



The Corporation of the Township of Huron-Kinloss

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Township of Huron-Kinloss Special Events By-law #2016-64

Special Event Notification/Permit Form

A. EVENT ORGANIZER INFORMATION

Contact Name:

Organization:

Position:

Phone Number:

Email:

Website:

Organization Address:

B. EVENT INFORMATION

Event Name:

Event Date:

Start Time:

End Time:

Event Venue:

Type of Event:
(Check all that apply)

Concert/Party

Competition

Demonstration

Fair

Festival

Parade

Alcohol

Bleachers/Tiered Seating

Amusement Rides

Live Animals

Food Vending/Sampling

Amplified Sound

Open Air Burning

Procession/Wedding

Run/Walk Marathon

Cycling- Road

Cycling- Off Road

On Water

Film Exhibition

Staging

Tents/ Air Supported Structures

Road Closures

Fireworks

Use of Public Lands/ Roads

Overnight Camping

Motorized Off Road Vehicles

Other:

Description of Event (please include set up and tear down):

Total Attendance:

Participants:

Spectators:

Event Details:

1. Is this event being held on public land or property?
2. Do you require any Road Closure/Traffic Management Provisions?
3. Is this event open to the public?
4. Is alcohol being served?
5. Requires a building permit for tents, stages or other structure?
6. Does the event present an elevated risk to public and/or participants requiring specific risk management control?
7. Does the event have potential negative impacts on the community?
8. Will the event be displaying fireworks or pyrotechnics?
9. Will overnight camping be made available?
10. Will there be live music entertainment or amplified sound?
11. Will food be sold?
12. Is there an admission charge or tickets that require purchase?

NOTE:

Upon review of this application by the Community Emergency Management Coordinator or their alternate, the need for submission of the Emergency Response and Operational Plan Framework for Special Events form will be determined. If this event is a large scale event please submit a detailed and completed version of the Emergency Response and Operational Plan Framework for Special Events for review.

Please contact the Community Emergency Management Coordinator should you require any direction on completing the Emergency Response and Operational Plan Framework for Special Events.

If you have answered yes to any of the questions in the Event Details section please submit the Emergency Response and Operational Plan Framework for Special Events.

Please retain a copy of this application for your records.

I certify that the information contained within this application is true and correct.

Full Name:

Position:

Submission Date:

Signature: