



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"/>
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) **ADDITIONAL FORM AND 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

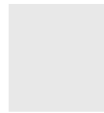
While we do our best to accommodate requests, please note that attendance is subject to Council members' availability and cannot be guaranteed. Requests can be made through this online form.



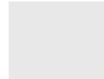
The deadline for your application will depend on the Event Level. Please refer to the Special Events Application Guide for more information. **Council approval for road closures can take up to one month, so please take this into consideration when planning your event.**



DOCUMENTS TO INCLUDE AND ATTACH



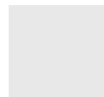
Special Event Permit Completed Application



Site Plan



Applicable Permit Copies (from Activities and Infrastructure Section, Page 3)



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.