



## 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

**Is the event ticketed?:**

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

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

**Venue  
Address:**

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

If yes, attach venue consent  
documentation.

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

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

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



## 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)

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**Requested Delivery/Set up Date :**

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**Requested Delivery/Set up Time:**

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## 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. **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**

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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).