

## **EVENT PERMIT APPLICATION**



APPLICANT INFORMATION					
Organization Name:					
Name of Event Organizer:					
Organization Address:					
City	Province:		Postal Code:		
Email Address:			Phone:		
Alternate Phone:	Cell:		Fax:		
Event Address:					
Registered Owner of Land:					
Event Day On-Site Supervisor:			Phone / Cell:		
EVENT INFORMATION					
Event Name:					
Event Date(s):					
Event Time(s):					
Event Type: (please select appropriate type	pe)	Parade / Special Even	t held on roadway		
		Wedding			
		Concert			
		Religious Assembly			
		Other (please specify	)		
Event Set Up Date: Event Set Up Time:		Event Set Up Time:			
Event Take Down Date:	Event Take Down Time:				
Number of Event Participants:	er of Event Participants: Number of Persons Attending / Spectators:				
Site Plan / Map to be included with Ev	vent Permit App	plication			
WEATHER CONTINGENCY PLANS					
Proceed with full Event	Cancel	☐ Alternate Lo	cation $\square$		
If alternate location, provide address: _					
INSURANCE					
Liability Insurance with Parkland County r	named as additi	ionally insured - conviettack	ned 🗆		
Liability insurance with Farkiana County I	iairieu as auditi	ionally insured - copy attact			

Have neighbours and/or affected land owners been notified of event?		Yes		No
Please note neighbours notified and any concerns raise	ed:			
EVENT ACTIVITIES				
Event includes Food and Non-Alcoholic Beverages:		Yes		No
If YES, will they be sold or served?		Sold		Served
Contact Alberta Health Services at 780-735-1800 fe	or perr	nits and r	elative in	formation, including potable water
Event includes Alcoholic Beverages:		Yes		No
If YES, will they be sold or served?		Sold		Served
<ul> <li>Contact Gaming and Liquor at 780-447-8600 for lice</li> </ul>	ense a	nd relativ	e inform	ation
Event includes Merchandise Sales:		Yes		No
If YES, specify what items will be sold:				
Will donations in any form be solicited / accepted?		Yes		No
If YES, specify the means of solicitation:				
<u> </u>				
TENTS AND CANOPIES (TEMPORARY STRUCTURES)				
Do you plan to erect tent(s) or any other canopies?		Yes		No
If YES, describe and give the quantity of tents and/or c	anopie	s along w	ith the si	zes of each:
<ul> <li>Contact Parkland County Planning and Developme safety requirements and necessary permits are iss</li> </ul>	•	artment	at 780-96	8-8443 to ensure that structures meet
<ul> <li>Contact Alberta First Call at 1-800-242-3447 if stak</li> </ul>		to he uso	d to data	rmine utility location
Contact Alberta First Call at 1-000-242-3447 II Stak	cs ale	to be use	u to dete	inine utility location

STAGES, BOUNCERS, PORTABLE TOILETS, DUMPSTERS	, FENC	CES AND I	BARRICAD	ES, AND OTHER STRUCTURES
If you are planning to erect, install or use any of these structures:	structı	ıres, plea	se describ	e sizes and quantities of individual
Contact Alberta Health Services at 780-735-1800 for	or perr	nits speci	fic to port	able toilets
PROMOTIONAL SIGNS OR BANNERS				
Will you be using Promotional Signs or Banners?		Yes		No
If YES, specify location and sizes of Signs or Banners to	be use	ed:		
AMPLIFIED SOUND			_	
Do you plan to use any device to amplify sound?		Yes		No
If YES, describe and specify for what purpose:				
_				
If amplification is for musical purposes, please specify v	ba++	una af mu	usiau	
ii amplification is for musical purposes, please specify v	Milati	ype or mi	JSIC:	
Ensure that amplification will be in compliance with	h the f	Parkland (	County Co	mmunity Standards Bylaw #05-2011
ELECTRICAL ACCESS				
Will you require access to electrical power?		Yes		No
If YES, please specify where and for what purpose:				

SECURITY				
Will your Event require overnight security?		Yes		No
If YES, please specify what security measures are in pla	ce and	l have bee	n planne	d:
Does Event require increased law enforcement?		Yes		No
If YES, please specify any contact and arrangements th	at have	e been ma	de with t	the RCMP:
VEHICLE / TRAFFIC MANAGEMENT				
Will there be on-site parking available to patrons:		Yes		No
If YES, please specify the types of vehicles expected (i.e	e., RV's	s, OHV's, tr	ailers, co	ommercial vehicles, domestic vehicles):
If YES, please specify how traffic will be controlled and	direct	ed:		
Number of Vehicles expected:				
Does the Event involve additional transportation methods (i.e., horse drawn carriage, hot air balloons, golf carts, etc.)		Yes		No
If YES, please describe the transportation methods:				
Are road / street closures expected?		Yes		No
If YES, name of all roads / streets requested for full or p	oartial			
If YES, specify time frame involved in closures (attach a	і тар (	of road clo	sure loca	ations):
<ul> <li>If your Event is a run, walk, parade or other activity attach a separate map of the proposed route. All p</li> </ul>		-	-	

attach a separate map of the proposed route. All proposed routes are subject to Parkland County approval. If you are requiring road closure, the cost incurred for this service is the responsibility of the applicant. Parkland County may require a road damage deposit, and may require the applicant to arrange and pay for road maintenance and/or dust control in preparation for or as a result of the Event.

ENVIRONMENTAL IMPACT
Is there a plan in place to ensure proper waste ☐ Yes ☐ No removal from the site?
If YES, please specify the methods and associated timelines:
Describe what measures will be taken to protect the environment from fuel, oil, etc. if applicable:
<ul> <li>If Event is held on water, approval must be obtained from Transportation Canada – Navigable Waters Protection Office at 780-495-6508</li> </ul>
FIRST AID / EMERGENCY RESPONSE
Please outline your plan for provision of first aid services and emergency response:
PYROTECHNIC AND FIREWORK DISPLAYS
Will your Event feature any pyrotechnic displays? ☐ Yes ☐ No
If YES, please specify the type of displays to be used and the respective timing of the displays:
Approval for all displays must be obtained by Parkland County Fire Services at 780-968-8474

## FIRE EMERGENCY PLANNING

An Operational Plan for the Event must be submitted to the Parkland County Fire Chief for approval. Ensure a copy of the Operational Plan and subsequent approval is attached to this Application. Parkland County Fire Services can be contacted at 780-968-8474.

## ALL APPLICATIONS MUST INCLUDE A COMPREHENSIVE SITE MAP

The applicant, on its own behalf and on behalf of its officers, agents and employees, waives the right to bring any claim against Parkland County and its officers, agents and employees for any matter arising out of or in any way

connected with the Event, including claims based on the alleged negligence of Parkland County or its officers, agents or employees. The applicant further agrees to indemnify and save harmless Parkland County, its officers, agents and employees from and against all claims of any nature, including negligence, arising out of or in any way connected with the Event referred to in this application.

I do solemnly swear (or affirm) that all responses and statements provided in this application are full and true to the best of my knowledge and beliefs. Failure to comply with conditions resulting from this application could result in the permit being withdrawn, future applications being denied and/or prosecution for breach according to Parkland County bylaws.

Sponsoring Group / Name of Applicant (Please Print):	
Signature of Applicant:	Date:
PARKLAND COUNTY LICENSING OFFICER - FOR OFFICE USE ONLY	
All items MUST be complete, If item has not been completed, please	e indicate why
Have the following agencies been informed/notified of event?	
☐ RCMP Watch Commander	
☐ Fire Services	
☐ Alberta Health Services (AHS)	
Other - Please indicate:	
☐ Is Site Plan Attached to Event Permit?	_
Has Letter of Approval sent to Applicant?	<u> </u>
☐ Report Exec File Created –Please indicated File #:	
EVENT PERMIT STATUS - FOR OFFICE USE ONLY	
The above application has been examined as to its compliance with Parkland	County Community Standards Bylaw #03-2012 and is:
☐ <b>APPROVED</b> Subject to the following conditions: or	☐ <b>REFUSED</b> for the following reasons:
	· ·
Date of Decision: Date of Permit:	Permit Expiry Date:
Licensing Officer:	
(Please Print)	(Signature)