

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.

Event Name: CIBC RUN FOR THE CURE BBQ
Date(s): SEPT 4/15 Start Time: 11:00 End Time: 3:00
Location(s): Hepburn Park
Organizing Group: CIBC BRANCH
Contact Name: SANDRA SOUSA
Address: 440 TALBOT ST.
Town/City: ST. THOMAS Postal Code: N5P 3T7
Phone Number: 519-631-1280 x 230 Cell Phone Number: _____
Fax Number: 519-633-5353 Email Address: SANDRA.SOUSA@CIBC.COM
Expected Attendance: 50 1, basement
Location and number of washrooms in place: _____ no public 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 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 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 closures.

If yes, describe the road closure requirement (Use a separate sheet if required).

If Heptagon Parkette is not available, they
would like to use the sidewalk in front.

If the event is a Parade/Run/Walk/Pass through Sporting Event:

Route Details (Use a separate sheet if required)

Number of Event Personnel: 6 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)

BBO

Do you require Municipal Support:

Labour: Yes ☐ No ☒ Site Meeting: Yes ☐ No ☒ Water: Yes ☐ No ☒

Barricades: Yes ☐ No ☒ Traffic Control: Yes ☐ No ☒ Hydro: Yes ☐ No ☒

No Parking Signs: Yes ☐ No ☒ Detour Signing: Yes ☐ No ☒ Portable Hydro Panel Yes ☐ No ☒

Other: _____

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 required)? Yes ☐ No ☒ N/A ☐
 If yes, Permit # _____

Have you obtained a Fire Hydrant connection permit (if required)? Yes ☐ No ☒ N/A ☐
 If yes, Permit # _____

Have you obtained a Right of Way occupancy permit (if required)? Yes ☐ No ☒ N/A ☐
 If yes, Permit # _____

Have you submitted a location or site map with the application? Yes ☐ No ☒ N/A ☐


Has a privately licensed security firm been contacted/retained? Yes ☐ No ☒ N/A ☐
 If yes, what company and how many security officers will be present? _____

Have you considered providing First Aid? Yes ☐ No ☐ N/A ☒
 If yes, how do you intend on providing that service? _____

Have you considered provisions for accessibility? i.e. parking, washrooms Yes ☐ No ☒
 Describe: _____

Volunteers:

Will you have volunteers trained in traffic control? Yes ☐ No ☒ N/A ☐
 If yes, how many? _____
 Other types of volunteers and number: _____


 (Signature of Individual completing this application)

Aug 31/15
 Date of application

Contacts:

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| • Alcohol and Gaming Commission of Ontario | (416) 326-8700 |
| • CAO/Clerk's Dept – Municipally Significant Event | 631-1680 Ext. 4007 |
| • Elgin-St. Thomas Public Health – Healthy Environments Team | 631-9900 |
| • Emergency Medical Services | 637-3098 Ext. 30 |
| • Environmental Services – Roads & Transportation | 631-0368 Ext. 5130 |
| • Environmental Services – Building Division | 631-1680 Ext. 4168 |
| • Environmental Services – Property Services | 631-1680 Ext. 4180 |
| • Environmental Services – Waste Management | 631-1680 Ext. 4258 |
| • Fire Department – Fire Prevention Officer | 631-0210 |
| • Police Services | 631-1224 Ext. 141 |
| • Parks & Recreation Services | 633-7112 |
| • St. Thomas Tourism | 631-1680 ext. 4132 |
| • Treasury Department - Insurance | 631-1680 Ext. 4105 |

OFFICE USE ONLY

Application Received:

Special Events Committee Approval:

Aug 31/15

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) _____
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)** _____,
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: _____

Name (Print): _____

Signed: _____

Name (Print): _____

Address: _____

Telephone: _____

Date: _____

Event Name: _____

Organizing Group: _____

Event Dates: _____

Special Events Notification Form

99 Edward Street
St. Thomas, ON N5P 1Y8
Phone: (519) 631-8900
1-800-922-0096
Fax: (519) 633-0468
www.elginhealth.on.ca

Note: Regardless of Exemptions under the Food Premise Regulations, every person who intends to sell food to the public (e.g., BBQ fundraiser, 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 at least two weeks prior to the event date to Public Health. Retain a copy of this form for your records; you will NOT be mailed/faxed a copy. IF THERE ARE CONCERNS, THE PUBLIC HEALTH INSPECTOR WILL CALL THE PERSON(S) RESPONSIBLE TO CLARIFY.

Event Information

Name of Event: CIBC Run for the Cure BBQ		Event Location (Address):	
Event Date(s): SEPT 4/15		Set Up Date: SEPT 4/15	
Name of Your Organization: CIBC		Person Responsible: SANDRA SOUSA	
Bus. Phone: ()	Home Phone: (519) 631-1280 X230	Email: SANDRA.SOUSA@CIBC.COM	

Concession Site:

<input checked="" type="checkbox"/> Tent	<input type="checkbox"/> Trailer	<input type="checkbox"/> Church	<input type="checkbox"/> Business Establishment	<input type="checkbox"/> Other
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How is the water supplied?

<input type="checkbox"/> Municipally Supplied	<input type="checkbox"/> Well Water Supply	<input checked="" type="checkbox"/> Commercial Bottled Water
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Describe handwashing station: must be equipped with liquid soap in a dispenser & paper towels

<input type="checkbox"/> fixed sink with hot & cold running water	<input type="checkbox"/> Coffee urn or portable supply with basin to catch waste water	<input type="checkbox"/> Other
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What type of sink is provided for utensil washing?

<input type="checkbox"/> 2 compartment dishwashing	<input type="checkbox"/> 3 compartment dishwashing	<input type="checkbox"/> Other explain:
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How will you dispose of waste water?

<input type="checkbox"/> Plumbed to municipal sewer	<input type="checkbox"/> collect for disposal in sanitary facility
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How will you keep food hot?

<input type="checkbox"/> steam table	<input type="checkbox"/> warmer	<input type="checkbox"/> oven	<input type="checkbox"/> grill	<input checked="" type="checkbox"/> BBQ
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How will you keep food cold?

<input type="checkbox"/> freezer	<input type="checkbox"/> refrigerator	<input checked="" type="checkbox"/> ice chests/coolers	<input type="checkbox"/> Other explain:
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How will you dispose of garbage?

<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> Other explain:
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Is the food prepared in a kitchen inspected by a health unit? If yes, where?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Name of establishment and location:
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Food items to be served: (please list)	Food supplier or store/business where purchased	Address	Phone
1. HOT DOGS	REAL CANADIAN	50-1063	(519) 637-6358
2. SAUSAGES	SUPERSTORE	TALBOT ST.	()
3. BUNS		ST. THOMAS	()
4. POP/WATER			()
5. CHIPS			()

Note: The use and/or sale of uninspected meats & unpasteurized milk/milk products are strictly prohibited.

Signature of person(s) responsible for event:	Date: AUG 31/15
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