact ATI Coordinator, City of Camrose, 780-678-3440, 5204 50 Avenue, Camrose, AB, T4V-0S8 or [legservices@camrose.ca](mailto:legservices@camrose.ca).