

Application Form

	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 D	ate:				End Date:			
Start T	ime:				End Time:			
Exped Attenda					Setup Date:			
Event Le	evel: Cha	ose one	of the fo	ollowing	Setup Time:			
1	2	3	4	5	Teardown Date:			
					Teardown Time:			
Is the	event ad	vertised	to the p	oublic?:	Is	the even	nt ticketed?	:
Is the	event ad Yes	vertised No	to the p	oublic?:	Is	the even	nt ticketed?	:
Is the	Yes		to the p	oublic?:	Is			:
Venue N	Yes		to the p	oublic?:	Is			
Venue N V Add	Yes Name: Yenue dress:	No rivate pr				Yes		

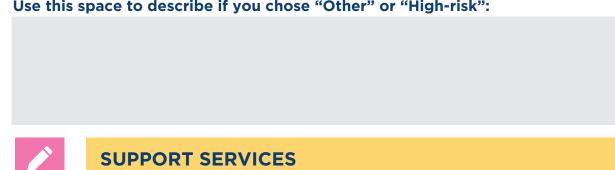
Have you reserved a City facility for your event?: If yes, attach reservation confirmation.







	ACTIVITIES AND INFRASTRU	JCTURE
Check all that apply:	Road, sidewalk, or parking closure TRAFFIC ACCOMMODATION PLAN & COUNCIL APPROVAL NEEDED Use of public property	Inflatables (i.e. bouncy castles) INSURANCE NEEDED Tents, canopies, or stages DEVELOPMENT PERMIT MAY BE NEEDED
	Alcohol service or sales AGLC SPECIAL EVENT LIQUOR LICENCE NEEDED	Fireworks, pyrotechnics, or open flames FIRE PERMIT NEEDED
	Food sales or service FIRE INSPECTION AND AHS NEEDED	Amplified sound or excessive noise
	Other (please describe)	Vendors BUSINESS LICENCE(S) NEEDED
		High-risk activities (please describe)
Use this sp	pace to describe if you chose "Other"	or "High-risk":



Check any that are required:



Fire

Other City services (please specify)





Yes

No

EQUIPMENT REQUESTS

Check if you are requesting any	Barricades
of the following (subject to	Pylons
availability):	Signage
	Other (please specify)
Requested I	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 Eme	rgency Medical Personnel be on-site? If yes, specify provider







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:





INVITE ELECTED OFFICIAL

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



While we do our best to accommodate requests, please note that attendance is subject to Council members' availability and cannot be guaranteed. At least six to eight weeks' notice in advance of your event is required.

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	
Date	

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.

