THE CORPORATION OF THE CITY OF ST. THOMAS A G E N D A THE THIRD MEETING OF THE SPECIAL EVENTS COMMITTEE

COMMITTEE ROOM 204 CITY HALL

3:00 P.M.

April 1, 2015

MINUTES

Confirmation of the minutes of the meetings held on February 4 and 24, 2015.

PETITIONS AND COMMUNICATIONS

Permit Applications

Railway City Road Races - Sep 20, 2015 Pages 2-6

Motorcycle Awareness Ride - May 3, 2015 Pages 7-10

Old Court House Street Party – June 20, 2015 Pages 11-15

Pan Am Torch Relay - June 17, 2015 Pages 16-20

Prediction: Walk/Run/Cycle Ontario Senior 55+ Games - June 12, 2015 Pages 21-25

Monsignor Morrison Day Parade - May 12, 2015 Pages 26-28

CMHA Mental Health Week Fundraiser BBQ - May 4, 2015 Pages 29-32

UNFINISHED BUSINESS

Permit Applications

Holiday Fantasy of Lights - Nov 28-Dec 31, 2015 Pages 33-35

NEW BUSINESS

NEXT MEETING

To be determined.

<u>ADJOURNMENT</u>

City of St. Thomas Received

FEB 2 7 2015

City Clerks Dept.



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

SPECIAL EVENT PERMIT APPLICATION

THIS FORM TO BE FILLED IN AND RETURNED TO THE CAO/CLERK'S DEPARTMENT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWELVE (12) WEEKS PRIOR TO THE EVENT

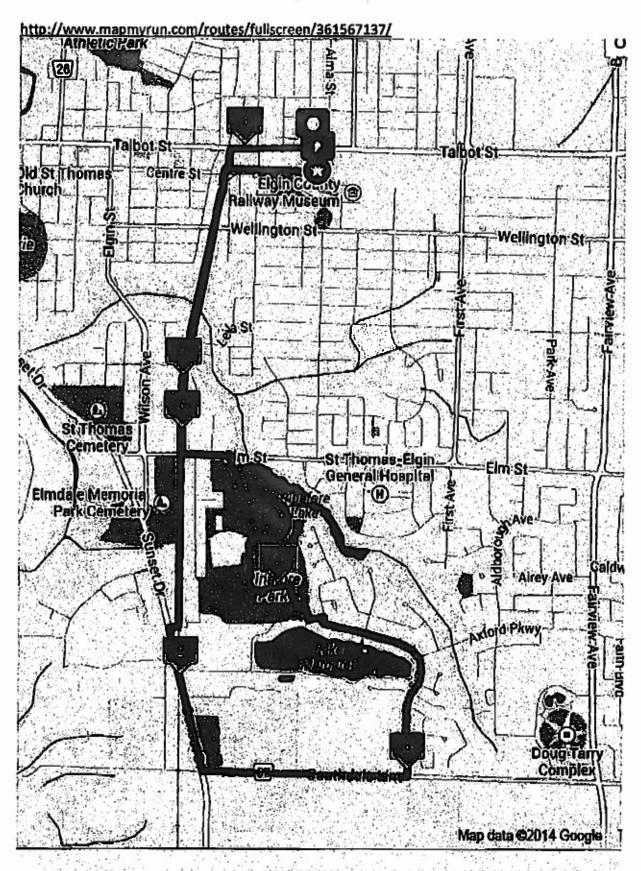
Please refer to the City of St. Thomas Special Events Manual. Determine what steps need to be taken for your specific event and adhere to all the rules indicated by the manual and the services which will be involved. Early and thorough preparation when approaching the Special Events Committee and other required services will help ensure a well planned and well run event.

Event Name: Railway City Road Races
Date(s): Sun. Sept 20 15 Start Time: 9am End Time: 11am * Setup begins
Location(s): CASO Station Pinafore Park
Organizing Group: RCRR Organizing Committee
Contact Name: Coringe Ross Vancy Lawrence
Address: LifeMark-140 Fish Ave 5TEGH. 89 ElmSt
Town/City: St. Thomas Postal Code: > NSR 4E7
Phone Number: 633-4300 Cell Phone Number: N. Laurence -519-619-9547
Fax Number: 633-3334 Email Address: (oring ranga) ifemark.ca
Expected Attendance: 350 Nlawrenc @ stegh.on.ca.
Location and number of washrooms in place: CASO Station, Portapotty's on course
Will food of any kind be available at this Event? Yes ☑ No □
If Yes, you must complete the Special Events Notification Form available at Elgin St Thomas
Public Health.
Will there be a Petting Zoo or Animals at this Event? Yes □ No 🖭
If Yes, please contact Elgin St. Thomas Public Health for health requirements.
If the type of animal is not permitted under the Animal Control By-law, please contact City
Animal Services for an application for the Temporary Exemption to the Animal Control By-law.
Will there be an indoor/tent covered area used for public assembly as part of the event?
Yes □ No 型1f yes, please contact Elgin St. Thomas Public Health for Smoke Free Ontario Act
and pertinent local by-law requirements.

•		
Have you obtained an Electrical Safety Authority permit (if If yes, Permit #	required)?	Yes 🗆 No 🗆 N/A 🗹
Have you obtained a Fire Hydrant connection permit (if req	uired)?	Yes 🗆 No 🗆 N/A 🔟
Have you obtained a Right of Way occupancy permit (if rec	quired)?	Yes □ No □ N/A 🎞
Have you submitted a location or site map with the applicat	tion?	Yes ⊉'No □ N/A □
Has a privately Ilcensed security firm been contacted/retain If yes, what company and how many security officers will be	ed? e present?	Yes □ No □ N/A ₪
Have you considered providing First Aid? If yes, how do you intend on providing that service?	<u>54</u>	Yes & No DN/AD
Have you considered provisions for accessibility? i.e. parkir Describe: <u>CASO いち なべことを</u>	ng, washrooms	Yes ® No D
Volunteers: 30-50 intotal Will you have volunteers trained in traffic control? Yes If yes, how many? Other types of volunteers and number: Course inc Water Steetings, 5-ct up + Clea		
(Signature of godyddual completing this application)	•	Feb 27/5 Date of application
 Contacts: Alcohol and Garning Commission of Ontarlo CAO/Clerk's Dept — Municipally Significant Event Elgin-St. Thomas Public Health — Healthy Environments Team Emergency Medical Services Environmental Services — Roads & Transportation Environmental Services — Building Division Environmental Services — Property Services Environmental Services — Waste Management Fire Department — Fire Prevention Officer Police Services Parks & Recreation Services St, Thomas Tourism Treasury Department - Insurance 	(416) 326-87 631-1680 Ext 631-9900 637-3098 Ext 631-0368 Ext 631-1680 Ext 631-1680 Ext 631-0210 631-1224 Ext 633-7112 631-1680 ext 631-1680 Ext	t. 4007 t. 30 t. 5130 t. 4168 t. 4180 t. 4258 t. 141
OFFICE USE ONLY Application Received: Special Events Committee Approval:	27/15	_

Page 3 of 4

Map Route





Special Events Notification Form

99 Edward Street St Thomas, ON N5P 1Y8 Phone: (619) 631-9900 1-800-922-0096 Fax: (519) 633-0468 www.eiolnhealth.on.ca

Note: Regardless of Exemptions under the Food Premise Regulations, every person who intends to sell food to the public (e.g., BBQ fundralser, church supper, etc.) must notify the Health Unit in accordance with Section 16(2) of the Health Protection & Promotion Act. Please complete and submit this form <u>at least two weeks prior</u> to the event date to Public Health. Retain a copy of this form for your records; you will <u>NOT</u> be mailed/faxed a copy. IF THERE ARE CONCERNS, THE PUBLIC HEALTH INSPECTOR WILL CALL THE

PERSON(S) RESPONS	IBLE TO CLAR	IFY.		·					- VALL IIIL
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Name of Event:	0.0			ation (Add		70		2 2 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
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Event Date(s):	indon	Sept	a0/8	2015			Set Up Date:	<u> </u>	20 15
Name of Your Organ	ization:		<u> </u>	1013			Person Resp	Sept	00113
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Bus. Phone: (574)	31-2030.	Horne Pi	ione: 479	1633-2	274	/	Email:	-	
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s the food prepared l	n a kitchen in	spected by	a health t	nit? If ye	s, whe	re?		Branch Land	(1-60m) Hills
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519 (Sep/12)			7			, -			of all modes to

The Personal Information on this Special Events Notification Form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to: ESTPH Privacy Officer, 99 Edward Street, St. Thomas, ON NSP 178; (519) 631-9900; Fax: (519) 631-3745; E-mail: estph@eiginhealth.on.ca

Alderman Dave Warden Chairman

Melanie Knapp Secretary

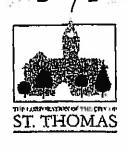
City of St. Thomas Received

Fax Number:

Sponsorship commitments (include alcohol):

Will Alcohol be consumed at this Event?

Expected Attendance: / U 0



Special Events Committee

c/o Clerk's Dept, 545 Talbot St. P.O. Box 520, City Hall St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4125

Fax: (519) 633-9019 Email:mknapp@city.st-thomas.on.ca

MAR 1 6 2015 SPECIAL EVENT PERMIT APPLICATION

ਾர்பித் ஷீஸ் TO BE FILLED IN AND RETURNED TO THE CLERK'S DEPARTMENT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWELVE (12) WEEKS PRIOR TO THE EVENT

NOTE: AN APPLICATION MUST BE SUBMITTED TO THE SPECIAL EVENTS COMMITTEE EVEN IF IT IS AN ANNUAL EVENT. Please refer to the City of St. Thomas Special Events Policy and Procedure Manual. Determine what steps need to be taken for your specific event and adhere to all the rules indicated by the manual and the services which will be involved. Early and thorough preparation when approaching the Special Events Committee and other required services will help ensure a well planned and well run event. The Organization must meet the requirements of the Special Events Policy & Procedure Manual. I have received/reviewed the City of St. Thomas Special Events Policy & Procedure Manual. (Signature of Individual completing this application) **Event Name: End Time:** Date(s): Start Time:⊿ Location(s): Organizing Group: Contact Name: Address: Town/City: Postal Code: Cell Phone Number: Phone Number:

If Yes, you must review and meet the requirements of the City's Alcohol Policy.

Email Address:

Yes D

Will you be requesting your event to be deemed a Community Fest	ival?
(Council approval required)	res □ No D
Are you anticipating any road closures/traffic flow changes?	'es □ No □
NOTE: A Right of Way Occupancy Permit and Council approval wil	l be required for all road
closures.	9
If yes, describe the road closure requirement (Use a separate shee	t if required).
	808
	· · · · · · · · · · · · · · · · · · ·
If the event is a Parade/Run/Walk/Pass through Sporting Event: Route Details (Use a separate sheet if required) The separate sheet if required) Loft of the separate sheet if required to the separate sheet in	u to Elzin
Number of Event Personnel: Number of Vehicles: Number of Tractor Trailers Number of Animals in the Event: Event Details (List all activities. Use a separate sheet if required)	s:
Do you require Municipal Support:	
Labour: Yes D No Z Site Meeting: Yes D No Z Barricades: Yes D No Z Traffic Control: Yes No Z No Parking Signs: Yes D No Detour Signing: Yes D No D Other:	Water: Yes E No B
Has the St. Thomas Fire Department been contacted?	Yes & No D
Has the St. Thomas Police Service been contacted?	Yes © No 🗆
Has the Elgin-St. Thomas Public Health been contacted?	Yes I'No []
Has the Parks and Recreation Department been contacted?	Yes @ No 🗆
Have you obtained an Electrical Safety Authority permit (if required) If yes, Permit #	? Yes a No 🗆
Have you obtained a Fire Hydrant connection permit (if required)? If yes, Permit #	Yes O No 12

Have you obtained a Building Permit for If yes, Permit #	tents larger than 60r	n ² (if required)?	Yes □ No 🖳
Have you obtained a Right of Way occu If yes, Permit #	pancy permit (if requi	red)?	Yes 🛭 No 🕏
Have you submitted a location or site m	ap with the applicatio	n?	Yes D No 2
Has a privately licensed security firm be If yes, what company and how many se	en contacted/retaine curity officers will be	d? present?	Yes D No 0
Have you considered providing First Aid If yes, how do you intend on providing			Yes @ No 🗆
Have you considered provisions for acc Describe:	essibility? i.e. parking	, washrooms	Yes W No 🗆
Volunteers:			24
Will you have volunteers trained in traffilf yes, how many? Other types of volunteers: If yes, how many?		No R	
	(Print name of Individual (Signature of Individual Date of Application	dual completing	
	Date of Application		
 Environmental Services – Roads Environmental Services – Buildii Environmental Services – Prope Corporate Services (Insurance) Fire Department – Fire Prevention Police Services Parks & Recreation Services Elgin-St. Thomas Public Health 	ng Division rty Services on Officer	631-0368 Ext. 631-1680 Ext. 631-1680 Ext. 631-1680 Ext. 631-0210 631-1224 Ext. 633-7112 631-9900	4168 4180 4133
OFFICE USE ONLY Application Received: Special Events Committee Approval: Council Approval: Road Closure Community Festiva Grant Request	Mar. 16/15 Page 3 of 4		

A Certificate of Insurance is required providing proof of all applicable insurance coverages and in the amount designated by the City of St. Thomas; including the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted with this application.

The provision of the completed and signed Statement of Indemnification below is required.

The event organizer is forewarned that an approved event may arbitrarily be altered or cancelled in response to an emergency situation. The use of this authority shall not be unreasonably applied.

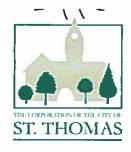
Statement of Indemnification

(Event Name and Organizing Group) M shall indemnify and save harmless The Corporator whom it is at law responsible from any and a actions arising out of:	turcy Lle ation of the City of S all liabilities, damag	Awtents (S.K). St. Thomas and all persons es, costs, claims, suits or
any damage to property including loss of use the including death resulting at any time there from Name and Organizing Group) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	n, occasioned by any ~ q ~ r ~ (< > 5 actors, customers, in reof arising from or ary is due to the act	nvitees or licensees, or occasioned by any cause, default or negligence of The
Witness: R Foll was	Signed:	north glore-
Name (Print): R ROBINSON	Name (Print):	Rus sell R. Robinson
	Address:	364Thampson Rd
	Telephone:	5 19 - 686 - 9996
	Date:	Mar 17/15
e a	Event Name:	Awarehess toda
•	Organizing Group	: BRO. Elign/middle
	Event Dates:	May 03/15

Councillor Wookey Chairman

City of St. Thomas Received

MAR 2 4 2015



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

City Clerks DSPECIAL EVENT PERMIT APPLICATION

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Event Name:	0	ld Court Ho	use Stree	et Party
Date(s):	20 June	Start Time: 4pm		
Location(s):		14 Prince A	lbert Street St	Thomas
Organizing Group:				
Contact Name:		rley & Timothy	Parker	
_		Albert Street		
Town/City:	St Thomas	Postal Code:	N5R1Z6	
Phone Number:	6375702	Cell Phone Number:	5198723656	
Fax Number:		Email Address:		ker@rogers.com
Expected Attendan	ce: 150			
Location and numb	er of washroon	ns in place:		
Will food of any kin	d be available	at this Event?	Yes 🗹	No □
If Yes, you must co	mplete the Spe	ecial Events Notification	on Form available a	t Elgin St Thomas
Public Health.				
Will there be a Pett	ing Zoo or Anir	mals at this Event?	Yes □	No ☑
If Yes, please conta	act Elgin St. Th	omas Public Health fo	or health requireme	nts.
If the type of anima	l is not permitte	ed under the Animal C	ontrol By-law, plea	se contact City
		for the Temporary Ex		-
		ed area used for public		-
		Elgin St. Thomas Pub		
and pertinent local				

Have you obtained a Building Permit for tents larger than 60m² cumulati Yes □ No □ N/A ☑ If yes, Permit #	vely (if required)?
Will Alcohol be consumed at this Event? If Yes, you must review and meet the requirements of the City's Alcohol through the Parks and Recreation Department.	
Will you be requesting your event to be deemed a Municipally Significan	t Event? Yes □No ☑
If Yes, you must obtain Council approval by submitting a letter to the CA	
Are you anticipating any road closures/traffic flow changes? Yes	•
NOTE: A Right of Way Occupancy Permit and Council approval will be re	equired for all road
closures.	
If yes, describe the road closure requirement (Use a separate sheet if re- Requested road closure from the end of Metcalf street at Prince Albert to Prin	quired). ce Albert at Isabel Street.
If the event is a Parade/Run/Walk/Pass through Sporting Event: Route Details (Use a separate sheet if required)	
Number of Event Personnel: Number of Vehicles: Number and Size of Tents: Event Details (List all activities. Use a separate sheet if required)	
	er: Yes
Has the St. Thomas Fire Department been contacted?	Yes □ No □ N/A Ø
Has the St. Thomas Police Service been contacted?	Yes D No D N/A Ø
Has Emergency Medical Services been contacted?	Yes □ No □ N/A ☑
Has the Elgin-St. Thomas Public Health been contacted?	Yes No N/A
Has the Parks and Recreation Department been contacted? If yes, have you rented a pavilion/facility and signed a permit? Please state	Yes □ No □ N/A ☑ te location of rental.

Have you obtained an Electrical Safety Authority permit (if r lf yes, Permit #	required)? Yes 🗆 No 🗆 N/A 🗹
Have you obtained a Fire Hydrant connection permit (if requal figures, Permit #	uired)? Yes □ No □ N/A Ø
Have you obtained a Right of Way occupancy permit (if required lift yes, Permit #	uired)? Yes □ No □ N/A ☑
Have you submitted a location or site map with the applicati	ion? Yes ☑ No ☐ N/A ☐
Has a privately licensed security firm been contacted/retained of yes, what company and how many security officers will be	ed? Yes 🗆 No 🗆 N/A 🗹
Have you considered providing First Aid? If yes, how do you intend on providing that service?	Yes ☑ No ☐ N/A ☐ resident nurses in attendance
Have you considered provisions for accessibility? i.e. parkin Describe: all attendees walk; bathrooms are in r	g, washrooms Yes No esidents' homes.
Volunteers: Will you have volunteers trained in traffic control? If yes, how many? Other types of volunteers and number:	□No □ N/A ☑
(Signature of Individual completing this application)	22rd March 2015 Date of application
 Contacts: Alcohol and Gaming Commission of Ontario CAO/Clerk's Dept – Municipally Significant Event Elgin-St. Thomas Public Health – Healthy Environments Team Emergency Medical Services Environmental Services – Roads & Transportation Environmental Services – Building Division Environmental Services – Property Services Environmental Services – Waste Management Fire Department – Fire Prevention Officer Police Services Parks & Recreation Services St. Thomas Tourism Treasury Department - Insurance 	(416) 326-8700 631-1680 Ext. 4007 631-9900 637-3098 Ext. 30 631-0368 Ext. 5130 631-1680 Ext. 4168 631-1680 Ext. 4180 631-1680 Ext. 4258 631-0210 631-1224 Ext. 141 633-7112 631-1680 ext. 4132 631-1680 Ext. 4105
OFFICE USE ONLY Application Received: Special Events Committee Approval:	21/ 1/2

A Certificate of Insurance is required providing proof of all applicable insurance coverages and in the amount designated by the City of St. Thomas; including the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted with this application.

The provision of the completed and signed Statement of Indemnification below is required.

The event organizer is forewarned that an approved event may arbitrarily be altered or cancelled in response to an emergency situation. The use of this authority shall not be unreasonably applied.

f Indemnificatio	n					
(Event Name and Organizing Group) Kimber W LT (Mothy Pat le shall indemnify and save harmless The Corporation of the City of St. Thomas and all persons for whom it is at law responsible from any and all liabilities, damages, costs, claims, suits or actions arising out of:						
m, occasioned by ar	invitees or licensees, or occasioned by any cause t, default or negligence of The s, employees, contractors,					
Signed:	Limberley Perter					
Name (Print):	Kimberley Parker					
Address:	14 Prince Allert St					
Telephone:	J19.677.J702					
Date:	231d Natch 2015					
Event Name:	old Courthouse Meet					
Organizing Group:	taity					
Event Dates:	20th June 295					
	oration of the City of d all liabilities, damage thereof, and any injustment of the City of d all liabilities, damage thereof, and any injustment of the second of the sec					

Old Courthouse Ar	ea Street Party: 20 June
= Propored area à 4 pm - 12 am	of street closure from , Saturday 20th June, 2015
METCALF ST	± +
	#19
;*	# 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
	# 12 # 18 # 18 # 18 # 18 # 18 # 18 # 18

(SABEL STREET.

-16-

MAR 2 5 2015
City Clerks Dept.



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

SPECIAL EVENT PERMIT APPLICATION

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Event Name:	Pan Am Torch Rel	ay		
Date(s):	June 17	Start Time: 2pm	End Time:	8pm
Location(s):	Various Streets (see map) main event at L&PS (Corridor	
Organizing Group:	St. Thomas ED0	3		
Contact Name:	Megan Pickersgi	<u> </u>		
Address:	605 Talbot Street			
Town/City:	St. Thomas	Postal Code:	N5P 1C6	
Phone Number:	631-1680 x4132	_Cell Phone Number: _	519-871-3475	
Fax Number:		Email Address:	tourism@stthomas.c	a
Expected Attendar	nce: <u>1000</u>	_		
Location and numb	per of washroor	ns in place: 3 portable	e washrooms behind the	L&PS Station
Will food of any kin	nd be available	at this Event?	Yes 🗆	No 💎
If Yes, you must co	omplete the Spo	ecial Events Notification	n Form available a	it Elgin St Thomas
Public Health.				4
Will there be a Pet	ting Zoo or Aniı	mals at this Event?	Yes □	No
If Yes, please cont	act Elgin St. Th	omas Public Health for	r health requireme	nts.
If the type of anima	al is not permitte	ed under the Animal Co	ontrol By-law, plea	se contact City
Animal Services fo	r an application	for the Temporary Exe	emption to the Ani	mal Control By-law.
Will there be an inc	door/tent covere	ed area used for public	assembly as part	of the event?
Yes □ Nowif yes,	please contact	Elgin St. Thomas Publ	ic Health for Smol	ke Free Ontario Act
and pertinent local	by-law require	ments.		

Yes No N/A If yes, Permit #	umulatively (if required)?
Will Alcohol be consumed at this Event? If Yes, you must review and meet the requirements of the City's atthrough the Parks and Recreation Department.	Yes No Management No Managemen
Will you be requesting your event to be deemed a Municipally Sig	gnificant Event? Yes □No 🕶
If Yes, you must obtain Council approval by submitting a letter to	the CAO/Clerk's Department
Are you anticipating any road closures/traffic flow changes?	Yes ♥ No □
NOTE: A Right of Way Occupancy Permit and Council approval	will be required for all road
closures.	
If yes, describe the road closure requirement (Use a separate she - Road closure on Talbot between Moore St and St. Catharines	
- Road closure of Moore Street up to the parking lot (keep open bus access to parking	<u></u>
If the event is a Parade/Run/Walk/Pass through Sporting Event: Route Details (Use a separate sheet if required) Starting at Talbot and Stanley street - Talbot to CIBC at Southwick (short stop here 5 Wellington to L&PS Corridor - Travel up corridor (convoy following on Princess to Talk (arrival scheduled for 5pm at this point) - corridor at Talbot to Alma - Alma to First at Number of Event Personnel: Number of Bands in the Number of Vehicles: Number and Size of Televent Details (List all activities. Use a separate sheet if required) - live music (school bands) - cadets presence in corridor	bot) - Stop for 10 minutes at L&PS Corridor ve (torch run ends here) Event: nts:
Do you require Municipal Support: Labour: Yes	☐ Hydro: Yes ☐ No ☐
Has the St. Thomas Fire Department been contacted?	Yes ♥ No □ N/A □
Has the St. Thomas Police Service been contacted?	Yes No □ N/A □
Has Emergency Medical Services been contacted?	Yes◀ No □ N/A □
Has the Elgin-St. Thomas Public Health been contacted?	Yes No □ N/A □
Has the Parks and Recreation Department been contacted? If yes, have you rented a pavilion/facility and signed a permit? Ple	

Have you obtained an Electrical Safety Authority permit (if really lifyes, Permit #	equired)?	Yes No	□ N/A*
Have you obtained a Fire Hydrant connection permit (if requestion for the second secon	uired)?	Yes □ No	□ N/A
Have you obtained a Right of Way occupancy permit (if required lifyes, Permit #	uired)?	Yes 🗆 No	□ N/A □
Have you submitted a location or site map with the applicati	on?	Yes No	□ N/A □
Has a privately licensed security firm been contacted/retained lf yes, what company and how many security officers will be	ed? present?	Yes 🗆 No	□ N/A □
Have you considered providing First Aid? If yes, how do you intend on providing that service?		Yes □ No	□ N/A □
Have you considered provisions for accessibility? i.e. parking	g, washrooms	Yes No	D
Volunteers: Will you have volunteers trained in traffic control? If yes, how many? Other types of volunteers and number:	No O N/A O		
(Signature of Individual completing this application)		Date of app	olication
Contacts: Alcohol and Gaming Commission of Ontario CAO/Clerk's Dept – Municipally Significant Event Elgin-St. Thomas Public Health – Healthy Environments Team Emergency Medical Services Environmental Services – Roads & Transportation Environmental Services – Building Division Environmental Services – Property Services Environmental Services – Waste Management Fire Department – Fire Prevention Officer Police Services Parks & Recreation Services St. Thomas Tourism Treasury Department - Insurance	(416) 326-870 631-1680 Ext 631-9900 637-3098 Ext 631-0368 Ext 631-1680 Ext 631-1680 Ext 631-1224 Ext 633-7112 631-1680 ext 631-1680 ext	. 4007 . 30 . 5130 . 4168 . 4180 . 4258	#C
OFFICE USE ONLY Application Received: Special Events Committee Approval:	25/15		

A Certificate of Insurance is required providing proof of all applicable insurance coverages and in the amount designated by the City of St. Thomas; including the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted with this application.

The provision of the completed and signed Statement of Indemnification below is required.

The event organizer is forewarned that an approved event may arbitrarily be altered or cancelled in response to an emergency situation. The use of this authority shall not be unreasonably applied.

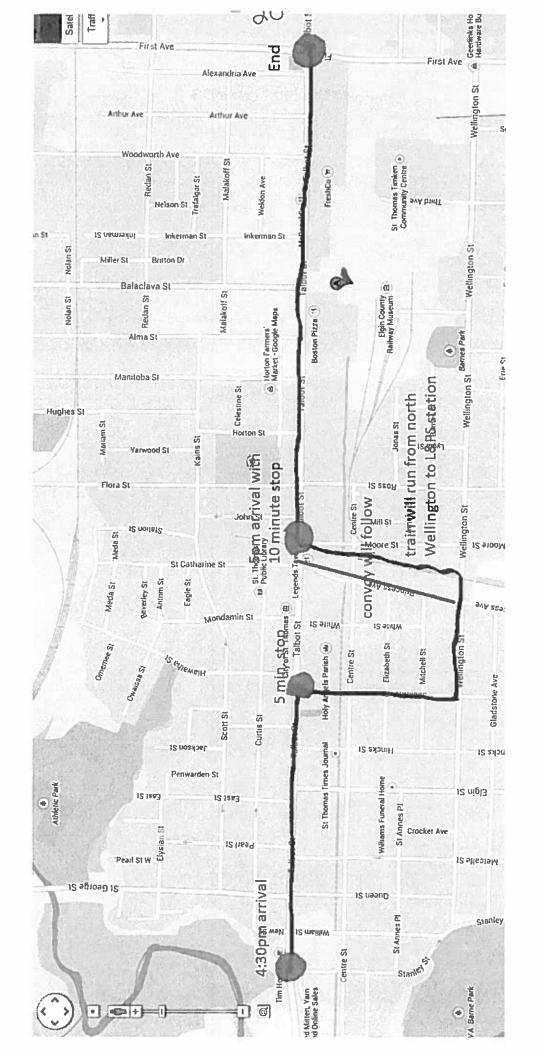
Statement of Indemnification

(Event Name and Organizing Group)

Pan Am Torch Relay and St. Thomas Economic Development Corporation shall indemnify and save harmless The Corporation of the City of St. Thomas and all persons for whom it is at law responsible from any and all liabilities, damages, costs, claims, suits or actions arising out of:

any damage to property including loss of use thereof, and any injury to any person or persons, including death resulting at any time there from, occasioned by any act or omissions of (*Event Name and Organizing Group*) Pan Am Torch Relay and St. Thomas Economic Development Corporation, its officers, agents, servants, employees, contractors, customers, invitees or licensees, or occurring in or on the premises or any part thereof arising from or occasioned by any cause whatsoever, except where such damage or injury is due to the act, default or negligence of The Corporation of the City of St. Thomas its officers, agents, servants, employees, contractors, customers, invitees or licensees.

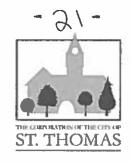
Witness:	Signed: _	
Name (Print):	Name (Print):	Megan Pickersgill
	Address: _	545 Talbot Street
	Telephone: _	631-1680 x4132
	Date:	March 18, 2015
	Event Name: _	Pan Am Torch Relay
	Organizing Group: _	St. Thomas EDC
6	Event Dates:	June 17 2015



City of St. Thomas Received

2 5 2015

City Clerks Dept.



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

SPECIAL EVENT PERMIT APPLICATION

THIS FORM TO BE FILLED IN AND RETURNED TO THE CAO/CLERK'S DEPARTMENT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWELVE (12) WEEKS PRIOR TO THE EVENT

Please refer to the City of St. Thomas Special Events Manual. Determine what steps need to be taken for your specific event and adhere to all the rules indicated by the manual and the services which will be involved. Early and thorough preparation when approaching the Special Events Committee and other required services will help ensure a well planned and well run event.

The Organization must meet the requirements of the Special Events Manual. PREDICTION: WALK / RUN CYCLE EVENTS Ontario Senior 55+ games **Event Name:** Date(s): Start Time: 9 am End Time: 1 pm PAJED TRAILS @ PINA PORE PARK. Location(s): District 31 Organizing Group: 91 mes Contact Name: hute (Sec. district 31 Jouce ST. Address: 5T. Thomas Postal Code: NSP 3M3 Town/City: Phone Number: 519 6338861 Cell Phone Number: 519 670 - 8953 chute 63 @ gmail. com Fax Number: Email Address: Expected Attendance: 30 - 40 Location and number of washrooms in place: facilities @ park. Will food of any kind be available at this Event? Yes 🗆 No V If Yes, you must complete the Special Events Notification Form available at Elgin St Thomas Public Health. Will there be a Petting Zoo or Animals at this Event? No V Yes 🗆 If Yes, please contact Elgin St. Thomas Public Health for health requirements. If the type of animal is not permitted under the Animal Control By-law, please contact City Animal Services for an application for the Temporary Exemption to the Animal Control By-law. Will there be an indoor/tent covered area used for public assembly as part of the event? Yes ☐ No 1/1 yes, please contact Elgin St. Thomas Public Health for Smoke Free Ontario Act and pertinent local by-law requirements.

Have you obtained a Building Permit for tents larger than 60m Yes No N/A / If yes, Permit #	n ² cumulatively (if required)?
Will Alcohol be consumed at this Event? If Yes, you must review and meet the requirements of the City through the Parks and Recreation Department.	Yes No Vorsiable
Will you be requesting your event to be deemed a Municipally	Significant Event? Ves TNo -
If Yes, you must obtain Council approval by submitting a letter	
Are you anticipating any road closures/traffic flow changes?	
NOTE: A Right of Way Occupancy Permit and Council approv	
closures.	ai will be required for all road
If yes, describe the road closure requirement (Use a separate	sheet if required).
If the event is a Parade/Run/Walk/Pass through Sporting Even Route Details (Use a separate sheet if required) We plan px using payed train	15 thru son
predict Time they will tak	55+ and they
Number of Event Personnel: 5-10 Number of Bands in t	
Number of Vehicles: Number and Size of	
Event Details (List all activities. Use a separate sheet if require	ed)
SeverAL DISTRICT 31 VOLUNTE to ensure safety first.	eers along trails
Do you require Municipal Support:	
Labour: Yes No Site Meeting Yes N	o 🗸 Water: Yes 🗆 No 🖍
Barricades: Yes No Y Traffic Control: Yes No No Parking Signs: Yes No Y Detour Signing: Yes No No Other:	No Hydro: Von Cal No Car
Has the St. Thomas Fire Department been contacted?	Yes No N/A
las the St. Thomas Police Service been contacted?	Yes □ No □ N/A ✓
las Emergency Medical Services been contacted?	Yes □ No □ N/A 🗸
las the Elgin-St. Thomas Public Health been contacted?	Yes □ No □ N/A 🗸
las the Parks and Recreation Department been contacted? f yes, have you rented a pavilion/facility and signed a permit? P	Yes No N/A

(Signature of Individual completing this application) Contacts: Alcohol and Gaming Commission of Ontario CAO/Clerk's Dept – Municipally Significant Event Elgin-St. Thomas Public Health – Healthy Environments Team Emergency Medical Services Environmental Services – Roads & Transportation Environmental Services – Building Division Environmental Services – Property Services Environmental Services – Waste Management Fire Department – Fire Prevention Officer Police Services Parks & Recreation Services St. Thomas Tourism Treasury Department - Insurance	(416) 326-870 631-1680 Ext. 631-9900 637-3098 Ext. 631-0368 Ext. 631-1680 Ext. 631-1680 Ext. 631-0210 631-1224 Ext. 633-7112 631-1680 ext. 4	4007 30 5130 4168 4180 4258 141
(Signature of Individual completing this application)	7.	Date of application
Volunteers: Will you have volunteers trained in traffic control? If yes, how many? 5-10 Depends Other types of volunteers and number:	No NA	
Have you considered provisions for accessibility? i.e. parki Describe: <u>facilities</u> @ Park will	ing, washrooms	Yes No V
Have you considered providing First Aid? If yes, how do you intend on providing that service?		Yes No N/A
Has a privately licensed security firm been contacted/retail If yes, what company and how many security officers will to	ined? be present?	Yes No No N/A
Have you submitted a location or site map with the applica	ation?	Yes □ No ✓ N/A □
Have you obtained a Right of Way occupancy permit (if re	equired)?	Yes No N/A 🗸
	equired)?	Yes No NA
Have you obtained a Fire Hydrant connection permit (if re		

Special Events Committee Approval:

A Certificate of Insurance is required providing proof of all applicable insurance coverages and in the amount designated by the City of St. Thomas; including the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted with this application.

The provision of the completed and signed Statement of Indemnification below is required. ASAP

Following Revision

The event organizer is forewarned that an approved event may arbitrarily be altered or cancelled in response to an emergency situation. The use of this authority shall not be unreasonably applied.

Statement of Indemnification

any damage to property including loss of use thereof, and any injury to any person or persons, including death resulting at any time there from, occasioned by any act or omissions of (*Event Name and Organizing Group*) OSGA 55 t games DISTRICT 31, its officers, agents, servants, employees, contractors, customers, invitees or licensees, or occurring in or on the premises or any part thereof arising from or occasioned by any cause whatsoever, except where such damage or injury is due to the act, default or negligence of The Corporation of the City of St. Thomas its officers, agents, servants, employees, contractors, customers, invitees or licensees.

Witness: Joan Peters Signed: faral bhute

Name (Print): 10 PN PETERS Name (Print): CAROL CHUTE

Address: 51 Joyce 37.

57. Thomas
Telephone: 519-633-8862

Date: MAR 25 / 2015

Event Name: 05GA 55+ games

Organizing Group: District 31

Event Dates: <u>June 12/15</u>
Rain date Jun 15/15

SPECIAL EVENTS COMMITTEE

Information letter re: OSGA 55+ games / district 31

We are currently making an effort to get district 31 back on track after a short absence from the Ontario Senior Games 55+ organization. Elgin/Oxford are the two counties within the district and we are planning on holding 12-14 events in various locations within those counties begin May 20th to June 17th 2015.

St. Thomas is hosting Shuffleboard, & Contract Bridge at the St. Thomas Senior Center and Pickleball is being held at St. Joe's High School Gymnasium. Other host cities and towns are Woodstock, Ingersoll, Tillsonburg, Port Stanley and Thamesford.

We would like to hold Run/walk/cycle prediction events at Pinafore as it's a lovely park and since the events would be on one day, from 9-1pm in June, it's before the park gets too busy with summer activities.

Our Insurance coverage is currently being revised and won't be available until after April 1st but I * can get you a copy immediately after it's in place.

We will have lots of volunteers to stand along trail to be sure it goes off without a hitch and that safety measures will be followed as these participates are all over 55-years of age.

The main purpose of the games is too encourage anyone 55 and over to participate, have fun, with friendly competition. We would also like them to bring a friend along to enjoy the day and see old friends and make new ones.

If you need any further information please don't hesitate to contact me and I will do my best to answer your concerns or get the information for you. I am hoping St. Thomas will play a big part in the success of these games as the Regional Games are being held in London in Sept. and anyone that wishes to go on (winners in their divisions) can participate there and represent Elgin /Oxford district 31.

Thanks for the opportunity

to meet with your committee

Sincerely Carol Chute (secretary /31)

baral bhuxe

P.S. * Please find current Insurance form - to be ruised april 1/2015.

- 26 -

Councillor Wookey Chairman

Gity of Bt. Thomas

MAR 2 5 2015

City Clerks Dept.



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

SPECIAL EVENT PERMIT APPLICATION

THIS FORM TO BE FILLED IN AND RETURNED TO THE CAO/CLERK'S DEPARTMENT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWELVE (12) WEEKS PRIOR TO THE EVENT

Please refer to the City of St. Thomas Special Events Manual. Determine what steps need to be taken for your specific event and adhere to all the rules indicated by the manual and the services which will be involved. Early and thorough preparation when approaching the Special Events Committee and other required services will help ensure a well planned and well run event.

Event Name: MONSIGNOR MORRISON DAY PARADE
Date(s): MAY 12 Start Time: 930 am End Time: 1130 am
Location(s): 10 SOUTH EAG-EWARE RO
Organizing Group: MONSIGNOR HORRISON COMMITTEE
Contact Name: MARIA GIAMPA
Address: 10 SOUTH ENSEWARE RO.
Town/City: ST.THOHAS Postal Code: N5P2# Z
Phone Number: 519-675-4416 Cell Phone Number: 519-639-7832
Fax Number: 675-4656 Email Address: Vwalt Doffice . Idcsb.on.ca
Expected Attendance: 350
Location and number of washrooms in place:
Will food of any kind be available at this Event? Yes □ No ₺
If Yes, you must complete the Special Events Notification Form available at Elgin St Thomas
Public Health.
Will there be a Petting Zoo or Animals at this Event? Yes □ No ₽
If Yes, please contact Elgin St. Thomas Public Health for health requirements.
If the type of animal is not permitted under the Animal Control By-law, please contact City
Animal Services for an application for the Temporary Exemption to the Animal Control By-law.
Will there be an indoor/tent covered area used for public assembly as part of the event?
Yes □ No ☑ If yes, please contact Elgin St. Thomas Public Health for Smoke Free Ontario Act
and pertinent local by-law requirements.

Yes No NAW If yes, Permit #	ly (if required)?
Will Alcohol be consumed at this Event? If Yes, you must review and meet the requirements of the City's Alcohol Pothrough the Parks and Recreation Department.	No to local name of the local
Will you be requesting your event to be deemed a Municipally Significant E	Event? Yes 🗆 No 🖭
If Yes, you must obtain Council approval by submitting a letter to the CAO	/Clerk's Department.
Are you anticipating any road closures/traffic flow changes? Yes	No 11 tossibly
NOTE: A Right of Way Occupancy Permit and Council approval will be req	juired for all road
closures. WE HAVE SPOKEN TO ST. THOMAS I	PULICE
If yes, describe the road closure requirement (Use a separate sheet if requirement (U	ired).
If the event is a Parade/Run/Walk/Pass through Sporting Event: Route Details (Use a separate sheet if required)	
Number of Event Personnel: Number of Bands in the Event:	=
Number of Vehicles: Number and Size of Tents:	
Event Details (List all activities. Use a separate sheet if required)	
	— Ti - 9 (1994)
Do you require Municipal Support: Labour: Yes D No D Site Meeting: Yes D No D Water Barricades: Yes D No D Traffic Control: Yes D No D Hydro No Parking Signs: Yes D No D Detour Signing: Yes D No D Portable Other:	: Yes 🗓 No 🗇 Hydro Panel Yes 🖟 No 🗇
Has the St. Thomas Fire Department been contacted?	Yes R No D N/A
Has the St. Thomas Police Service been contacted?	Yes NO D N/A
Has Emergency Medical Services been contacted?	Yes VI No 🛭 N/A
Has the Elgin-St. Thomas Public Health been contacted?	Yes You B N/A
Has the Parks and Recreation Department been contacted? If yes, have you rented a pavilion/facility and signed a permit? Please state	Yes D No DN/AS location of rental.

Have you obtained an Electrical Safety Authority permit (if reference of the second of	equired)?	Yes 13 No 13 N/A
Have you obtained a Fire Hydrant connection permit (if required lifyes, Permit #	uired)?	Yes D No DN/AL
Have you obtained a Right of Way occupancy permit (if required lifyes, Permit #	uired)?	Yes [] No [] N/A &
Have you submitted a location or site map with the applicati	ion?	Yes 🗆 No 🗆 N/A 🗹
Has a privately licensed security firm been contacted/retained by the security officers will be security officers will be		Yes O No C N/A C
Have you considered providing First Aid? If yes, how do you intend on providing that service?	WE TRAI	Yes I No II N/A II HAVE OUR OU NE O FIRST AV
Have you considered provisions for accessibility? i.e. parkin Describe: <u>GCW</u> + POLICE ARE ON	g, washrooms	Yes 12 No 1
Volunteers: Will you have volunteers trained in traffic control? Yes If yes, how many? Other types of volunteers and number:		
(Signature of Individual completing this application)		MAL 25/15 Date of application
Contacts: Alcohol and Garning Commission of Ontario CAO/Clerk's Dept – Municipally Significant Event Elgin-St. Thomas Public Health – Healthy Environments Team Emergency Medical Services Environmental Services – Roads & Transportation Environmental Services – Building Division Environmental Services – Property Services Environmental Services – Waste Management Fire Department – Fire Prevention Officer Police Services Parks & Recreation Services St. Thomas Tourism Treasury Department - Insurance	(416) 326-876 631-1680 Ext 631-9900 637-3098 Ext 631-0368 Ext 631-1680 Ext 631-1680 Ext 631-0210 631-1224 Ext 633-7112 631-1680 ext 631-1680 Ext	. 4007 . 30 . 5130 . 4168 . 4180 . 4258 . 141
OFFICE USE ONLY Application Received:		

Councillor Wookey Chairman

City of St. Thomas

MAR 2.5 2015



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

City Clerks Dept

SPECIAL EVENT PERMIT APPLICATION

THIS FORM TO BE FILLED IN AND RETURNED TO THE CAO/CLERK'S DEPARTMENT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWELVE (12) WEEKS PRIOR TO THE EVENT

Please refer to the City of St. Thomas Special Events Manual. Determine what steps need to be taken for your specific event and adhere to all the rules indicated by the manual and the services which will be involved. Early and thorough preparation when approaching the Special Events Committee and other required services will help ensure a well planned and well run event.

Event Name: Ahn	Led CMHA Montal Hoalth V	Velk Fundraiser BBQ
Date(s):	May 4, 2015 Start Time:	
Location(s):	Hopburn Park - 442	Talbot St.
Organizing Group	: <u>Canadian Mental Health</u>	Association
Contact Name:	Melisa Moore or Collean S	spenard
Address:	110 centre Street	
Town/City:	St. TNOMOS Postal Code:	NSR 229
Phone Number:	<u> </u>	
Fax Number:	Email Address:	melisam@cmhaelgin-ca
Expected Attenda	nce:	5
Location and num	ber of washrooms in place: <u>0 - por</u>	table washrooms
Will food of any ki	nd be available at this Event?	Yes No 🗆
lf Yes, you must c	complete the Special Events Notification	on Form available at Elgin St Thomas
Public Health.		
Will there be a Pe	tting Zoo or Animals at this Event?	Yes □ No ☑
lf Yes, please con	tact Elgin St. Thomas Public Health fo	or health requirements.
If the type of anim	al is not permitted under the Animal C	Control By-law, please contact City
Animal Services fo	or an application for the Temporary Ex	kemption to the Animal Control By-law.
Will there be an in	door/tent covered area used for publi	c assembly as part of the event?
Yes 🗋 No 🗹 If yes, please contact Elgin St. Thomas Public Health for <i>Smoke Free Ontario Act</i>		
	I by-law requirements.	

Have you obtained a Building Permit for tents larger than 60m² cumulatively (if required)? Yes □ No □ N/A ☑ If yes, Permit #
Will Alcohol be consumed at this Event? Yes □ No ☑ If Yes, you must review and meet the requirements of the City's Alcohol Policy available through the Parks and Recreation Department.
Will you be requesting your event to be deemed a Municipally Significant Event? Yes □No ☑
If Yes, you must obtain Council approval by submitting a letter to the CAO/Clerk's Department.
Are you anticipating any road closures/traffic flow changes? Yes □ No ☑
NOTE: A Right of Way Occupancy Permit and Council approval will be required for all road
ciosures.
If yes, describe the road closure requirement (Use a separate sheet if required).
If the event is a Parade/Run/Walk/Pass through Sporting Event: Route Details (Use a separate sheet if required)
Number of Event Personnel: Number of Bands in the Event:
Number of Vehicles: Number and Size of Tents:
Event Details (List all activities. Use a separate sheet if required)
Do you require Municipal Support: Labour: Yes No Site Meeting: Yes No Water: Yes No Mater: Yes No M
Has the St. Thomas Fire Department been contacted? Yes □ No ☑ N/A □
Has the St. Thomas Police Service been contacted? Yes □ No ☑ N/A □
Has Emergency Medical Services been contacted? Yes □ No ☑ N/A □
Has the Elgin-St. Thomas Public Health been contacted? Yes ☑ No □ N/A □
Has the Parks and Recreation Department been contacted? Yes □ No ☑/N/A □ If yes, have you rented a pavilion/facility and signed a permit? Please state location of rental.

Have you obtained an Electrical Safety Authority permit (if If yes, Permit #	required)?	Yes □ No 교∕N/A □
Have you obtained a Fire Hydrant connection permit (if rec	quired)?	Yes □ No ☑N/A□
Have you obtained a Right of Way occupancy permit (if red	quired)?	Yes □ No M/N/A □
Have you submitted a location or site map with the applica-	tion?	Yes □ No N/A □
Has a privately licensed security firm been contacted/retain If yes, what company and how many security officers will b	ned? e present?	Yes □ No N/A □
Have you considered providing First Aid? If yes, how do you intend on providing that service?		Yes No NA Details and ket on site
Have you considered provisions for accessibility? i.e. parkin Describe:	rg, washrooms	Yes ✓ No □
Will you have volunteers trained in traffic control? If yes, how many? Other types of volunteers and number: (Signature of Individual completing this application)	SERVE DESCRIPTION	
Contacts: • Alcohol and Gaming Commission of Ontario • CAO/Clerk's Dept – Municipally Significant Event • Elgin-St. Thomas Public Health – Healthy Environments Team • Emergency Medical Services • Environmental Services – Roads & Transportation • Environmental Services – Building Division • Environmental Services – Property Services • Environmental Services – Waste Management • Fire Department – Fire Prevention Officer • Police Services • Parks & Recreation Services • St. Thomas Tourism • Treasury Department - Insurance	(416) 326-876 631-1680 Ext 631-9900 637-3098 Ext 631-0368 Ext 631-1680 Ext 631-1680 Ext 631-0210 631-1224 Ext 633-7112 631-1680 ext 631-1680 Ext	. 4007 . 30 . 5130 . 4168 . 4180 . 4258 . 141
Application Received: Special Events Committee Approval:	25/15	

insurance:

A Certificate of insurance is required providing proof of all applicable insurance coverages and in the amount designated by the City of St. Thomas; including the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted with this application.

The provision of the completed and signed Statement of Indemnification below is required.

The event organizer is forewarned that an approved event may arbitrarily be altered or cancelled in response to an emergency situation. The use of this authority shall not be unreasonably applied.

Statement of Indemnification

(Event Name and Organizing Group) Mental Health Well BEQ Fundraiser - Health Assoc. shall indemnify and save harmless The Corporation of the City of St. Thomas and all persons for whom it is at law responsible from any and all liabilities, damages, costs, claims, suits or actions arising out of:

any damage to property including loss of use thereof, and any injury to any person or persons, including death resulting at any time there from, occasioned by any act or omissions of (*Event Name and Organizing Group*) Canada Mental Health Association, its officers, agents, servants, employees, contractors, customers, invitees or licensees, or occurring in or on the premises or any part thereof arising from or occasioned by any cause whatsoever, except where such damage or injury is due to the act, default or negligence of The Corporation of the City of St. Thomas its officers, agents, servants, employees, contractors, customers, invitees or licensees.

Witness: Nellesa Moore Signed: Fully Hogstra - Freshore (Print): Melisa Moore Name (Print): Kuly Hogstra - Freshore Address: Ho Cinera J Director Director Signed: Signed: Signed: Signed: Signed: Signed: Signed: Signed: Manual Signed: Signed: Manual Signed: Signed: Manual Sign

Event Dates:

Obroi St. Thomas

FEB 19 2015

City Clerks Dept.



Special Events Committee

c/o CAO/Clerk's Dept, 545 Talbot St., St. Thomas, ON N5P 3V7 Phone: (519) 631-1680 Ext. 4007

Fax: (519) 633-9019

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Nov. 20

SPECIAL EVENT PERMIT APPLICATION

THIS FORM TO BE FILLED IN AND RETURNED TO THE CAO/CLERK'S DEPARTMENT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF TWELVE (12) WEEKS PRIOR TO THE EVENT

Please refer to the City of St. Thomas Special Events Manual. Determine what steps need to be taken for your specific event and adhere to all the rules indicated by the manual and the services which will be involved. Early and thorough preparation when approaching the Special Events Committee and other required services will help ensure a well planned and well run event.

Event Name: Holiday Fantasy of Lights		
Date(s): Nov AS - Oce 3 Start Time: Spr End Time: Loron		
Location(s): Pinatore Park		
Organizing Group:		
Contact Name: Brewon melellan		
Address: 248 Wellington		
Town/City: 87.7 homes Postal Code: USR 287		
Phone Number: <u>\$\9\63\.453\6</u> Cell Phone Number:		
Fax Number: Email Address: https://doi.org/10.1000/		
Expected Attendance: unknown		
Location and number of washrooms in place: Using Parks washrooms		
Will food of any kind be available at this Event? Yes ☒ No □		
If Yes, you must complete the Special Events Notification Form available at Elgin St Thomas		
Public Health.		
Will there be a Petting Zoo or Animals at this Event? Yes □ No 🏋		
If Yes, please contact Elgin St. Thomas Public Health for health requirements.		
If the type of animal is not permitted under the Animal Control By-law, please contact City		
Animal Services for an application for the Temporary Exemption to the Animal Control By-law.		
Will there be an indoor/tent covered area used for public assembly as part of the event?		
Yes No , If yes, please contact Eigin St. Thomas Public Health for Smoke Free Ontario Act		
Yes No , If yes, please contact Elgin St. Thomas Public Health for Smoke Free Ontario Act		

Ballding Permit for tents larger than 60m² cumulat	ively (if required)?
Yes you must review and meet the requirements of the City's Alcohol through the Parks and Recreation Department.	□ No ★ l Policy available
you be requesting your event to be deemed a Municipally Significan	nt Event? Yes □No □
If Yes, you must obtain Council approval by submitting a letter to the CA	
Are you anticipating any road closures/traffic flow changes? Yes	
NOTE: A Right of Way Occupancy Permit and Council approval will be	•
closures.	
If yes, describe the road closure requirement (Use a separate sheet if re	equired).
If the event is a Parade/Run/Walk/Pass through Sporting Event: Route Details (Use a separate sheet if required)	***
Number of Event Personnel: Number of Bands in the Event Number of Vehicles: Number and Size of Tents: Event Details (List all activities. Use a separate sheet if required)	
Do you require Municipal Support: Labour: Yes □ No ৷ Site Meeting: Yes □ No . Wa Barricades: Yes □ No . Traffic Control: Yes □ No . Hyo No Parking Signs: Yes □ No . Detour Signing: Yes □ No . Portat Other:	ter: Yes ː젎 No □ Iro: Yes ﹒젎 No □ ble Hydro Panel Yes □ No □
Has the St. Thomas Fire Department been contacted?	Yes □ No □ N/A 💢
Has the St. Thomas Police Service been contacted?	Yes □ No □ N/A 🌠
Has Emergency Medical Services been contacted?	Yes 🗆 No 🗅 N/A 💋
Has the Elgin-St. Thomas Public Health been contacted?	Yes □ No □ N/A 🏋
Has the Parks and Recreation Department been contacted? If yes, have you rented a pavilion/facility and signed a permit? Please sta	Yes ⊠ No □ N/A □ ate location of rental.

Have you obtained an Electrical Safety Authority permit (if relatives, Permit #	equired)?	Yes 🗆 N	lo □N/A∀
Have you obtained a Fire Hydrant connection permit (if requirements, Permit #	iired)?	Yes 🗆 N	io XN/AX
Have you obtained a Right of Way occupancy permit (if required if yes, Permit #	uired)?	Yes 🗆 1	&A\N ☐ oi⁄
Have you submitted a location or site map with the application	on?	Yes 🗆 1	Vo □ N/A)
Has a privately licensed security firm been contacted/retained lf yes, what company and how many security officers will be	ed? present? <u>lo</u> d	Yes 🗆 N	No K N/A
Have you considered providing First Aid? If yes, how do you intend on providing that service?		Yes 🗆 N	No 🗆 N/A)
Have you considered provisions for accessibility? i.e. parking Describe:	g, washrooms	Yes 🗹	No 🛭
Volunteers: Will you have volunteers trained in traffic control? Yes If yes, how many? Other types of volunteers and number:	No X N/A□		
(Signature of Individual completing this application)	ZI.	Feb 1 Date of a	9//5 pplication
 Contacts: Alcohol and Gaming Commission of Ontario CAO/Clerk's Dept – Municipally Significant Event Elgin-St. Thomas Public Health – Healthy Environments Team Emergency Medical Services Environmental Services – Roads.& Transportation Environmental Services – Building Division Environmental Services – Property Services Environmental Services – Waste Management Fire Department – Fire Prevention Officer Police Services Parks & Recreation Services St. Thomas Tourism Treasury Department - Insurance 	(416) 326-870 631-1680 Ext 631-9900 637-3098 Ext 631-0368 Ext 631-1680 Ext 631-1680 Ext 631-1224 Ext 633-7112 631-1680 ext 631-1680 ext	1. 4007 1. 30 1. 5130 1. 4168 1. 4180 1. 4258 1. 141	
OFFICE USE ONLY Application Received: Special Events Committee Approval:	115	-	