

A. EVENT ORGANIZER INFORMATION

### The Corporation of the Township of Huron-Kinloss

# Township of Huron-Kinloss Special Events By-law # 2016-64 Special Event Notification/Permit Form

Contact Name:		•		
Organization:				
Contact Person:		Position	n:	
Phone #:	Email:			
Website		,		
Organization Address:				
B. EVENT INFORMATION	N			
Event Name:				
Event Date:		Start Time	End Time:	
Event Venue:			,	
Type of Event: (Check all that apply)	Concert/Party Competition Demonstration Fair Festival Parade Alcohol Bleachers/Tiered Seating Amusement Rides Live Animals Food Vending/Sampling Amplified Sound Open Air Burning Other:		Procession/Wedding Run/Walk Marathon Cycling - Road Cycling - Off Road On Water Film/Exhibition/Show Staging Tents/Air Supported Structures Road Closures Fireworks Use of Public Lands/Roads Overnight Camping Motorized Off Road Vehicles	



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Description of Event: (include set up and tear down)						
Total Attendance:	Participants:		Spectators:			
Event Details:	Is this event being held on public land or property?			☐ Yes ☐ No		
	2. Do you require and Road Closure/Traffic Management Provisions?			☐ Yes ☐ No		
	3. Is this event open to the public			☐ Yes ☐ No		
	4. Is alcohol being served?			☐ Yes ☐ No		
	5. Requires a building permit for tents, stages or other structure?			☐ Yes ☐ No		
	6. Does the event present an elevated risk to public and/or participants					
	requiring specific risk management control?			☐ Yes ☐ No		
	7. Does the event have potential negative impacts on the community?			☐ Yes ☐ No		
	8. Will the event be displaying fireworks or pyrotechnics?			☐ Yes ☐ No		
	9. Will overnight camping be made available?			☐ Yes ☐ No		
	10. Will there be live music entertainment or amplified sound?			☐ Yes ☐ No		
	11. Will food be sold?			☐ Yes ☐ No		
	12. Is there an admis	sion charge or tickets	that require purchase?	☐ Yes ☐ No		



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#### NOTE:

Upon review of this application by the Community Emergency Management Coordinator or their alternate, the need for submission of the Emergency Response and Operational Plan Framework for Special Events form will be determined. If this event is a large scale event please submit a detailed and completed version of the Emergency Response and Operational Plan Framework for Special Events for review.

Please contact the Community Emergency Management Coordinator should you require any direction on completing the Emergency Response and Operational Plan Framework for Special Events.

If you have answered yes to any of the questions in the Event Details section please submit the Emergency Response and Operational Plan Framework for Special Events.

Please retain a copy of this application for your records.

I certify that the information contained within this application is true and correct.

Full Name:	
Position:	
Submission Date:	