

TOWN OF SIDNEY PARK AND FACILITY USE APPLICATION

FOR OFFICE USE ONLY

	1 00.		rippiovod by.			20.0.				
	Liability Insurance Park:		Park:	Deposit:						
	Town Um	nbrella								
OFOTION	ABBLI	O A A I I =	INFORM	ATIO'	\ I					
SECTION A:		CANT	INFORMA	OITA	N .					
NAME OF ORGANIZA	(TION									
APPLICANT'S LAST NAME				FIRST NAME					OPTIONAL:	
								□ MISS □ MRS □ MS		
STREET ADDRESS				CITY / PROVINCE P					AL CODE	
DAY PHONE NO.				ALTERNATE PHONE NO. (CELL)				DAY F	FAX NO.	
()				()						
E-MAIL ADDRESS										
ON-SITE CONTACT PERSON (if different from applicant)				DAY PHONE NO.			Al	ALTERNATE PHONE NO. (CELL)		
SECTION B:	EVEN	TINF	ORMATION	N N						
DATE OF EVENT				_	PAR	SITE / AREA RE	QUESTED			
EVENT START TIME		EVENT	END TIME		SET	JP TIME		EXIT TIME		
TYPE OF EVENT (p	ublic or private	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	If public, do you co	one ont to	it boing pos	ed NO. OF PAR	TICIDANITS	I NO OE	SPECTATORS	
on the To			on the Town's wel				HOII ANTO	10.01	SI LOTATORS	
□ Public □ Private				NI-						
				No	OII ETC	# OF DODTA	DI E TOILETC	LOCATI	ON OF PORTABLE TOILETS	
MAY BE REQUIRE TO PROVIDE PROVIDING POR PORTABLE TOILETS. THIS WILL						BLE TOILETS	LOCATI	ON OF PORTABLE TOILETS		
BE REVIEWED BY TOWN STAFF			⊔ Yes	□ No						
	D AND UNDE			ROVINCI	IAL HEALTH	OFFICER GUIDE	LINES AND REG	COMMEN	DATIONS AROUND MASS	
LWILL COM	MINICATE TO) ALL ATT	ENDEES HOW T	LIG E\/EI	NIT WILL EC	LLOW THE ABOV	/E MENITIONIED	CHIDELIN	IES AND	
RECOMMME		J ALL AT	ENDEES HOW I	HIS EVE	NT WILL FC	LLOW THE ABOV	E MENTIONED	GOIDELII	NES AIND	
DESCRIPTION OF EV	/ENT / ACTIVI	ITIES (con	cert, art exhibition,	wedding	, etc.)					

SECTION C: EVENT DETAILS									
TEMPORARY STRUCTURES (tents, tables, chairs, portable toilets, etc.)									
SOUND & LIGHTING	Do you require access to power?								
	□ Yes □ No								
0,000	L 163 L 140								
SIGNS (posters, banners, etc.)									
FOOD SERVICES									
SALE & DISTRIBUTION OF FOOD / BEVERAGES / MERCHANDISE									
CLEAN UP (garbage and recycling)									
o (galoago ana looyomig)									
PARKING / LOADING AND UNLOADING / TRAFFIC CONTROL									
DOAD OLOOUDE									
ROAD CLOSURE									
ALCOHOL									
FIREWORKS									
OTHER									
IMPORTANT CONSIDERATIONS:									
Consumption, sale or distribution of alcoholic beverages requires applications.									
Occasion Liquor License which can be obtained from the BC Liquor Control Board (BC Liquor Store). 2. A Business License may be required for the sale of any items on public property.									
A Business License may be required for the sale of any items on public property. Request for a road closure or parking restrictions requires approval from Town Council.									
Discharge of fireworks or other explosives requires a Fireworks Permit from the Sidney Fire Department.									
Flying of unmanned air vehicles (UAVs) or "drones" may require a special operations certificate, which can be									
obtained from Transport Canada.									
6. Should any assistance be provided by the Town and/or the RCMP, the applicant is required to pay these costs.									
SECTION D. DECLIDEMENTS									
SECTION D: REQUIREMENTS 1. Applicant is required to pay user fee upon approval of permit.									
 Applicant is required to pay user rec upon approval of permit. Applicant is required to provide the Town with a refundable damage deposit depending on size and type of event 									
upon approval of permit.									
3. Applicant is required to provide proof of insurance prior to the event indemnifying the Town of Sidney of any liability									
OR applicant is required to purchase a user group insurance policy through the Town, if applicable. 4. No costs are to be incurred by the Town. All costs, direct or indirect, associated with the event are the									
responsibility of the applicant.									
5. Applicant is required to ensure all Town regulations (as per Policy WS-020) and applicable bylaws are followed.									
6. Applicant may be required to provide portable toilets. Number of por	table toilets required will be determined upon								
review of application.									
APPLICANT'S SIGNATURE	DATE								