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

**COMMITTEE ROOM 204** 

CITY HALL

3:00 P.M.

May 4, 2016

#### **MINUTES**

Confirmation of the minutes of the meeting held on April 6, 2016.

### PETITIONS AND COMMUNICATIONS

### **Permit Applications**

Monsignor Morrison Day Parade - May 6, 2016 Pages 2-7

Old Court House Street Party - June 18, 2016 Pages 8-14

Walk for Lou Gehrig's Disease - Believe Army - September 24, 2016 Pages 15-19

Pride BBQ - Central Community Health Centre - July 22, 2016 Pages 20-25

Seniors Picnic in the Park - July 13, 2016 Pages 26-31

Centennial of WW1 Departure of Soldiers - Elgin Regiment Assoc. - June 25, 2016 Pages 32-34

Iron Horse Festival - August 18-21, 2016 Pages 35-38

Fundraising BBQ - PSNE - June 30 and July 29, 2016 Pages 39-44

Day Out With Thomas - ECRM - July 16, 17 and 22-24, 2016 Pages 45-53

### **UNFINISHED BUSINESS**

Northern Heat Rib Series – St. Thomas Ribfest – July 8-10, 2016 REVISED Page 54

#### **NEW BUSINESS**

### **NEXT MEETING**

June 1, 2016

### **ADJOURNMENT**

| SECTION 1: EVEN      | IT AND ORGANIZER INFORMATION   |
|----------------------|--|
| Event Name:          | MONSIGNOR MORRISON PAY PARADE  |
| Date(s):             | FRI. MAY 6 2016  |
| Start Time:          | 9:30 am End Time: 11:30 a.m.   |
| Location(s):         | 10 SOUTH EDGENARE RD   |
| Organizing Group:    | MONSIGNOR MORRISON COHHITTEE   |
| Contact Name #1:     | MARIA GIAMPA #2: VICKI WALT  |
| Street Address:      | 10 S. EDGEWARE RD.   |
| Town/City:           | 2T. THOHAS Province: ON Postal Code: N5A2HZ  |
| Phone Number #1:     | 519.675.4416 #2: 519.639 7832  |
| Email Address:       | Vwalt@office. Idesb. on ca   |
| Expected Attendance  | : 350 Number of Event Personnel/Volunteers: 50   |
| Location and number  | of washrooms in place: <u>A/A</u>  |
| Location and Numbe   | r of Parking Spaces: $A/A$   |
| Number of Accessibl  | e Washrooms: $\underline{\mathcal{L}/\mathcal{A}}$ Number of Accessible Parking Spots: $\underline{\mathcal{L}/\mathcal{A}}$       |
| Please describe your | specific event. Attach additional sheets as necessary.   |
| PARADE U             | DITH POLICE ESCORT FIRE TRUCK, KOPC  |
| to POLI              | E STN. TO PROYOTE COMMUNITY  |
| and se               | Specific event. Atlach additional sneets as necessary.  1) ITH POLICE ESCORT FIRE TRUCK, KOPC  CE STN. TO PROYOTE COMMUNITY  HOOL. |
|                      |  |
|                      |  |
|                      |  |

### **SECTION 2: FOOD AND BEVERAGE**

Will food of any kind be available at this event? Yes [] No Kall Yes, you must submit the Special Events Notification Form to Elgin St. Thomas Public Health and attach a copy to this permit application.

### **SECTION 3: TENTS**

| Will there be an indoor or tent covered area used for public assembly as pa   | art of the event                | ?<br>No ₩                         |  |  |
|---|---------------------------------|-----------------------------------|--|--|
| If Yes, please specify the number and size of tents.  | 103.61                          | 140 (//-                          |  |  |
| If the tents are larger than $60m^2$ cumulatively, a building permit is required Division. Please attach a copy of the Permit and provide the Permit Numb   | d through the E                 | Building                          |  |  |
| Please note that Indoor or Tent covered areas for public assembly must co Act requirements enforced by Elgin St Thomas Public Health. Please cont Officer for information on how to meet these requirements.  | mply with Smo<br>act the Tobacc | oke Free Ontario<br>o Enforcement |  |  |
| SECTION 4: SERVING OF ALCOHOL   |                                 |                                   |  |  |
| Will alcohol be consumed at the event? If Yes, you must review and meet the requirements of the City's Alcohol I Parks and Recreation Department for Special Events taking place on muni  |                                 | No Execution the                  |  |  |
| You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off – premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement. |                                 |                                   |  |  |
| The area where alcohol is being served has to have a 36" (0.9m) high barri<br>there is a <b>no staking policy</b> in all of the City's Parks and Recreation facility  |                                 | ease note that                    |  |  |
| SECTION 5: MUNICIPALLY SIGNIFICANT EVENT  |                                 |                                   |  |  |
| If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.   |                                 |                                   |  |  |
| Will you be requesting that City Council declare your event a "Municipally SECTION 6: MUSIC / NOISE   | y Significant E<br>Yes []       | vent"?<br>No                      |  |  |
|   |                                 | ι.                                |  |  |
| Will there be a concert or musical entertainment as part of the event?  | Yes []                          | No K                              |  |  |

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

| If Yes, the Elgin-St. Thomas Public Health must be notified of the animals are not permitted in the Animal Control By-Law 71-2011 Exemption to the By-Law must be approved by City Council. Please note that such approval may take so | e event detai<br>, an Applica<br>ase attach a c | tion for Tempo<br>copy of the app | rior. If the<br>orary      |
|--|---|-----------------------------------|----------------------------|
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGE   | GES   | 27                                |                            |
| Are you anticipating any road closures or traffic flow changes?  | Ye  | No.                               | X                          |
| If Yes, please describe the road closure requirement and attach a registration of Way Occupancy Permit and City Council approval is requirement approval may take several weeks.   | uired for all                                   | road closures.<br><u>RAFFIC</u>   | Please note <u>EONTROL</u> |
| DNLY BY CONSTABLE KEMPSTER   | Kou   | T SO                              | <u>e belou</u>             |
|  |   |                                   | <u> </u>                   |
|  |   |                                   |                            |
| Please attach a copy of the Right of Way Occupancy Permit and p  | rovide the p                                    | ermit #:                          | · · · · · ·                |
| If the event is a Parade / Run / Walk / Pass through Sporting Even located at <a href="https://www.stthomas.ca/content/official-plan-0">www.stthomas.ca/content/official-plan-0</a> . Describe the                                     |   |                                   |                            |
| PARADE FOR MONSIGNOR MORRI   | 50N.  | SCHOOL                            | ·                          |
| BALACLAVA -> EOWARD -> A.  | LMA S   | エー〉                               | KAINS ST                   |
| -> ST CATHERINE ST. POLICE   | STN   | ·                                 |                            |
| Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631   | Ye:<br>-1224 ext. 1                             | No<br>41. done                    | O                          |
| PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.  |   |                                   |                            |
| Have you contacted the Roads and Transportation Division for:  |   |                                   |                            |
| Barricades   | Yes []  | No D                              | N/A                        |
| No Parking Signs<br>Detour Signing   | Yes []  | No 11<br>No 11                    | N/A I                      |
| SECTION 9: MUNICIPAL FACILITIES  |   |                                   |                            |
| For events taking place in Pinasore Park, organizers will need to a and Recreation staff once the Special Events Permit Application h  | _   | _                                 | ith Parks                  |
| Have you contacted Parks and Recreation staff about your event?  | • •   | No []                             | N/A H                      |
| Have you rented a pavilion/facility and signed a permit?  If we please provide the location of the rental and attach a copy of   | Yes []  | No D                              | N/A 3                      |

| Do you require picnic tables or garbage discretion of the Parks and Recreation D   |   | vailability and                 | potential costs            | s are at the               |
|--|---|---------------------------------|----------------------------|----------------------------|
|  | •   | Yes 🛘                           | No []                      | N/A Q                      |
| If Yes, how many are you requesting?   | # of Picnic Tables:   | # of                            | Garbage Cans               | s:                         |
| Have you made arrangements with Envi   | ronmental Services staff  | f for recycling Yes             | containers and             | l collection?              |
|  |   |                                 |                            |                            |
| Will you require municipal support for:  | Water   | Yes []                          | No []                      | N/A [7                     |
|  | Hydro   | Yes []                          | No []                      | N/A F                      |
| Please note that all equipment and ex accredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:                                       | Ontario Electrical Safe please attach the Electrical                            | ety Code or h                   | ave been insp              | ected by the               |
| If required, have you obtained a Hydrant If Yes, please attach a copy of the Permi   | Connection Permit? t and provide the Permi                                      | Yes 🛭<br>Number:                | No []                      | N/A                        |
| SECTION 10: ACCESSIBILITTY   |   |                                 |                            |                            |
| required to comply under the AODA. displayed throughout the event venue to washrooms and parking. Although not resite plan to the Municipal Accessibility ASECTION 11: OTHER SERVICES/RU | indicate the barrier-free<br>equired, the Special Eve<br>Advisory Committee for | path of travel<br>nts Committee | and location of recommends | of accessible submitting a |
| Security: Has a privately licenced securit If Yes, what company and how many sec   |   |                                 | Yes []                     | No Ø                       |
| First Aid: For events with an anticipate required to be retained. Have you confirm If Yes, please attach documentation prov  | ned First Aid services?   | Yes                             | No []                      | N/A                        |
| Ambulance: Has Emergency Medical Ser<br>and planned emergency access to the site   | rvices (Ambulance Serv<br>?   | ice) been cont                  | acted regarding<br>Yes 🖸   | your event                 |
| Fireworks: Will there be fireworks as par If Yes, a permit for exhibition fireworks in   |   | ire Departmer                   | Yes []                     | No et                      |
| SECTION 12: SIGNATURE  |   |                                 |                            |                            |
| Signature of Individual Completing this  |   | /                               | april                      | <u>5,2016</u><br>ed)       |
| (Signature of Individual Completing this   | Application)  |                                 | (Date complet              | ed)                        |
| Office Use Only: Application Received:   | x115/16. com  |                                 |                            |                            |

#### **SECTION 13: INSURANCE**

STATEMENT OF INDEMINIFICATION

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

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

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

HONSIGNOR MORRISONDAY PAR ADE organized by HONSIGNOR HONAISON COMMITTEE (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

HONSIGNOR MORRISON DAY BRADEFGANIZED BY HONSIONOR HORRISON COHMITTEE

death resulting at any time there from, occasioned by any act or omissions of

|                                    | (Organizing Group)   |
|------------------------------------|--|
| occasioned by ar negligence of The | ritees or licensees, or occurring in or my cause whatsoever, except where e Corporation of the City of St. omers, invitees or licensees. |
| Signed:                            | & Affange  |
| Name (Print):                      | MARIA COIAMPA  |
| Address:                           | 10 S. EOGEWARE RD  |
| Telephone:                         | 519-675.4416   |
| Date:                              | APR. 5, 2016   |
| Event Name:                        | HONSIGNOR HORRISON PARAME  |
| Organizing Gro                     | up:  |
| Event Dates:                       | MAY 6, 2016  |
|                                    | occasioned by an negligence of The contractors, custo Signed: Name (Print): Address: Telephone: Date: Event Name: Organizing Gro         |



## **EVIDENCE OF INSURANCE CERTIFICATE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or after the coverage afforded by the policies below.

|   | NAME AND MAILING   | G ADDRESS          |                        |   |
|---|--|--------------------|------------------------|---|
|   | atholic School Board   | _                  |                        |   |
| 5200 Wellington F   |  |                    |                        |   |
| LONDON, N6A 42  | (5   |                    |                        |   |
|   |  |                    |                        |   |
|   |  | COVERAGES          |                        |   |
| This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. |  |                    |                        |   |
| Type of   | Insurance  | Effective          | Expiry Date            | Limits of Liability   |
| Insurance   | Company & Policy<br>Number   | Date<br>(YY/MM/DD) | (YY/MM/DD)             | (per occurrence)  |
| Comprehensive   | Ontario School   | 2016/01/01         | 2017/01/01             | \$5,000,000   |
| General Liability   | Boards' Insurance  |                    |                        |   |
|   | Exchange   |                    |                        |   |
|   | 00.0000  |                    |                        |   |
|   | SG 00239   |                    | <del></del>            |   |
| Coverage Above I  |  |                    |                        | <u> </u>  |
| Coverage Above I  | riciuues.  |                    |                        |   |
| include Personal II and Malpractice Li  | eneral Liability Insuran<br>njury & Property Dama<br>ability, Errors and Omi<br>y of Interests Clause. | ge Liability, Tena | ants' Legal Liability. | and is extended to<br>Incidental Professional<br>bile Liability and Cross |
| Signature of Author   | rized Representative   |                    | Print Name Includio    | ng Position   |
| Tammy Hicks, Member Services  |  |                    |                        |   |
| Company Name a  | nd Address:  |                    | Date of Issue          |   |
| Ontario School Box  | ards' Insurance Exchar   |                    |                        |   |
| 91 Westmount Rd., GUELPH, ON N1H 5J2 01/01/16   |  |                    |                        |   |
|   |  |                    |                        |   |

| SECTION 1: EVEN        | T AND ORGANIZER INFORMATION  |
|------------------------|--|
| Event Name:            | Old Court House Area Street Party  |
| Date(s):               | Saturday, 18th June, 2016  |
| Start Time:            | 4pn End Time: 12an   |
| Location(s):           | 14 Prince Albert Atreet APR 06   |
| Organizing Group:      | City Clerks Dept   |
| Contact Name #1:       | Kim Parker #2: Grant Hughson   |
| Street Address:        | 14 Prince Albert street  |
| Town/City:             | ST Thomas Province: ON Postal Code: NSR126   |
| Phone Number #1:       | 519.87a.3656 #2:   |
| Email Address:         | kimber lyparker@rogers.com   |
| Expected Attendance:   | Number of Event Personnel/Volunteers: _30  |
| Location and number    | of washrooms in place:   |
| N/A AH                 | ender use their own residential washoon  |
| Location and Number    | of Parking Spaces: N/A Attendees walk  |
| 4                      |  |
| Number of Accessible   | e Washrooms: Number of Accessible Parking Spots:   |
| Please describe your s | pecific event. Attach additional sheets as necessary.  |
| Annual r               | eighbourhood Street Party, now in  |
| its latu               | year. We provide on apportunities  |
| for neigh              | reighbourhood street party, now in year. We provide on appartunities bours to meet, racialize informally   |
| and but                | Id community.  |
|                        | 3  |
| SECTION 2: FOOD        | AND BEVERAGE   |
|                        | be available at this event?  No I not the Special Events Notification Form to Elgin St. Thomas Public Health and ermit application.  Page 2 of 6 Public Health Re "Exempt Food Premises" |

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### **SECTION 3: TENTS**

| will there be an indoor of tent covered area used for public assembly as p   |   |  |
|--|---|--|
| If Yes, please specify the number and size of tents.   | Yes 🗆   | No 💢   |
| If the tents are larger than $60m^2$ cumulatively, a building permit is required Division. Please attach a copy of the Permit and provide the Permit Number  | d through the B<br>er:  | uilding  |
| Please note that Indoor or Tent covered areas for public assembly must co<br>Act requirements enforced by Elgin St Thomas Public Health. Please cont<br>Officer for information on how to meet these requirements.   |   |  |
| SECTION 4: SERVING OF ALCOHOL  |   |  |
| Will alcohol be consumed at the event?  If Yes, you must review and meet the requirements of the City's Alcohol I Parks and Recreation Department for Special Events taking place on municipal special events.   |   |  |
| You must also comply with the Alcohol and Gaming Commission of Onta are responsible to notify and provide any pertinent information required us obtaining a Special Occasion Permit. You must adhere to the Liquor Licer ensure access is given to the Police and AGCO Inspectors for the purposes a copy of the liquor permit with this application. If utilizing the services of endorsements to provide off—premises beverage services, organizers shall licensee confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the estimated to the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as well as a copy of the confirming date/time/location/services as wel | nder the AGCC<br>nce Act and its<br>s of inspections<br>f a caterer with<br>I supply a letter | guidelines for<br>Regulations and<br>Please submit<br>all the required<br>r from the |
| The area where alcohol is being served has to have a 36" (0.9m) high barrathere is a <b>no staking policy</b> in all of the City's Parks and Recreation facility   |   | ease note that   |
| SECTION 5: MUNICIPALLY SIGNIFICANT EVENT   |   |  |
| If you wish to apply for a "Special Occasion Permit," through the Alcohol Ontario (AGCO), you must obtain a letter of approval from City Council, "municipally significant", by submitting the request to the City Clerk's De approval may take several weeks.   | declaring your  | event  |
| Will you be requesting that City Council declare your event a "Municipall  |   | vent"?   |
| SECTION 6: MUSIC / NOISE   | Yes □   | NO DC  |
| Will there be a concert or musical entertainment as part of the event?   | Yes 💢   | No 🗆   |
| If Yes, please note that the use of sound reproduction devices is authorized a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are manner" and not intolerably high. It is the responsibility of the organizers musical licencing through SOCAN for events not taking place in a City fac  | being "used in<br>to obtain any a   | a reasonable   |

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

| If Yes, the Elgin-St. Thomas Public Health must be notified of the animals are not permitted in the Animal Control By-Law 71-2011 Exemption to the By-Law must be approved by City Council. Pleathis permit application. Please note that such approval may take so | e event detail<br>, an Applica<br>ase attach a c | ls two weeks<br>tion for Tem<br>copy of the a | porary                         |
|---|--|---|--------------------------------|
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGE  | <u>GES</u>                                       |   |                                |
| Are you anticipating any road closures or traffic flow changes?   | Yes  | 1   | No □                           |
| If Yes, please describe the road closure requirement and attach a r<br>Right of Way Occupancy Permit and City Council approval is req<br>that approval may take several weeks.  | nap or sketcl<br>uired for all                   | h showing th<br>road closure                  | e closure. A<br>s. Please note |
| Ne would appreciate Prince A<br>Metcalf & Irakel street be d<br>traffic for the event.  | Hbert<br>loped                                   | street<br>to the                              | rat                            |
| Please attach a copy of the Right of Way Occupancy Permit and p   |  |   |                                |
| Do you require traffic control?   | Yes  |   | ło 🗶                           |
| If Yes, please contact the St. Thomas Police Services at (519) 631  |  | 11.   | 10 7                           |
| PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.   | not allowed                                      | to direct traf                                | fic. Only the                  |
| Have you contacted the Roads and Transportation Division for:   | /  |   |                                |
| Barricades  | Yes N  | No 🗆  | N/A                            |
| No Parking Signs Detour Signing   | Yes □<br>Yes □                                   | No □<br>No □                                  | N/A ≦<br>N/A 🏂                 |
| SECTION 9: MUNICIPAL FACILITIES   |  |   | 24/22 1                        |
| BECTION 7. MONICH ALL PACIFITIES  |  |   |                                |
| For events taking place in Pinafore Park, organizers will need to an and Recreation staff once the Special Events Permit Application has  |  |   | with Parks                     |
| Have you contacted Parks and Recreation staff about your event?   |  | No □  | N/A ⊱                          |
| Have you rented a pavilion/facility and signed a permit?  If yes, please provide the location of the rental and attach a copy of  | Yes 🗆  | No □  | N/A                            |

| Do you require picnic tables or garbage discretion of the Parks and Recreation I   |  | ailability and                | potential costs              | are at the                 |
|--|--|-------------------------------|------------------------------|----------------------------|
|  | •  | Yes 🗆                         | No 🗆                         | N/A 🄏                      |
| If Yes, how many are you requesting?   | # of Picnic Tables:  | # of                          | Garbage Cans:                |                            |
| Have you made arrangements with Envi   | ironmental Services staff  |                               | containers and               |                            |
| Will you require municipal support for:  | Water  | Vac 🗆                         | No □                         | N/A ⊁                      |
| win you require maincipal support for.   | Hydro  | Yes □                         | No 🗆                         | N/A 🏂                      |
| Please note that all equipment and exaccredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:  | Ontario Electrical Safe<br>please attach the Electri                               | ty Code or h<br>cal Safety Au | ave been inspe               | ected by the entation and  |
| If required, have you obtained a Hydran If Yes, please attach a copy of the Permi  | t Connection Permit? it and provide the Permit                                     | Yes □<br>Number:              | No 🗆                         | N/A                        |
| SECTION 10: ACCESSIBILITTY   | ·  |                               |                              | <del></del>                |
| required to comply under the AODA. displayed throughout the event venue to washrooms and parking. Although not r site plan to the Municipal Accessibility.  SECTION 11: OTHER SERVICES/R | o indicate the barrier-free<br>equired, the Special Ever<br>Advisory Committee for | path of trave                 | and location of recommends s | of accessible submitting a |
| Security: Has a privately licenced securi<br>If Yes, what company and how many se  |  |                               | Yes 🗅                        | No 🔄                       |
| First Aid: For events with an anticipat  | ted attendance of more   | than 200 peo                  | ple, First Aid :             | services are               |
| required to be retained. Have you confirm<br>If Yes, please attach documentation provi   | med First Aid services?  | Yes 🗆                         | No □                         | N/A 🗶                      |
| Ambulance: Has Emergency Medical Se  | ervices (Ambulance Servi   | re) been cont                 | acted regarding              | ı vour event               |
| and planned emergency access to the site   |  | ice) been com                 | Yes 🛘                        | No 🗡                       |
| Fireworks: Will there be fireworks as pa<br>If Yes, a permit for exhibition fireworks  |  | ire Departme                  | Yes □                        | No 🗹                       |
| SECTION 12: SIGNATURE  |  |                               |                              |                            |
| (Signature of Individual Completing this   | Application)   |                               | 2/st Ma<br>(Date complet     | th, 2011                   |
| Office Use Only: Application Received:   |  | mittee Approval:              |                              | ,                          |
| Since one Smy. Application Received.   | Com  | muce wbbiosar                 |                              |                            |

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#### **SECTION 13: INSURANCE**

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

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

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

| STATEMENT OF INDEMINIFICATION  |  |  |
|--|--|--|
| Old Courthouse Great Pertyorgan<br>(Event Name)  | nized by <u>Kimb</u>   | representation Grandenswaity Grandenswaity Grandenswaity   |
| shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, da   | n of the City of St. T   | homas and all persons for whom it  |
| any damage to property including loss of use there death resulting at any time there from, occasioned  | by any act or omissi   | ons of   |
| old Courthouse Street Party organi<br>(Event Name)   | zed by Kirnbe  | Potket for (Organizing Group)  |
| its officers, agents, servants, employees, contractor<br>on the premises or any part thereof arising from or<br>such damage or injury is due to the act, default or r<br>Thomas, its officers, agents, servants, employees, or | s, customers, invited<br>occasioned by any o<br>negligence of The Co | es or licensees, or occurring in or cause whatsoever, except where orporation of the City of St. |
| Witness: Mary anne Heath   | Signed:  | Lun her ley Parter   |
| Witness: Mary Anne Heath Name (Print): Mary Anne Heath   | Name (Print):  | Kimberley Parker   |
| <u> </u>   | Address:   | 14 Prince Albert St  |
|  | Telephone:   | 519.637.5702   |
|  | Date:  | btn April, 2016  |
|  | Event Name:  | Street Painty  |
|  | Organizing Group   | : Old Courthouse Neighbour-  |
|  | Event Dates:   | 18th Tulo 2016   |

- COPY - 13-

Kimberley Parker 14 Prince Albert street St Thomas On N5R1Z6 519.872.3656

6th April, 2016

TO: Tammy Ramsay

Elgin St Thomas Public Health

RE: Old Courthouse Neighbourhood Street Party, 18th June, 2016

As requested, this letter is to notify Elgin St Thomas Public Health that the neighbourhood of the Old Courthouse Area will once again be holding an Annual Street Party, on Saturday 18th June, 2016, starting at 5pm.

Approval is being obtained through the City Special Events Committee.

<u>Location:</u> As in previous years, the event will be held on Prince Albert Street itself, pending City approval of closing off Prince Albert Street at Metcalf and Isabel street for through traffic.

Attendance: Is by controlled access. The community are invited to attend this event by invitation only. Residents from Gladstone Street back to the ravine, bordered by the Court House, Farley Place and Metcalf, are invited by printed invitation to attend. Guests of residents are welcome to attend, however these guests are invited to list their name and wear a name-tag upon arrival, as are all attendees.

Food: 1. Guests are invited to bring a salad or dessert to share.

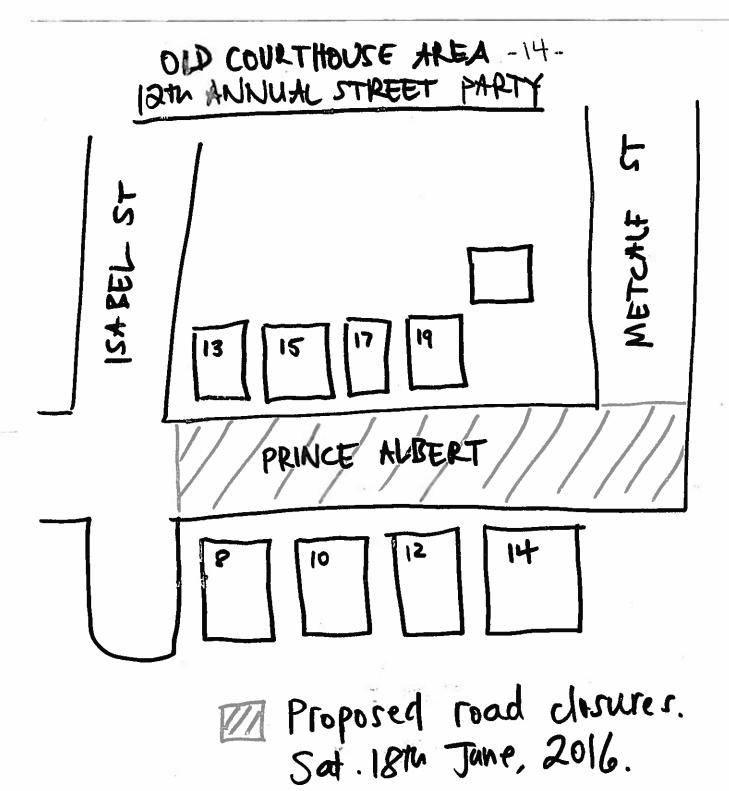
- 2. All attendees will write their name on a sheet upon arrival, when they are also given a name tag and stubs for food. They will also be asked to write what food they have brought, and "dangerous" contents will be listed.
- 3. All salads and desserts will be directly labelled for safety.
- 4. Sausages purchased from Costco will be pre-boiled then cooked all at one time on site on a commercial BBQ borrowed by from the Seniors Centre through Grant Hughson (a community resident).

I hope this will present adequate safety provisions, and I welcome your input.

Kind, regards,

Kimberlev Parker

kimberleyparker@rogers.com



|                         | AND ORGANIZER INFOR   | MATION          |          |               |                    |
|-------------------------|---|-----------------|----------|---------------|--------------------|
| Event Name:             | BELIEVE IN A CURE "   | WALK FOR        | Lou      | GEHRIL'S      | DISEASE            |
| Date(s):                | SEPT 24/16  | <u>.</u> .      |          |               |                    |
| Start Time:             | 9 Am  | _ End Time:     | _ I f    | m             | City of St. Thomas |
| Location(s):            | PINATOLE PARK   |                 |          |               | APR 0 8 2016       |
| Organizing Group:       | BEVENE ARMY   |                 |          |               | City Clerks Dept.  |
| Contact Name #1:        | LIDA BARBER   | #2:             | 3        | OB BARBER     | 133 <u>- 1</u>     |
| Street Address:         | YN WEST EDITH (A  | HELL BUD        | PORT     | STANLEY       | ONT                |
| Town/City:              | PUET STANLEY P  | rovince NT      |          | Postal Code:  | NSLIG9             |
| Phone Number #1:        | 515- 777-8685   | #2:             | S19-     | 719-4004      |                    |
| Email Address:          | blbarber 4@ gmail.  | ow.             |          |               |                    |
| Expected Attendance:    | λοο Number of   | Event Personne  | el/Volui | nteers:       | 10                 |
| Location and number of  | f washrooms in place:par  | k               |          |               |                    |
| Location and Number     | of Parking Spaces:park  | ζ               |          |               |                    |
| Number of Accessible    | Washrooms: <u>fack</u> 1  | Number of Acc   | essible  | Parking Spots | park               |
| Please describe your sp | ecific event. Attach additional   | sheets as neces | ssary    |               |                    |
| walk sk                 | around park   |                 |          |               |                    |
| Speeches                | around park   |                 |          |               |                    |
| music                   |   |                 |          |               | -                  |
|                         |   |                 |          |               |                    |
|                         |   |                 |          |               |                    |
| SECTION 2: FOOD         | AND BEVERAGE  |                 |          |               |                    |
|                         | e available at this event?<br>t the Special Events Notificationmit application. | n Form to Elgi  |          |               | No 🗹<br>Health and |

Page 2 of 6

### **SECTION 3: TENTS**

| Will there be an indoor or tent covered area used for public assembly as pa   | art of the event Yes  | ?<br>No 🗹  |
|---|---|--|
| If Yes, please specify the number and size of tents.  | Tes u   | 140 💌  |
| If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required Division. Please attach a copy of the Permit and provide the Permit Number  | through the Ber:  | uilding  |
| Please note that Indoor or Tent covered areas for public assembly must con Act requirements enforced by Elgin St Thomas Public Health. Please conta Officer for information on how to meet these requirements.  | mply with Smo   | oke Free Ontario<br>Enforcement  |
| SECTION 4: SERVING OF ALCOHOL   |   |  |
| Will alcohol be consumed at the event?  If Yes, you must review and meet the requirements of the City's Alcohol P Parks and Recreation Department for Special Events taking place on munic  | olicy available   | No de through the  |
| You must also comply with the Alcohol and Gaming Commission of Ontar are responsible to notify and provide any pertinent information required un obtaining a Special Occasion Permit. You must adhere to the Liquor Licenensure access is given to the Police and AGCO Inspectors for the purposes a copy of the liquor permit with this application. If utilizing the services of endorsements to provide off – premises beverage services, organizers shall licensee confirming date/time/location/services as well as a copy of the estatements.   | der the AGCO<br>ce Act and its<br>of inspections<br>a caterer with<br>supply a letter | guidelines for<br>Regulations and<br>Please submit<br>all the required<br>from the |
| The area where alcohol is being served has to have a 36" (0.9m) high barrie there is a <b>no staking policy</b> in all of the City's Parks and Recreation facilit   | er/partition. Pl  | ease note that   |
| SECTION 5: MUNICIPALLY SIGNIFICANT EVENT  |   |  |
| If you wish to apply for a "Special Occasion Permit," through the Alcohol on Ontario (AGCO), you must obtain a letter of approval from City Council, do "municipally significant", by submitting the request to the City Clerk's Department of the City | leclaring your  | event  |
| Will you be requesting that City Council declare your event a "Municipally  | -   | vent"?   |
| SECTION 6: MUSIC / NOISE  | 165 🗖   | 140 E  |
| Will there be a concert or musical entertainment as part of the event?  | Yes 🗹   | No 🗆   |
| If Yes, please note that the use of sound reproduction devices is authorized a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are manner" and not intolerably high. It is the responsibility of the organizers to musical licencing through SOCAN for events not taking place in a City facility.  | between the he<br>being "used in<br>o obtain any ap                                   | a reasonable   |

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

| Will there be a Petting Zoo or Animals at the event? If Yes, the Elgin-St. Thomas Public Health must be notified of the animals are not permitted in the Animal Control By-Law 71-2011 Exemption to the By-Law must be approved by City Council. Ple this permit application. Please note that such approval may take so | , an Applicat<br>ase attach a c | s two weeks<br>tion for Tem<br>copy of the a | porary                  |
|--|---------------------------------|--|-------------------------|
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGE   | GES                             |  | /                       |
| Are you anticipating any road closures or traffic flow changes?  | Yes                             |  | No 🗹                    |
| If Yes, please describe the road closure requirement and attach a r<br>Right of Way Occupancy Permit and City Council approval is req<br>that approval may take several weeks.   | uired for all                   | road closure                                 |                         |
|  |                                 |  |                         |
| Please attach a copy of the Right of Way Occupancy Permit and p  | rovide the pe                   | rmit #:                                      |                         |
| If the event is a Parade / Run / Walk / Pass through Sporting Even located at www.stthomas.ca/content/official-plan-0. Describe the  |                                 |  |                         |
| Do you require traffic control?  If Yes, please contact the St. Thomas Police Services at (519) 631  | Yes<br>-1224 ext. 14            |  | No 12                   |
| PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.  | not allowed                     | to direct trai                               | ffic. Only the          |
| Have you contacted the Roads and Transportation Division for:  Barricades  No Parking Signs  Detour Signing  | Yes □<br>Yes □<br>Yes □         | No Ø<br>No Ø<br>No Ø                         | N/A 🗹<br>N/A 🖸<br>N/A 🗗 |
| SECTION 9: MUNICIPAL FACILITIES  |                                 |  |                         |
| For events taking place in Pinafore Park, organizers will need to a and Recreation staff once the Special Events Permit Application h  |                                 |  | with Parks              |
| Have you contacted Parks and Recreation staff about your event?  | , , ,                           | No 🗆   | N/A □                   |
| Have you rented a pavilion/facility and signed a permit?  If we please provide the location of the rental and attach a copy of   | Yes V                           | No 🗆   | N/A □                   |

| Do you require picnic tables or garbage discretion of the Parks and Recreation D  | Na  | (9)                               | -                              |                              |
|---|---|-----------------------------------|--------------------------------|------------------------------|
|   | •   | Yes ₪                             | No □                           | N/A П                        |
| If Yes, how many are you requesting?  | # of Picnic Tables:   | # of                              | Garbage Cans:                  |                              |
|   | W   | ta muter                          | tau.                           |                              |
| Have you made arrangements with Envi  | ronmental Services staf   | f for recycling                   | containers, and                | collection?                  |
|   |   | Yes 🗆                             | No 🗹                           | N/A ₪                        |
|   |   |                                   | /                              | //                           |
| Will you require municipal support for:   | Water   | Yes □                             | No 🗗                           | N/A 🗓                        |
|   | Hydro   | Yes □                             | No ⊡                           | N/A □                        |
| Please note that all equipment and ex accredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:                                      | Ontario Electrical Safe please attach the Electrical                            | ety Code or h                     | ave been inspe                 | cted by the                  |
| If required, have you obtained a Hydrant If Yes, please attach a copy of the Permi  |   |                                   |                                |                              |
| SECTION 10: ACCESSIBILITTY  |   |                                   |                                |                              |
| required to comply under the AODA. displayed throughout the event venue to washrooms and parking. Although not resite plan to the Municipal Accessibility ASECTION 11: OTHER SERVICES/R | indicate the barrier-free<br>equired, the Special Eve<br>Advisory Committee for | e path of trave<br>ents Committed | l and location of recommends s | f accessible<br>submitting a |
| Security: Has a privately licenced security If Yes, what company and how many security.   | •   |                                   | Yes 🗆                          | No 🗹                         |
| First Aid: For events with an anticipat   | ed attendance of more   | than 200 peo                      | nle. First Aid s               | services are                 |
| required to be retained. Have you confirm   |   |                                   | No 🖭                           | N/A □                        |
| If Yes, please attach documentation prov  |   |                                   | e been retained                | •                            |
| Ambulance: Has Emergency Medical Se   | rvices (Ambulance Serv  | vice) been con                    | tacted regarding               | your event                   |
| and planned emergency access to the site  | •   | •                                 | Yes 🛘                          | No 🗹                         |
|   |   |                                   |                                |                              |
| Fireworks: Will there be fireworks as par<br>If Yes, a permit for exhibition fireworks  | -   | Fire Departme                     | Yes □<br>nt.                   | No 🔟                         |
| SECTION 12: SIGNATURE   |   |                                   |                                |                              |
|   |   |                                   | _                              | ı                            |
| man ausen   |   |                                   | Ail                            | CIII.                        |
| (Signature of Individual Completing this  | Application)  | _                                 | (Date complete                 | ed)                          |
| Office Use Only: Application Received:  | x7116 con   | nmittee Approval                  | •                              |                              |

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### **SECTION 13: INSURANCE**

STATEMENT OF INDEMINIFICATION

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

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

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

| DIVIEWELL OF INDEMINITED TO   |                      |                                      |
|---|----------------------|--------------------------------------|
| UEVE IN A CURE "WALK FIR  | nized by             | DEVENE ARMY                          |
| (Event Name) LOU GEN RIG 5 DIS  | en Ce                | (Organizing Group)                   |
| CON GEH KIR & DIS   | 5D 2C                |                                      |
| hall indemnify and save harmless The Corporation  |                      |                                      |
| s at law responsible from any and all liabilities, d  | amages, costs, clain | ns, suits or actions arising out of: |
| any damage to property including loss of use there leath resulting at any time there from, occasioned |                      |                                      |
| BOUNT IN ACURE "- WALK FOR  | ized by              | BELIEVE ARMY                         |
| (Event Name) LOU GETELL'S   |                      | (Organizing Group)                   |
| Thomas, its officers, agents, servants, employees,  | Signed:              | Indi Bank                            |
| Name (Print): Bo3 BARBEIZ   | Name (Print):        | UDA BARBER                           |
|   | Address:             | YOY WEST DITH CAVE                   |
|   | Telephone:           | אורר-ואל אורר-ואל                    |
|   | Date:                | Ans/16                               |
|   | Event Name:          | BELIEVE IN A CURE - WALK             |
|   | Organizing Grou      |                                      |
|   | Event Dates:         | Septaylin                            |

| <b>SECTION 1: EVEN</b> | IT AND ORGANIZER INFORMATION                                     |
|------------------------|--|
| Event Name:            | Pride BBQ.  City of St. Thomas Received  APR 0.0                 |
| Date(s):               | Friday July 22 2010.  APR 0 8 2016  City Charks Dept.            |
| Start Time:            | 10:30am. End Time: 3:00pm.                                       |
| Location(s):           | Hepburn Parkette.  |
| Organizing Group:      | Central Community Health Centre.                                 |
| Contact Name #1:       | Maggie Trevitt. #2: Alicia Malcolm.                              |
| Street Address:        | 359 Talbot St.   |
| Town/City:             | St. Thomas. Province: Ont. Postal Code: NSP 1B7                  |
| Phone Number #1:       | 519.633.7 <b>989</b> #2: 519.                                    |
| Email Address:         | mtrevitte centralche com.  |
| Expected Attendance    | : 100. Number of Event Personnel/Volunteers:                     |
| Location and number    | of washrooms in place:   |
| Location and Numbe     | r of Parking Spaces:   |
| Number of Accessibl    | e Washrooms: Number of Accessible Parking Spots:                 |
|                        | specific event. Attach additional sheets as necessary. A BBQ for |
| people in              | 1 St. Thomas & Elgin to Celebrate."  the community               |
| Pride in               | the community  |
| ,                      |  |
|                        |  |
|                        | <u>.                                    </u>                     |
| SECTION 2: FOOD        | AND BEVERAGE   |

Page 2 of 6

Will food of any kind be available at this event?

Yes No 
If Yes, you must submit the Special Events Notification Form to Elgin St. Thomas Public Health and

attach a copy to this permit application.

### **SECTION 3: TENTS**

| Will there be an indoor or tent covered area used for public assembly as   | part of the ev  | ent?  |
|--|---|---|
| If Yes, please specify the number and size of tents.   | Yes □   | No ⊠  |
| ir res, prease specify the number and size of tents.   |   | 24  |
| If the tents are larger than 60m <sup>2</sup> cumulatively, a building permit is required Division. Please attach a copy of the Permit and provide the Permit Num  | -   | e Building  |
| Please note that Indoor or Tent covered areas for public assembly must of Act requirements enforced by Elgin St Thomas Public Health. Please co Officer for information on how to meet these requirements.   |   |   |
| SECTION 4: SERVING OF ALCOHOL  |   |   |
| Will alcohol be consumed at the event?  If Yes, you must review and meet the requirements of the City's Alcoho  Parks and Recreation Department for Special Events taking place on mu  |   | able through the  |
| You must also comply with the Alcohol and Gaming Commission of Orare responsible to notify and provide any pertinent information required obtaining a Special Occasion Permit. You must adhere to the Liquor Licensure access is given to the Police and AGCO Inspectors for the purpose a copy of the liquor permit with this application. If utilizing the services endorsements to provide off – premises beverage services, organizers shalicensee confirming date/time/location/services as well as a copy of the | under the AG<br>cence Act and<br>ses of inspecti<br>of a caterer wall supply a le | CO guidelines for<br>its Regulations and<br>ons. Please submit<br>with all the required<br>etter from the |
| The area where alcohol is being served has to have a 36" (0.9m) high bathere is a <b>no staking policy</b> in all of the City's Parks and Recreation fac   |   | . Please note that  |
| SECTION 5: MUNICIPALLY SIGNIFICANT EVENT   |   |   |
| If you wish to apply for a "Special Occasion Permit," through the Alcoh Ontario (AGCO), you must obtain a letter of approval from City Counci "municipally significant", by submitting the request to the City Clerk's I approval may take several weeks.  | l, declaring yo   | our event   |
| Will you be requesting that City Council declare your event a "Municipa  | ally Significar<br>Yes 🗆  | nt Event"?<br>No ໘  |
| SECTION 6: MUSIC / NOISE   | 100 0   | 4   |
| Will there be a concert or musical entertainment as part of the event?   | Yes 🗆   | No 🎏  |
| If Yes, please note that the use of sound reproduction devices is authorize  | zed between th  | ne hours of 8:00  |

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

| If Yes, the Elgin-St. Thomas Public Health must be notified of the event details two weeks prior. If the animals are not permitted in the Animal Control By-Law 71-2011, an Application for Temporary Exemption to the By-Law must be approved by City Council. Please attach a copy of the application to this permit application. Please note that such approval may take several weeks. |                                 |                   |                     |
|--|---------------------------------|-------------------|---------------------|
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHAN   | GES                             |                   |                     |
| Are you anticipating any road closures or traffic flow changes?  | Ye                              | s 🗆 No            | ×                   |
| If Yes, please describe the road closure requirement and attach a Right of Way Occupancy Permit and City Council approval is recthat approval may take several weeks.  | quired for all                  | road closures.    |                     |
|  |                                 |                   |                     |
| Please attach a copy of the Right of Way Occupancy Permit and 1  | provide the p                   | ermit #:          |                     |
| If the event is a Parade / Run / Walk / Pass through Sporting Even located at <a href="https://www.stthomas.ca/content/official-plan-0">www.stthomas.ca/content/official-plan-0</a> . Describe the   | nt, please refo<br>event and at | er to the city ro | oads map<br>sketch. |
|  |                                 |                   |                     |
| Do you require traffic control?<br>If Yes, please contact the St. Thomas Police Services at (519) 631  |                                 |                   | ×                   |
| PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.  | not allowed                     | to direct traffi  | c. Only the         |
| Have you contacted the Roads and Transportation Division for:  | 134                             |                   |                     |
| Barricades   | Yes □                           | No □              | N/A ☒               |
| No Parking Signs Detour Signing  | Yes □<br>Yes □                  | No □<br>No □      | N/A ⊠<br>N/A ⊠      |
| SECTION 9: MUNICIPAL FACILITIES  |                                 |                   | •                   |
| For events taking place in Pinafore Park, organizers will need to a and Recreation staff once the Special Events Permit Application I  | _                               | _                 | rith Parks          |
| Have you contacted Parks and Recreation staff about your event?  |                                 | No 🗆              | N/A 🎏               |
| Have you rented a pavilion/facility and signed a permit?  If yes, please provide the location of the rental and attach a copy of   | Yes 🌠                           | No 1              | N/A 👺               |
| Page 4 of 6  | -                               | Parkett           | ie.                 |

Page 4 of 6

| Do you require picnic tables or garbage discretion of the Parks and Recreation D   |   | ailability and  | potential costs  | are at the   |
|--|---|---|--|--|
|  |   | Yes □   | No 🔀   | N/A □  |
| If Yes, how many are you requesting?   | # of Picnic Tables:   | # of  | Garbage Cans:  |  |
| Have you made arrangements with Envi   | ronmental Services staff  | for recycling   | containers and   | collection?  |
| Trave you made arrangements with Envi  | Toluliental Scrytees stati  |   | No 🗆   |  |
|  |   |   |  | •  |
| Will you require municipal support for:  | Water   | Yes □   | No 🌠<br>No 🌠   | N/A 🎏  |
|  | Hydro   | Yes □   | No 🏂   | N/A 🕱  |
| Please note that all equipment and ex accredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:   | Ontario Electrical Safe<br>please attach the Electr   | ty Code or h  | ave been inspe   | cted by the  |
| If required, have you obtained a Hydran If Yes, please attach a copy of the Permi  |   |   |  | N/A 🔏  |
| SECTION 10: ACCESSIBILITTY   |   |   |  |  |
| As an event organizer, it is your response Accessibility for Ontarians with Disability requirements to meet for accessibility, required to comply under the AODA. displayed throughout the event venue to washrooms and parking. Although not resite plan to the Municipal Accessibility ACCES/R | while an event organize while an event organize Please note that direct indicate the barrier-free equired, the Special Event Advisory Committee for | nizations with<br>ed and run en<br>tional signage<br>path of trave<br>nts Committee | at least one em<br>tirely by volume<br>needs to be pland location of<br>recommends s | ployee have<br>ateers is not<br>prominently<br>of accessible<br>submitting a |
| SECTION II. OTHER SERVICES/R   | ESOURCES  |   |  |  |
| Security: Has a privately licenced securi<br>If Yes, what company and how many se  | ty firm been contacted/r<br>curity officers will be pr  | etained?<br>esent?  | Yes 🗆  | No 🛣   |
| First Aid: For events with an anticipat  | ted attendance of more  | than 200 peo  | ple. First Aid   | services are   |
| required to be retained. Have you confirm  |   | Yes □   | No □   | N/A 🎾  |
| If Yes, please attach documentation prov   | viding proof that First A   | d services hav  | e been retained  | l <b>.</b>   |
| Ambulanan Har Emanan an Madiaal Ca   | aniaa (Ambulana San   | riaa) kaan aan  | antad manadia  |  |
| Ambulance: Has Emergency Medical Se<br>and planned emergency access to the site  |   | ice) been com   | Yes  | No 🌠   |
| and planned emergency access to the six  | •   |   | 1 00   | ,  |
| Fireworks: Will there be fireworks as pa<br>If Yes, a permit for exhibition fireworks  | •   | Fire Departme   | Yes □<br>nt.   | No 🅦   |
| SECTION 12: SIGNATURE  |   |   |  |  |
| Magie Sweeth.  | A12   |   | April 65   | 2016   |
| (Signature of Individual Completing this   | Application)  |   | (Date complet  | tea)   |
| Office Use Only: Application Received:   | Con   | ımittee Approval  | <b>:</b>   |  |

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### **SECTION 13: INSURANCE**

<u>STATEMENT OF INDEMINIFICATION</u>

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

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

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

| Pride BBQ organ<br>(Event Name)   | nized by Centra                          | (Organizing Group) Centre                                     |
|---|--|---|
| shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, dates   |  |   |
| any damage to property including loss of use there death resulting at any time there from, occasioned   |  |   |
| (Event Name) organi   | zed by (entra)                           | Community Health<br>(Organizing Group) Centre.                |
| its officers, agents, servants, employees, contractor on the premises or any part thereof arising from or such damage or injury is due to the act, default or a Thomas, its officers, agents, servants, employees, or | occasioned by any<br>negligence of The C | cause whatsoever, except where corporation of the City of St. |
| Witness:  | Signed:                                  |   |
| Name (Print):   | Name (Print):                            | Maggie Trevitt.   |
|   | Address:                                 | 359 Talbot St.  |
|   | Telephone:                               | 519-633-7989.   |
|   | Date:                                    | April 6 2016  |
|   | Event Name:                              | Pride BBO.  |
|   | Organizing Group                         | : Central Community Health                                    |
|   | Event Dates:                             | July 22 2016.   |



City of St. Thomas - Parks and Recreation P.O. Box 520, 545 Talbot Street

St. Thomas, ON N5P 3V7

Phone: (519) 633-7112 Fax: (519) 633-9272

Scheduling Receipt

Creation Date: Wed Apr 6, 2016

Receipt #:

11411

PAYEE:

**Maggie Trevitt** 

359 Talbot Street

**Amount Paid:** 

\$0.00

St. Thomas, Ontario, Canada

\$0.00

N5P 1B7

**Balance Due:** 

**Total Amount Due:** 

\$0.00

Client #:

8763

Account #: Phone 2:

Email: mtrevitt@centralchc.com

Phone 1:

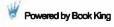
519-633-7989

Fax:

Event: Pride BBQ

| 1 | 0698 | 4131 | RI | 10001 |
|---|------|------|----|-------|
|   |      |      |    |       |

| Facility                                 |  |              |              |                    |        |   |
|--|--|--------------|--------------|--------------------|--------|---|
| Facility Name                            | Description  | Date         | 0.00         | Time               | Price  |   |
| Downtown Parkettes<br>No Charge - \$0.00 | - Parkette - Hepbum Parkette                                       | ==           |              |                    |        |   |
|  |  | Fri          | Jul 29, 2016 | 10:30AM - 03:00PM  | \$0.00 | ŀ |
|  |  |              |              | Facility Subtotal: | \$0.00 |   |
|  | £:   |              |              | Total:             | \$0.00 |   |
| Payments                                 |  | 777          |              |                    | 0.00   |   |
| Date                                     |  | Payment Type |              |                    | Amount | 8 |
|  |  |              |              |                    | \$0.00 |   |
| Comments                                 |  |              |              | Subtotal:          | \$0.00 |   |
|  | April 6, 2016. Please sign and return attached permit to St. Thoma |              |              | 13% HST:           | \$0.00 |   |
| Parks & Recreation                       |  | *            |              | Total:             | \$0.00 |   |
|  |  |              |              | Amount Paid:       | \$0.00 |   |
|  |  |              | *            | Balance Due:       | \$0.00 |   |



Created: Wed Apr 6, 2016 @ 10:16AM (EDT)

| <b>SECTION 1: EVEN</b> | TT AND ORGANIZER INFORMATION  |
|------------------------|---|
| Event Name:            | SENIORS PICNIC IN THE PARK.   |
| Date(s):               | July 13/16  |
| Start Time:            | End Time: 4pm.  |
| Location(s):           | PINAFORELK STTHOMHS.  |
| Organizing Group:      | SENIORS PICNICIN THE PARK.  |
| Contact Name #1:       | Me JACK MONIVEN   |
| Street Address:        | 36067 THINDLINE SOUTHWOLD ONT NO1260                                      |
| Town/City:             | Province: Postal Code:  |
| Phone Number #1:       | <u>519-764-2358.</u> #2:  |
| Email Address:         | jackAIV 2@gmail.com   |
|                        | : 1500 Number of Event Personnel/Volunteers:                              |
| Location and number    | of washrooms in place: PARKS WASH ROOM 5                                  |
| Location and Numbe     | er of Parking Spaces: THOSE AUAILABLE                                     |
|                        | le Washrooms: / Number of Accessible Parking Spots: THOSE FURICABLE       |
| Please describe your   | specific event. Attach additional sheets as necessary. A CITY COUNTY      |
| PICNIC TO              | PROVIDE DENIORS WITH ENTERTAINMEN   |
| AND A VE               | PROVIDE DENIORS WITH ENTERTAINMEND<br>NUE TO SOCIACIZE WITH OTHER SENIORS |
|                        |   |
|                        |   |
| SECTION 2. FOOL        | AND REVERACE  |

Will food of any kind be available at this event?

Yes No 

If Yes, you must submit the Special Events Notification Form to Elgin St. Thomas Public Health and attach a copy to this permit application.

### **SECTION 3: TENTS**

| Will there be an indoor or tent covered area used for public assembly as part of the event?  Yes ▼ No □   |   |  |  |  |
|---|---|--|--|--|
| If Yes, please specify the number and size of tents. PARKS MAIN PAVILLION   | _ |  |  |  |
| If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required through the Building Division. Please attach a copy of the Permit and provide the Permit Number:  |   |  |  |  |
| Please note that Indoor or Tent covered areas for public assembly must comply with Smoke Free Ontario Act requirements enforced by Elgin St Thomas Public Health. Please contact the Tobacco Enforcement Officer for information on how to meet these requirements.   |   |  |  |  |
| SECTION 4: SERVING OF ALCOHOL   |   |  |  |  |
| Will alcohol be consumed at the event?  If Yes, you must review and meet the requirements of the City's Alcohol Policy available through the Parks and Recreation Department for Special Events taking place on municipal property.   |   |  |  |  |
| You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off – premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement. |   |  |  |  |
| The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a <b>no staking policy</b> in all of the City's Parks and Recreation facilities.  |   |  |  |  |
| SECTION 5: MUNICIPALLY SIGNIFICANT EVENT  |   |  |  |  |
| If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.   |   |  |  |  |
| Will you be requesting that City Council declare your event a "Municipally Significant Event"?  Yes □ No   No   No   No  No  No  No  No  No   |   |  |  |  |
| SECTION 6: MUSIC / NOISE  |   |  |  |  |
| Will there be a concert or musical entertainment as part of the event? Yes   ✓ No □   |   |  |  |  |
| If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.  |   |  |  |  |

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

| If Yes, the Elgin-St. Thomas Public Health must be notified of the animals are not permitted in the Animal Control By-Law 71-2011, Exemption to the By-Law must be approved by City Council. Please this permit application. Please note that such approval may take se   | event detail<br>an Applicat<br>se attach a c | s two weeks p<br>ion for Tempo<br>opy of the app | orary          |
|---|--|--|----------------|
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGE  | GES  |  |                |
| Are you anticipating any road closures or traffic flow changes?   | Yes  | i 🗆 No   | o 🗹            |
| If Yes, please describe the road closure requirement and attach a n<br>Right of Way Occupancy Permit and City Council approval is requirement approval may take several weeks.  |  | road closures.                                   |                |
|   |  | 272.00   |                |
| Please attach a copy of the Right of Way Occupancy Permit and p   | rovide the pe                                | ermit #:   |                |
| If the event is a Parade / Run / Walk / Pass through Sporting Event located at <a href="www.stthomas.ca/content/official-plan-0">www.stthomas.ca/content/official-plan-0</a> . Describe the experience of the exper | •  | •  | •              |
|   |  |  |                |
| Do you require traffic control?  If Yes, please contact the St. Thomas Police Services at (519) 631-  | Yes<br>-1224 ext. 14                         |  | ) <b>E</b>     |
| PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.   | not allowed                                  | to direct traffi                                 | ic. Only the   |
| Have you contacted the Roads and Transportation Division for:   |  |  |                |
| Barricades  | Yes □  | No 🗹   | N/A 🗆          |
| No Parking Signs Detour Signing   | Yes □<br>Yes □                               | No 🗹   | N/A □<br>N/A □ |
| SECTION 9: MUNICIPAL FACILITIES   |  |  |                |
| For events taking place in Pinafore Park, organizers will need to a   |  |  | vith Parks     |
| and Recreation staff once the Special Events Permit Application h<br>Have you contacted Parks and Recreation staff about your event?  | 4  | oved.<br>No □                                    | N/A □          |
| Have you rented a pavilion/facility and signed a permit?  If yes, please provide the location of the rental and attach a copy of  | Yes If the permit.                           | No □   | N/A 🗆          |

| Do you require picnic tables or garbage discretion of the Parks and Recreation D   |   |                                   | -                                    |                            |
|--|---|-----------------------------------|--------------------------------------|----------------------------|
|  | •   | Yes II                            | No □                                 | N/A □                      |
| If Yes, how many are you requesting?   | # of Picnic Tables: SA  | <u>r∈ #=</u> # of                 | Garbage Cans<br>المراكزة المام المام | CARRESTATT                 |
| Have you made arrangements with Envi   |   |                                   |                                      |                            |
|  |   | Yes                               |                                      | N/A □                      |
| Will you require municipal support for:  | Water   | Yes 🗹                             | No 🗆                                 | N/A □                      |
|  | Hydro   | Yes 🗹                             | No □                                 | N/A □                      |
| Please note that all equipment and exaccredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:  | Ontario Electrical Safe<br>please attach the Electr   | ty Code or h                      | ave been inspe                       | ected by the               |
| If required, have you obtained a Hydran If Yes, please attach a copy of the Perm   | t Connection Permit?<br>it and provide the Permit   | Yes □<br>Number:                  | No 🗹                                 | N/A 🗆                      |
| SECTION 10: ACCESSIBILITTY   |   |                                   |                                      |                            |
| required to comply under the AODA. displayed throughout the event venue to washrooms and parking. Although not r site plan to the Municipal Accessibility.  SECTION 11: OTHER SERVICES/R | indicate the barrier-free<br>equired, the Special Eve<br>Advisory Committee for   | e path of travel<br>nts Committee | and location or recommends           | of accessible submitting a |
| Security: Has a privately licenced securi If Yes, what company and how many se   | ity firm been contacted/r<br>curity officers will be pr   | etained?<br>esent?                | Yes □                                | No 12                      |
| First Aid: For events with an anticipal  | ted attendance of more  | than 200 peop                     | ple, First Aid                       | services are               |
| required to be retained. Have you confir If Yes, please attach documentation pro-  | med First Aid services?   | Yes ☑                             | No □                                 | N/A □                      |
| Ambulance: Has Emergency Medical Se  | ervices (Ambulance Serv   | rice) been cont                   | acted regardin                       | g your event               |
| and planned emergency access to the sit  | e?  |                                   | Yes 🗹                                | No 🗆                       |
| Fireworks: Will there be fireworks as pa<br>If Yes, a permit for exhibition fireworks  | •   | Fire Departme                     | Yes □<br>nt.                         | No 🗸                       |
| SECTION 12: SIGNATURE  |   |                                   |                                      |                            |
| Derdor Perpheer  | 0   |                                   | Oepro                                | 9/16.                      |
| Signature of Individual Completing this  |   |                                   | (Date comple                         | ted)                       |
| Office Use Only: Application Received:   | $\cap \bigcup \bigcup \bigcup \bigcap \bigcup \bigcup \bigcap \bigcup \bigcup \bigcup \bigcap \bigcup \bigcup \bigcup \bigcup \bigcup \bigcup \bigcup \bigcup $ | mittee Approval                   |                                      | *                          |

Page 5 of 6



City of St. Thomas - Parks and Recreation P.O. Box 520, 545 Talbot Street St. Thomas, ON N5P 3V7

Phone: (519) 633-7112 Fax: (519) 633-9272

Scheduling Receipt

Creation Date: Mon Jan 18, 2016

Gord Campbell

28 Elizabeth Street

St. Thomas, Ontario, Canada

N5R 2W9

Receipt #:

11182

**Total Amount Due:** 

\$257.65

**Amount Paid:** 

\$257.65

Balance Due:

\$0.00

Client #: Phone 1: Event:

PAYEE:

8785

Account #:

519-631-1365

Phone 2: St. Thomas Senior's Picnic

Email: gordcampbeli39@yahoo.ca

Fax:

10698 4131 RT0001

| Facility Name Description   | Date                   | Time                       | Price     |        |
|---|------------------------|----------------------------|-----------|--------|
| Pinafore Park - Picnic Shelters - Dance Pa<br>Daily Rate 2016 - \$228.01 Daily Rate | avilion - All Sections |                            | Tiled     | 31,274 |
|   | Wed Jul 13,            | 2016 08:00AM - 04:00PM     | \$228,01  | Н      |
|   |                        | Facility Subtotal:         | \$228.01  |        |
| **************************************  |                        | Total:                     | \$228.01  |        |
| Payments  |                        |                            |           |        |
| Date  | Payment Type           |                            | Amount    | 897    |
| Fri Jan 22, 2016  | Cheque - #024          |                            | \$257,65  | 114    |
| Comments  |                        | Subtotal:                  | \$228.01  |        |
| Booked Jan 18, 2016.  |                        | 13% HST:                   | \$29,64   |        |
| <u> </u>  |                        | Total:                     | \$257.65  |        |
|   |                        | Amount Pald:               | \$257.65  |        |
|   |                        | Balancé Due:               | \$0.00    |        |
|   |                        |                            |           |        |
|   |                        | Printed #:                 |           |        |
|   |                        | Date:                      |           |        |
| Powered by Book King  |                        | Created: Fri Apr 8, 2016 @ | 11:05AM ( | ED     |

### **SECTION 13: INSURANCE**

STATEMENT OF INDEMINIFICATION

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

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

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

| _ |  | _  | P   |
|---|--|--|---|
| 5 | THOMAS ELGIN SASPIC NIC Organ (Event Name) IN THE PALK   | ized by SEN                                | (Organizing Group)  |
|   | shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, date   |  |   |
|   | any damage to property including loss of use thered death resulting at any time there from, occasioned by  |  | • •   |
|   | (Event Name)   | zed by <i>5An</i> _                        | (Organizing Group)  |
|   | its officers, agents, servants, employees, contractors on the premises or any part thereof arising from or such damage or injury is due to the act, default or n Thomas, its officers, agents, servants, employees, c Witness: | occasioned by any c<br>egligence of The Co | ause whatsoever, except where orporation of the City of St. |
|   | Name (Print): Mel Knopp  | Name (Print):                              | GOLD CAMPBELL   |
|   | , ,  | Address:                                   | 26 LeizABETHS STTHMIS                                       |
|   |  | Telephone:                                 | 631-1365  |
|   |  | Date:                                      | APRIL 9/16.   |
|   |  | Event Name:                                | SAME AS ABOVE   |
|   |  | Organizing Group:                          | SAME AS ABOVE   |
|   |  | Event Dates:                               | July 13/16.   |
|   |  |  | ,   |



### **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: Centernal of WW Departure of Soldier   |  |  |  |  |
|--|--|--|--|--|
| Date(s): 25 June 16 Start Time. 12:00 pm End Time: 4:00 pm                                   |  |  |  |  |
| Location(s): Morris F. Jones Memorial Rand Shell   |  |  |  |  |
| Organizing Group: Elgin Regiment Association.  |  |  |  |  |
| Contact Name: Mash Sargent   |  |  |  |  |
| Address: 49 Stanley Street.  |  |  |  |  |
| Town/City: Showan Postal Code: W5R 3E8.  |  |  |  |  |
| Phone Number: Cell Phone Number: <u>519. 871. 0974</u>                                       |  |  |  |  |
| Fax Number: Email Address:   |  |  |  |  |
| Expected Attendance:   |  |  |  |  |
| 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.   |  |  |  |  |

-33-

| Have you obtained a Building Permit for tents larger than 60m² cumulativ<br>Yes □ No N/A □ If yes, Permit #   | ely (if required)?                        |
|---|---|
| Will Alcohol be consumed at this Event?  If Yes, you must review and meet the requirements of the City's Alcohol F through the Parks and Recreation Department. | No <b>▼</b><br>Policy available           |
| 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 CAC  | /   |
| Are you anticipating any road closures/traffic flow changes? Yes □  | No 🎾                                      |
| NOTE: A Right of Way Occupancy Permit and Council approval will be re   | /   |
| closures.   | •   |
| If yes, describe the road closure requirement (Use a separate sheet if req  | juired).                                  |
|   |   |
| 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)               |   |
|   |   |
| Do you require Municipal Support:  Labour: Yes  No  Site Meeting: Yes  No  Water  Barricades: Yes  No  Detour Signing: Yes  No  Portable  Other:                | o: 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 state                           | Yes ৠ No □ N/A □<br>e location of rental. |

| Have you obtained an Electrical Safety Authority permit (if r   | Yes No No N/A   |   |
|---|---|---|
| Have you obtained a Fire Hydrant connection permit (if requ   | uired)?   | Yes □ No □ N/A ¾  |
| 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 if yes, what company and how many security officers will be  |   | Yes □ No □ N/A Ŋ  |
| Have you considered providing First Aid? If yes, how do you intend on providing that service?   |   | Yes D No X N/A  |
| Have you considered provisions for accessibility? i.e. parkin Describe:   |   | Yes □ No 🕱  |
| Volunteers: Will you have volunteers trained in traffic control?  Yes If yes, how many? Other types of volunteers and number:   | □No □ N/A 5X  |   |
| (Signature of Individual completing this application)   |   | 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) 326-870<br>631-1680 Ext<br>631-9900<br>637-3098 Ext<br>631-0368 Ext<br>631-1680 Ext<br>631-1680 Ext<br>631-1224 Ext<br>633-7112<br>631-1680 ext<br>631-1680 Ext | . 4007<br>. 30<br>. 5130<br>. 4168<br>. 4180<br>. 4258<br>. 141 |
| OFFICE USE ONLY Application Received: Special Events Committee Approval:  | 18, 201   | P   |

Page 3 of 4

### APR 2 5 2016

### SECTION 1: EVENT AND ORGANIZER INFORMATION Glorks Dept. IRON HORSE FESTIVAL **Event Name:** Aug. 18-21, 2016 Date(s): Start Time: E.C.R.M. WELLINGTON ST. Location(s): IRON HORSE FESTIVAL **Organizing Group:** Contact Name #1: 168 CULTIS STREET. Street Address: 5T-THIMAS Province: ON. Postal Code: N5P 4H4 Town/City: 519-709-9753 #2: 519-65-207-4000 Phone Number #1: PLOPENERU e ROGIES. Com / INFO C PRONHOPSÉ FESTIVIM. LO Email Address: STAGES. Location and Number of Parking Spaces: 300 + ADSACENT UACANT PRIPERTY. Number of Accessible Washrooms: 6-8 Number of Accessible Parking Spots: 6 + Please describe your specific event. Attach additional sheets as necessary. IRON HORSE FESTIVER IS ST. THOMAS' LARGEST COMMUNITY FESTIVAL FEATURING LIVE ENTRANMENT. MIDWAY UENDORS RAILWAY DISPLAYS, TRAIN RIOUS AND MORE DUER 4 DAYS INTHE HEART OF OUR

#### **SECTION 2: FOOD AND BEVERAGE**

Yes I Will food of any kind be available at this event? If Yes, you must submit the Special Events Notification Form to Elgin St. Thomas Public Health and attach a copy to this permit application.

### **SECTION 3: TENTS**

| Will there be an indoor or tent covered area used for public assembly as par  | t of the even | 1?<br>No. 17 |  |  |
|---|---------------|--------------|--|--|
| If Yes, please specify the number and size of tents. $(3 +) 2 - 2 \times$   | 40 1.         | - 30×60      |  |  |
| If the tents are larger than $60m^2$ cumulatively, a building permit is required to Division. Please attach a copy of the Permit and provide the Permit Number  |               |              |  |  |
| Please note that Indoor or Tent covered areas for public assembly must com<br>Act requirements enforced by Elgin St Thomas Public Health. Please contact<br>Officer for information on how to meet these requirements.  |               |              |  |  |
| SECTION 4: SERVING OF ALCOHOL   |               |              |  |  |
| Will alcohol be consumed at the event?  If Yes, you must review and meet the requirements of the City's Alcohol Policy available through the Parks and Recreation Department for Special Events taking place on municipal property.   |               |              |  |  |
| You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off – premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement. |               |              |  |  |
| The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a <b>no staking policy</b> in all of the City's Parks and Recreation facilities.  |               |              |  |  |
| SECTION 5: MUNICIPALLY SIGNIFICANT EVENT  |               |              |  |  |
| If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.   |               |              |  |  |
| Will you be requesting that City Council declare your event a "Municipally  |               |              |  |  |
| SECTION 6: MUSIC / NOISE  | res 🗹         | No 🗆         |  |  |
| Will there be a concert or musical entertainment as part of the event?  | Yes 🔽         | No □         |  |  |
| If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.  |               |              |  |  |

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

| Will there be a Petting Zoo or Animals at the event? If Yes, the Elgin-St. Thomas Public Health must be notified of the animals are not permitted in the Animal Control By-Law 71-2011, Exemption to the By-Law must be approved by City Council. Pleathis permit application. Please note that such approval may take se   | an Applicati<br>se attach a co<br>veral weeks. | two weeks pron for Tempo | ior. If the<br>rary       |
|---|--|--------------------------|---------------------------|
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANG   | <u>EES</u>                                     |                          |                           |
| Are you anticipating any road closures or traffic flow changes?   | Yes  | □ No                     |                           |
| If Yes, please describe the road closure requirement and attach a management Right of Way Occupancy Permit and City Council approval is requirement approval may take several weeks.  | iired for all r                                | oad closures.            | closure. A<br>Please note |
|   |  |                          |                           |
| Please attach a copy of the Right of Way Occupancy Permit and pr  | rovide the pe                                  | rmit #:                  |                           |
| If the event is a Parade / Run / Walk / Pass through Sporting Event located at <a href="https://www.stthomas.ca/content/official-plan-0">www.stthomas.ca/content/official-plan-0</a> . Describe the example of the exampl |  |                          |                           |
| Do you require traffic control?  If Yes, please contact the St. Thomas Police Services at (519) 631-  | Yes<br>-1224 ext. 14                           |                          |                           |
| PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.   | not allowed                                    | to direct traffic        | c. Only the               |
| Have you contacted the Roads and Transportation Division for:  Barricades  No Parking Signs  Detour Signing   | Yes C  | No 🗆<br>No 🗅             | N/A B<br>N/A B<br>N/A     |
| SECTION 9: MUNICIPAL FACILITIES   |  |                          |                           |
| For events taking place in Pinafore Park, organizers will need to an  |  |                          | ith Parks                 |
| and Recreation staff once the Special Events Permit Application had Have you contacted Parks and Recreation staff about your event?   |  | No 🗆                     | N/A □                     |
| Have you rented a pavilion/facility and signed a permit?  If we please provide the location of the rental and attach a conv of  | Yes   f the permit                             | No 🗆                     | N/A                       |

| Do you require picnic tables or garbage discretion of the Parks and Recreation D   |  | vailability and p   | ootential costs a      | re at the   |
|--|--|---------------------|------------------------|-------------|
|  | •  | Yes 🔽               | No □                   | N/A         |
| If Yes, how many are you requesting?   | # of Picnic Tables:                                    | # of                | Garbage Cans:          | 30          |
| Have you made arrangements with Envi   | ronmental Services staff                               | f for recycling o   | ontainers and c        | ollection?  |
|  |  | Yes 🔛               | No 🗆                   | N/A         |
| Will you require municipal support for:  | Water  | Yes                 | No □                   | N/A □       |
|  | Hydro  | Yes 💽               | No □<br>No □           | N/A □       |
| Please note that all equipment and ex accredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:   | Ontario Electrical Safe please attach the Electrical   | ety Code or ha      | ve been inspec         | ted by the  |
| If required, have you obtained a Hydran If Yes, please attach a copy of the Permi  | t Connection Permit?<br>It and provide the Permi       | Yes L<br>t Number:  | No □                   | N/A □       |
| SECTION 10: ACCESSIBILITTY   |  |                     |                        |             |
| displayed throughout the event venue to washrooms and parking. Although not resite plan to the Municipal Accessibility ASECTION 11: OTHER SERVICES/R | equired, the Special Eve<br>Advisory Committee for     | ents Committee      | recommends su          |             |
| Security: Has a privately licenced securi<br>If Yes, what company and how many se  | ty firm been contacted/r<br>curity officers will be pr | etained?<br>resent? | Yes 5                  | No 🗆        |
| First Aid: For events with an anticipat  |  |                     | le, First Aid se       | ervices are |
| required to be retained. Have you confirm<br>If Yes, please attach documentation prov  |  |                     | No  been retained.     | N/A □       |
| Ambulance: Has Emergency Medical Se  | •  | vice) been conta    |                        | •           |
| and planned emergency access to the site   | e?   |                     | Yes 🖫                  | No 🗆        |
| Fireworks: Will there be fireworks as pa<br>If Yes, a permit for exhibition fireworks  |  | Fire Departmen      |                        | No 🗆        |
| SECTION 12: SIGNATURE  |  |                     |                        |             |
| 1/-  |  |                     | APRIL 3                | 5 7016      |
| (Signature of Individual Completing this   | Application)   | -                   | HPRIL 2 (Date complete | ed)         |
| Office Use Only: Application Received:   | 25/10 con  | nmittee Approval:   |                        |             |

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519-631-1680 ext. 4180

519-631-1224 ext. 141

519-633-7112

Parks and Recreation - Property Services, Hydro

Police Services - Noise By-Law, Traffic Control

Parks and Recreation Department

| Railway City Tourism<br>St. John's Ambulance<br>Treasury Department | (First Aid) 519-633-2290<br>- Insurance 519-631-1680 ext. 4105   |
|---|--|
| SECTION 1: EVEN   | T AND ORGANIZER INFORMATION                                      |
| Event Name:   | Fund raising BBQ   |
| Date(s):  | June 30th 2016, July 29th, 2016                                  |
| Start Time:   | 11 am End Time: 3pm  |
| Location(s):  | 499 Talbot st.   |
| Organizing Group:   | Psychiatric Survivors Network of Elgi                            |
| Contact Name #1:  | Norm Barrett #2: Lori Pelley                                     |
| Street Address:   | 499 Talbot st.   |
| Town/City:  | 5+. Thomas Province: ON Postal Code: 158 13                      |
| Phone Number #1:  | 519-631-1580 #2: 519 <del>631</del> -1015                        |
| Email Address:  | nbarrett @ PSNe.ca   |
| Expected Attendance:  | Number of Event Personnel/Volunteers:                            |
| Location and number   | of washrooms in place: 2 out front of organization               |
| 2 washr   | 27000ci 2000   |
| Location and Number   | of Parking Spaces: public parking on street +                    |
| rear parki  | NO TOP   |
| Number of Accessible  | Washrooms: Number of Accessible Parking Spots:                   |
| Please describe your s  | pecific event. Attach additional sheets as necessary. we will be |
| BBC   | Ding Hot Clog & sansages or burgers.                             |
|   |  |
|   |  |

### **SECTION 2: FOOD AND BEVERAGE**

Will food of any kind be available at this event?

Yes

No

If Yes, you must submit the Special Events Notification Form to Elgin St. Thomas Public Health and attach a copy to this permit application.

### **SECTION 3: TENTS**

| Will there be an indoor or tent covered area used for public a   | assembly as part of the event?                      |
|--|---|
| If Yes, please specify the number and size of tents.   | Yes No  |
| If the tents are larger than $60m^2$ cumulatively, a building per Division. Please attach a copy of the Permit and provide the | mit is required through the Building Permit Number: |
| Please note that Indoor or Tent covered areas for public asse  | embly must comply with Smoke Free Ontario           |

Please note that Indoor or Tent covered areas for public assembly must comply with Smoke Free Ontario Act requirements enforced by Elgin St Thomas Public Health. Please contact the Tobacco Enforcement Officer for information on how to meet these requirements.

### **SECTION 4: SERVING OF ALCOHOL**

Will alcohol be consumed at the 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 for Special Events taking place on municipal property.

You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off – premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement.

The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a no staking policy in all of the City's Parks and Recreation facilities.

### SECTION 5: MUNICIPALLY SIGNIFICANT EVENT

If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.

Will you be requesting that City Council declare your event a "Municipally Significant Event"?

### **SECTION 6: MUSIC / NOISE**

Will there be a concert or musical entertainment as part of the event?

Yes



If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

### **SECTION 7: ANIMALS**

|  |                   | 5                     |
|--|-------------------|-----------------------|
| Will there be a Petting Zoo or Animals at the event?                   | Yes               | No                    |
| If Yes, the Elgin-St. Thomas Public Health must be notified of the e   |                   |                       |
| animals are not permitted in the Animal Control By-Law 71-2011, a      | n Application fo  | or Temporary          |
| Exemption to the By-Law must be approved by City Council. Please       | e attach a copy o | of the application to |
| this permit application. Please note that such approval may take seven | eral weeks.       | ••                    |
|  |                   |                       |
| SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGE                         | ES                |                       |

## Are you anticipating any road closures or traffic flow changes? If Yes, please describe the road closure requirement and attach a map or sketch showing the closure. A Right of Way Occupancy Permit and City Council approval is required for all road closures. Please note that approval may take several weeks. Please attach a copy of the Right of Way Occupancy Permit and provide the permit #: If the event is a Parade / Run / Walk / Pass through Sporting Event, please refer to the city roads map located at <a href="https://www.stthomas.ca/content/official-plan-0">www.stthomas.ca/content/official-plan-0</a>. Describe the event and attach a map or sketch.

If Yes, please contact the St. Thomas Police Services at (519) 631-1224 ext. 141.

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| police can direct traffic pursuant to the Hig   | l special event staff a<br>hway Traffic Act. | re not allowed t                     | o direct traffic               | c. Only the   |
|---|--|--------------------------------------|--------------------------------|---------------|
| Have you contacted the Roads and Transpo  | rtation Division for                         |                                      |                                |               |
|   | Barricades                                   | Yes                                  | No                             | N/A           |
|   | No Parking Signs                             | Yes                                  | No                             | N/A           |
|   | Detour Signing                               | Yes                                  | No                             | (N/A)         |
|   |  | 105                                  | 110                            | IVA           |
| SECTION 9: MUNICIPAL FACILITIES   | <u>s</u>                                     | ψ!                                   |                                |               |
| For events taking place in Pinafore Park, or  | ganizers will need to                        | arrange an onci                      | te meeting wi                  | th Doules and |
| Recreation staff once the Special Events Pe   | rmit Application has                         | heen annroved                        | te meeting wi                  | ui Parks and  |
| Have you contacted Parks and Recreation st  | aff about your event?                        | ? Yes                                | No                             | (N/A)         |
|   | <b>,</b>                                     |                                      | 110                            | TWA.          |
| Have you rented a pavilion/facility and sign  | ed a permit?                                 | Yes                                  | No                             | (N/A)         |
| If yes, please provide the location of the ren  | tal and attach a copy                        | of the permit.                       |                                | C. T. C.      |
|   |  |                                      |                                |               |
| Do you require picnic tables or garbage can   | s? Please note that av                       | ailability and p                     | otential costs                 | are at the    |
| discretion of the Parks and Recreation Department   | rtment.                                      |                                      |                                |               |
|   |  | Yes No                               | (N/A) If Ye                    | s, how        |
| many are you requesting? # of Picnic Tab  | oles: # o                                    | f Garbage Cans                       | s:                             |               |
| Have you made amongoments with Duri   | . 10   |                                      | _                              |               |
| Have you made arrangements with Environi  | nental Services staff                        |                                      |                                |               |
|   |  | Yes                                  | No                             | (N/A)         |
| Will you require municipal support for:   | Water  | Vaa                                  | <b>3.</b> T-                   |               |
| manopul support for.  | Hydro  | Yes<br>Yes                           | No<br>No                       | (N/A          |
|   | Tiyuto                                       | 1 68                                 | No                             | (N/A')        |
| Please note that all equipment and extension  | cords must be in good                        | l condition and                      | anneared has a                 |               |
| certification body under the Ontario Electric   | al Safety Code or hay                        | e been inspecte                      | pproved by a<br>d by the Flect | rical Safatu  |
| Aumority. If required, please attach the Elec   | trical Safety Authorit                       | ty documentation                     | on and provide                 | the Permit    |
| Number:   |  | •                                    | <b>1</b>                       |               |
| If we will be a second of the |  |                                      |                                | 5             |
| If required, have you obtained a Hydrant Co.  | nnection Permit?                             | Yes                                  | No                             | (N/A)         |
| If Yes, please attach a copy of the Permit and  | d provide the Permit 1                       | Number:                              |                                |               |
| SECTION 10. ACCESSIBILITY   |  |                                      |                                |               |
| SECTION 10: ACCESSIBILITTY  |  |                                      |                                |               |
| As an event organizer, it is your responsibility  | itu ta anguna Alaat                          | · ·· ·                               |                                |               |
| As an event organizer, it is your responsibilities Accessibility for Ontarians with Disabilities  | Act (AODA) Organi                            | r organization i                     | is in complian                 | ce with the   |
| requirements to meet for accessibility, whi   | le an event organize                         | izauviis willi 81<br>d and min enti- | least one emp                  | bloyee have   |
| required to complement and a AODA DI  | J. Jin DigmiiZu                              | - with rull Cliff                    | ory by voluli                  | 10U SI 212    |

As an event organizer, it is your responsibility to ensure that your organization is in compliance with the Accessibility for Ontarians with Disabilities Act (AODA). Organizations with at least one employee have requirements to meet for accessibility, while an event organized and run entirely by volunteers is not required to comply under the AODA. Please note that directional signage needs to be prominently displayed throughout the event venue to indicate the barrier-free path of travel and location of accessible washrooms and parking. Although not required, the Special Events Committee recommends submitting a site plan to the Municipal Accessibility Advisory Committee for larger events for their review.

### SECTION 11: OTHER SERVICES/RESOURCES

Security: Has a privately licenced security firm been contacted/retained?

Yes



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|      | If Yes, what company and now many security officers will be present?   |        |
|------|--|--------|
|      | First Aid: For events with an anticipated attendance of more than 200 people, First Aid services are required to be retained. Have you confirmed First Aid services? Yes No N/A  If Yes, please attach documentation providing proof that First Aid services have been retained.   |        |
|      | Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted regarding your event and planned emergency access to the site?  Yes   |        |
|      | Fireworks: Will there be fireworks as part of your event?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye   |        |
|      | SECTION 12: SIGNATURE  |        |
|      | Signature of Individual Completing this Application)  April 26 <sup>+1</sup> / <sub>20</sub> / (Date completed)  | 6      |
|      | Office Use Only: Application Received: Committee Approval: SECTION 13: INSURANCE   | -      |
|      | A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events. | e<br>I |
|      | The provision of the completed and signed Statement of Indemnification below is also required.   |        |
|      | Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.   |        |
| Fue  | STATEMENT OF INDEMINIFICATION  Staising BBQ PSNF organized by Norm Barrett  (Event Name) (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   |        |
| Funx | Praising BBQ PSNE organized by Norm Barrett (Event Name) (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

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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.

Signed:

Name (Print): Jon Kindley

Name (Print):

Address:

Telephone:

Date:

Event Name:

Fundraising BBQ

Organizing Group: PSNE

Event Dates: Sune 30th July 29th

### **SECTION 1: EVENT AND ORGANIZER INFORMATION**

| Event                           | Name:  | DAY OUT WITH THOMAS 2016   |
|---------------------------------|--|--|
| Date(s                          | s):  | EVENT DATES: JULY 16, 17 and July 22,23,24   |
| Start T                         | l'ime:   | End Time: 6pm  |
| Locati                          | on(s):   | ST. THOMAS - ELGIN MEMORIAL CENTRE - AVE   |
| Organ                           | izing Group:                                     | ELGIN COUNTY RAILWAY MUSEUM  |
| Contac                          | ct Name #1: 🗓                                    | DAWN MISKELLY #2: JEREMY LOCKE   |
| Street                          | Address:   | 225 WELLINGTON STREET, ST. THOMAS  |
| Town/                           | City: 5  | T. THOMAS Province: ON Postal Code: N5R256   |
| Phone                           | Number #1:                                       | 519-637-6284 #2: 226-234-2939  |
| Email                           | Address:   | dawnmiskelly @ecrm 5700.org  |
| / 3                             | : 4.000 e e                                      | Number of Event Personnel/Volunteers: 300+ of event  |
| c ff A                          | on and number                                    | of washrooms in place: Public Access to arena washrooms and Lynch Room hallway, and 2 accessible in west   |
| hallwa                          | y Addi-  | trong partables outside + I washrooms + 2 wheel-   |
| Location                        | on and Number                                    | of Parking Spaces: Front lot of tout door sink stations  |
| 1050 + SPACE                    | C2   |  |
|                                 |  | cent gravel lot and property to the south, street  |
| Numbe                           | r of Accessible                                  | Washrooms: 4 Number of Accessible Parking Spots: 16  |
| Please                          | describe your s                                  | pecific event. Attach additional sheets as necessary. DAY OUT WITH THOMAS  |
| 15                              | A FUNFI  | LLED FAMILY EVENT THAT GIVES FANS THE CHANCE   |
| Ta                              | CLIMB AR   | SOARD AND TAKE A 25-MINUTE TRAIN RIDE LEAD BY  |
| EVER                            | ZYONE'S  | FAVOURITE # 1 BLUE ENGINE - THOMAS THE TANK ENGINE   |
|                                 |  | ALSO MET SIR TOPHAM HATT, AND ENTOY A DAY FULL   |
| OF THE                          | HOMPS A  | CTIVITIES INCLUDING; CRAFTS TEMPORARY TATTOOS, IN L + PUPPETS INFLATABLE BOUNCERS BUBBLES, AND BEVERAGE TRAIN TABLES, MODEL RAILWAYS,  |
| Will for<br>If Yes,<br>attach a | od of any kind byou must submate copy to this pe | be available at this event?  Yes No D  iit the Special Events Notification Form to Elgin St. Thomas Public Health and  ermit application. WE ARE USING FOOD VENDORS FOR THE EVENT  ENSURE THE! EACH SUBJUST THEIR NOTIFICATIONS TO |
|                                 |  | H UNIT AS PART Page 2 of 6   |
| C                               | F THEIR  | CONTRACT   |

### **SECTION 3: TENTS**

Will there be an indoor or tent covered area used for public assembly as part of the event? Both Head If Yes, please specify the number and size of tents. It stoff to find a thank and If the tents are larger than  $60m^2$  cumulatively, a building permit is required through the Building Division. Please attach a copy of the Permit and provide the Permit Number: In process

Please note that Indoor or Tent covered areas for public assembly must comply with Smoke Free Ontario Act requirements enforced by Elgin St Thomas Public Health. Please contact the Tobacco Enforcement Officer for information on how to meet these requirements.

### **SECTION 4: SERVING OF ALCOHOL**

Will alcohol be consumed at the event?

Yes No M

If Yes, you must review and meet the requirements of the City's Alcohol Policy available through the Parks and Recreation Department for Special Events taking place on municipal property.

You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off – premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement.

The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a no staking policy in all of the City's Parks and Recreation facilities.

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If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.

Will you be requesting that City Council declare your event a "Municipally Significant Event"?

Yes 
No Per

### **SECTION 6: MUSIC / NOISE**

Will there be a concert or musical entertainment as part of the event? Yes V

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

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| Will there be a Petting Zoo or Animals at the If Yes, the Elgin-St. Thomas Public Health animals are not permitted in the Animal Conference of the By-Law must be approved this permit application. Please note that such the Poly of Station Station of Stat | must be notified of the ontrol By-Law 71-201 and by City Council. Place approval may take so that I BE BES | e event detail, an Applica<br>ease attach a deveral weeks | ls two weeks  | morary        | cattors |
|--|--|---|---------------|---------------|---------|
| SECTION 8: ROAD CLOSURES / TRA   | FFIC FLOW CHAN   | GES   |               | ,             |         |
| Are you anticipating any road closures or t  | raffic flow changes?   | Yes   | s 🗆 🗆 1       | No D          |         |
| If Yes, please describe the road closure req<br>Right of Way Occupancy Permit and City of<br>that approval may take several weeks.   | Council approval is red  | mired for all   | road closure  | c Please note |         |
|  |  |   |               |               |         |
| Please attach a copy of the Right of Way O   | ccupancy Permit and p  | provide the pe  |               |               |         |
| If the event is a Parade / Run / Walk / Pass located at www.stthomas.ca/content/officia  | through Sporting Ever  | it. please refe   | r to the city | roads man     |         |
|  |  |   |               |               |         |
| Do you require traffic control? If Yes, please contact the St. Thomas Police   | e Services at (519) 631  | Yes<br>1224 ext. 14                                       | 1. N          | No No         |         |
| PLEASE NOTE: Marshalls, volunteers and police can direct traffic pursuant to the High  | special event staff are<br>nway Traffic Act.   | not allowed   | o direct traf | fic. Only the |         |
| Have you contacted the Roads and Transpor  | tation Division for:   |   |               |               |         |
|  | Barricades   | Yes ♥   | No 🗆          | N/A 🗓 ,       |         |
| Called and requested  (b) April 27/16  | No Parking Signs   | Yes 🗆   | No 🗆          | N/A 12        |         |
|  | Detour Signing   | Yes 🗍   | No 🗆          | N/A 🔞         |         |
| SECTION 9: MUNICIPAL FACILITIES  |  |   |               |               |         |
| For events taking place in Pinafore Park, organd Recreation staff once the Special Events  | Permit Application h   | as been appro   | ite meeting v | with Parks    |         |
| Have you contacted Parks and Recreation st.  | aff about your event?  | Yes 🗵   | No 🗆          | N/A □         |         |
| Have you rented a pavilion/facility and signed f yes, please provide the location of the rent  | al and attach a copy of  | Yes [2]  f the permit.                                    | No [          | N/A []        |         |
|  | Page 4 of 6  | + with  | Gary          | Drouin        |         |

| Do you require picnic tables or garbage cans? Please note that avail discretion of the Parks and Recreation Department.  | ilability and po   | otential costs ar                | e at the                              |
|--|--|----------------------------------|---------------------------------------|
| · ·  | Yes 🗹  | No 🗆                             | N/A □                                 |
| If Yes, how many are you requesting? # of Picnic Tables: 15  | # of G   | arbage Cans: _                   | 18_                                   |
| Have you made arrangements with Environmental Services staff for   | TND FICK   | - 나 [?.<br>                      |                                       |
| Will us & sorting steptions inside memorial  | Yes 🗇  |                                  | N/A 🗆                                 |
| Acres to a sytument tops/10 20-0+  |  |                                  |                                       |
| Will you require municipal support for: Water  | Yes 🗹  | No □                             | N/A                                   |
| PORTABLE Hydro PANEL   | Yes 🖫  | No 🗆                             | N/A                                   |
| Please note that all equipment and extension cords must be in accredited certification body under the Ontario Electrical Safety Electrical Safety Authority. If required, please attach the Electrical provide the Permit Number:  | Code or hav<br>al Safety Auth<br>CTEり てる                             | e been inspect<br>ority document | ed by the tation and                  |
| If required, have you obtained a Hydrant Connection Permit? If Yes, please attach a copy of the Permit and provide the Permit N  | Yes 🗔<br>umber:  | No 🗆                             | N/A 🖫                                 |
| SECTION 10: ACCESSIBILITTY   |  |                                  |                                       |
| requirements to meet for accessibility, while an event organized required to comply under the AODA. Please note that directio displayed throughout the event venue to indicate the barrier-free powashrooms and parking. Although not required, the Special Events site plan to the Municipal Accessibility Advisory Committee for last SECTION 11: OTHER SERVICES/RESOURCES | nal signage n<br>ath of travel as<br>Committee re<br>rger events for | eeds to be prond location of a   | ominently<br>accessible<br>omitting a |
| SITE WILL ALSO BE FENCED JULY 14-0   |  |                                  |                                       |
| Security: Has a privately licenced security firm been contacted/reta   | ined?  | Yes 🗹                            | No 🗆                                  |
| If Yes, what company and how many security officers will be prese<br>On-site 24hrs July 14-25th 1 gaurd de<br>First Aid: For events with an anticipated attendance of more that<br>required to be retained. Have you confirmed First Aid services?<br>If Yes, please attach documentation providing proof that First Aid s   | y+im+<br>in 200 people<br>Yes ▼                                      | , First Aid ser                  | vices are                             |
| Ambulance: Has Emergency Medical Services (Ambulance Service   | e) been contact  | ed regarding ve                  | our event                             |
| Ambulance: Has Emergency Medical Services (Ambulance Services and planned emergency access to the site? BACK GATE (SOUTH-AST JOHN'S AMBULANCE WILL BE ON SITE  | ENST)<br>AS WELL   | Yes 12                           | No 🗇                                  |
| Fireworks: Will there be fireworks as part of your event? If Yes, a permit for exhibition fireworks is required through the Fire   | Department.  | Yes 🗆                            | No Æ                                  |
| SECTION 12: SIGNATURE  |  |                                  |                                       |
| <u> </u>   |  |                                  |                                       |
| Hama Misheller   | An   | 1127/16                          |                                       |
| Ham Mokelly<br>(Signature of Individual Completing this Application)   | (E   | Date completed)                  | )                                     |
| Office Use Only: Application Received: Apr 27/16. Commit   |  |                                  |                                       |
| Page 5 of 6  |  |                                  |                                       |

### **SECTION 13: INSURANCE**

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

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

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

| <b>STATEMENT</b> | OF | INDEM | INIF | <i>ICA</i> | TION |
|------------------|----|-------|------|------------|------|
|------------------|----|-------|------|------------|------|

DAY GUT WITH THOMAS organized by ELGIN COUNTY RAILWAY MUSEUM (Event Name) (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

DAY OUT WITH THOMAS organized by EIGIN COUNTY RAILWAY MUSEUM (Event Name) (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.

Hoallen (10 Kett Signed: Witness:

Alam Mickelly

Name (Print): Heather Crockett Name (Print): 1+ DAWN MISKELLY

Address:

225 WELLINGTON STREET

Telephone:

519-637-6284

Date:

APRIL 26, 2016

Event Name:

DAY OUT WITH THOMAS

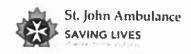
Organizing Group: ELGIN COUNTY RAILUSAY
MUSELLM

Event Dates: July 16, 17, 7 22, 23, 24

2016

# 2016 Day Out With Thomas Tent Permit Map Legend July 13 - 25, 2016 April 26, 2016

| Tables, Chairs, People             | Parking Staff Resting Area                    | 10' × 10' | 27       |
|------------------------------------|---|-----------|----------|
| Tables, Chairs, People             | Fete - Stall for Security (Exit Gate)         | 10' x 10' | 26       |
| Tables, Chairs, People             | Fete - Stall for Security (Entrance Gate)     | 10' x 10' | 25       |
| Tables, Chairs, People             | Children's Activities - Bubble Zone           | 15' x 15' | 24       |
| Tables, Chairs, People             | Fete - Stall for Security (back gate)         | 10' x 10' | 23       |
| Tables, Chairs, People             | Sheltered Dining Area                         | 40' x 80' | 22       |
| Hay Bales, Ride On Toys, People    | Ride On Toys                                  | 20' x 40' | 21       |
| Animals (tanks and                 | Kennedy's Kridders - small animals & reptiles | 20' x 40' | 20       |
| Fencing, People, and Train         | Storage for Thomas and Photo Queue Area       | 50' x 32' | 19       |
| Tables, Chairs, People             | First Aid Tent                                | 15' x 15' | 18       |
| Picnic Tables, Coolers, People     | Train Boarding Volunteer Rest Area            | 20' × 20' | 17       |
| Water, People, Cool Mist apparatus | Misty Island - Cool Down Area                 | 10' x 10' | 16       |
| Water, People, Cool Mist apparatus | Misty Island - Cool Down Area                 | 10' × 10' | 15       |
| Strollers and People               | Stroller Parking Area for Train               | 10' x 20' | 14       |
| Strollers and People               | Stroller Parking Area for Train               | 10' × 20' | 13       |
| Strollers and People               | Stroller Parking Area for Train               | 10' x 20' | 12       |
| Strollers and People               | Stroller Parking Area for Train               | 10' x 20' | 11       |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | 10       |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | 9        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | <b>∞</b> |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | 7        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | 6        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | 5        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' × 20' | 4        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | w        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 20' | 2        |
| Fencing and People                 | Queue Area for Train Boarding                 | 10' x 10' | 1        |
| Items Under Tent                   | Tent Activity                                 | Tent Size | Number   |
|                                    |   | ı         | Location |



## St. John Ambulance (St. Thomas/Elgin Branch) 656 Talbot St. St. Thomas, ON NSP 1C8

Phone (519) 633-2290

Fax (519) 631-3368

Emergency Contact: (519) 673-9979

email: st.thomas@on.sja.ca

Request for Medical First Response Service

|   |   | - Gircui | 11136      | 110300                                    | 1126 7     | CIVIC                   | <u></u>      |  |
|---|---|----------|------------|---|------------|-------------------------|--------------|--|
| Organization Info   |   |          |            |   |            |                         |              |  |
| Event Organization: Elgin County Railway Museum Business Phone Number: 5196376284                       |   |          |            |   |            |                         |              |  |
| Address: 225 Wel  |   | C        | ity: St. T |   | Postal Cod |                         |              |  |
| Web Site: www.ecrm5700.org  |   |          |            |   | Fax Numb   | er:                     |              |  |
|   |   |          |            |   |            |                         |              |  |
| Contact Information for Event   |   |          |            |   |            |                         |              |  |
| Contact Person: Dawn Miskelly Residence Phone Number: 519-633-6915                                      |   |          |            |   |            |                         |              |  |
| Cell Number: 226-234-2939 Fax Number: Em  |   |          |            |   |            | ail: dawnm@ecrm5700.org |              |  |
|   |   |          |            |   |            |                         |              |  |
| Event Information   |   |          |            |   |            |                         |              |  |
| Name of Event: Day Out With Thomas Type of Event: Family Event  |   |          |            |   |            |                         |              |  |
| Location of Event: 80 Wilson Ave  |   |          |            | City: St. Thomas                          |            |                         |              |  |
| Contact Name of Person at Event: Dawn Miskelly Contact Number: 519-637-6284                             |   |          |            |   |            |                         |              |  |
| Date(s)   | Rain Date(s) Requested SJA Arrival Expected SJA Departure Tim |          |            |   |            |                         |              |  |
| 1) 16-Jul-16  |   | 7:30     | am         |   |            | 6:30                    | pm           |  |
| 2) 17-Jul-16  |   | 7:30     | am         |   |            | 6:30                    | pm           |  |
| 3) 22-Jul-16  |   | 7:30     | am         |   |            | 6:30                    | pm           |  |
| 4) 23-Jul-16  |   | 7:30     | am         |   |            | 6:30                    | pm           |  |
| 5) 24-Jul-16  |   | 7:30     | am         |   |            | 6:30                    | pm           |  |
| Attach the following if available or applicable:  |   |          |            |   |            |                         |              |  |
| Proposed Map Route Tentative Site Layout Schedule Rain Out Plans  |   |          |            |   |            |                         |              |  |
| Are the following available on site?  |   |          |            |   |            |                         |              |  |
| First Aid Room Clean Drinking Water Telephone Parking   |   |          |            |   |            |                         |              |  |
| Special Equipment Requested: Ambulance on-site  |   |          |            |   |            |                         |              |  |
|   |   |          |            |   |            |                         |              |  |
| Coverage is reques  | ster for: Participants  | 100      | Speci      | ators 4000                                |            | ⊠ Bot                   | h            |  |
| Age Group: 0 - 99 # of participants # of spectators   |   |          |            |   |            |                         |              |  |
| If the event is longer than four (4) hours or at meal   Is complementary (free) food available for      |   |          |            |   |            | le for our              |              |  |
| time(s), is food available on site? Yes   |   |          |            | time(s), is food available on site? Yes   |            |                         |              |  |
| Will your organization /  |   |          |            | Please specify: Drinks Only (hot cold)    |            |                         |              |  |
| Will your organization/group provide us with a donation? Yes Amount if known: \$2000                    |   |          |            | Will you require a charitable receipt? No |            |                         |              |  |
| Additional Information/special comments: We will have a see to  |   |          |            |   |            |                         |              |  |
| Additional Information/special comments: We will have snacks as well as drinks available for your group |   |          |            |   |            |                         |              |  |
|   |   |          |            |   |            |                         |              |  |
| Signature/Typed Name: Dawn Miskelly Date: April 26, 2015  |   |          |            |   |            |                         |              |  |
|   |   |          |            |   | Da         | ate: Apı                | ril 26, 2016 |  |
| H. Dans   | Miskelly  |          |            |   |            |                         |              |  |
|   |   |          |            |   |            |                         |              |  |

Confirmed with Ray Ormerad-phone April 27/16



### Corporation of the City of St. Thomas

### APPLICATION FOR TEMPORARY EXEMPTION TO ANIMAL CONTROL BY- LAW 71-2011

This application to be filed with the City Clerk and must be accompanied with a \$20,00 cash fee.

I/We hereby apply to the Council of the Corporation of the City of St. Thomas for a temporary exemption to section 6.1 of Animal Control By-Law 71-2011 as outlined in this application. ELGIN COUNTY RAILWAY MUSEUM 1. Name of Applicant DAWN MISKELLY Address 225 WELLINGTON STREET ST. THOMAS Telephone 519-637-6284 NO TO BE HELD AT MEMORIAL ARENA GROUNDS Kennedy's Kridders Is the applicant the Owner of the land? YES\_ **Animal List** If not, proof of Owner's consent must be filed with the application. Petting Zoo Animals: 19 - as listed in margin 3. Type and number of Animal(s) \_\_\_\_ Potbellied Pig (1) African spurred Tortoise (1) Ducks (2) 4. Proposed use of Animal(s) PETTING ZOO AND EXHIBIT - EDUCATIONAL Silkie Chicken (1) Flemish Giant and Lop 5. Proposed location of Animal(s) CostDOOR TENT - 80 WILSON AVE - MEMORIAL eared Rabbits (3 in total) 6. Will the Animal(s) be re-located during the exemption period. YES V **Exotic Exhibit:** If so, where? ALL ANIMALS WILL RETURN HOME WITH THEIR HANDLER African bullfrog (1) Colombian boa snake (1) 7 Date(s) the Animal(s) will be in the City July 16, 17 and July 22, 23, 24, 2016 Ball python snake (1) Green Iguana (1) 8. List the names and addresses of the neighbours you have notified of your intent to apply for this Bearded dragon (1) temporary exemption. If necessary, please use the back of the form. Caiman Crocodilian (1) Various tarantulas, scorpions (5 in total)

If you wish to provide any further information, please attach on a separate page,

No two requests from one individual or group are permitted within a six month period. Exemptions may be granted by Council for a maximum period of 4 days. Applicants must comply with Federal, Provincial, and Municipal regulations pertaining to the care and control of Animals.

Food/Craft Vendors

SOP Area

Bar

