



SPECIAL EVENT PERMIT APPLICATION

The information you provide on this form will assist in determining the approvals or special requirements that will be necessary for your Special Event (Bylaw 2513-2016).

Please print information clearly and attach additional sheets as necessary.

Event Information

Category: <input type="checkbox"/> Artistic/Theatrical <input type="checkbox"/> Exhibition <input type="checkbox"/> Ride <input type="checkbox"/> Concert <input type="checkbox"/> Festival <input type="checkbox"/> Run/Walk <input type="checkbox"/> Dance <input type="checkbox"/> Parade <input type="checkbox"/> Other; Please specify: _____
Name of Event:
Date(s) of Operation: _____ Day(s) of the Week: _____ Time(s): _____
Location of Event:
Facilities to be used: <input type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Private Property <input type="checkbox"/> Other; specify: _____
Set-up Date(s): _____ Set-up Time(s): _____ am/pm Take-down Date(s): _____ Take-down Time(s): _____ am/pm
Event Crowd Size Estimated Number of Participants: _____ Number of Spectators: _____ Number Volunteers/Personnel: _____ Will the event be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No

Will clean-up occur immediately following the event?

Yes No; *if No, when?* _____

Has this event occurred before/previously in Abbotsford?

No Yes; *if Yes, what were the dates of the events?* _____

Any change in format/activities from the previous event(s)? No

Yes; *if Yes, please note changes for this year's request*

Are local neighbourhood groups/businesses aware of your event concept?

Yes

No; *if No; what steps will be taken to notify them of your event?* _____

Event Description/Agenda:

Describe the event you are planning, including the purpose of the event, what activities are planned, agenda/schedule of activities, list of public speakers and their topics, and how your event will be inclusive to all citizens of Abbotsford.

Activity Information

For each activity or item check either “yes” or “no” and provide additional information as required and appropriate:

Proposed Activity	Yes	No	Additional Information
Alcohol served: <i>A Beer Garden License will need to be obtained from Parks, Recreation & Culture</i>	<input type="checkbox"/>	<input type="checkbox"/>	Date(s): _____ Time(s): _____
Animals Pony Rides/Hay Rides/Petting Zoo/Inflatable Slides:	<input type="checkbox"/>	<input type="checkbox"/>	Specify and function:
Bouncy Castle/Inflatable Device	<input type="checkbox"/>	<input type="checkbox"/>	Additional insurance is required and the device must be operated by a licensed contractor with the required permits from BC Safety Authority. For more information contact BC Safety Authority at 778-369-2000.
Bingo, Raffle or Ticket Draws: <i>If yes, attach BC Gaming License</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Carnival Rides:	<input type="checkbox"/>	<input type="checkbox"/>	Location(s): Company Name: Contact Name: Phone:
Commercial Sales or Display Booths: <i>Abbotsford Business License will be required</i> Community Sales or Display Booths:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	*Vendor list required
Electricity:	<input type="checkbox"/>	<input type="checkbox"/>	Source: _____

Water:	<input type="checkbox"/>	<input type="checkbox"/>	Source: _____
Fireworks: <i>See City of Abbotsford Fireworks Bylaw No 1439-2005. Complete application and submit to Abbotsford Fire Rescue</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Abbotsford Fire Hall No. 1 32270 George Ferguson Way Abbotsford, BC V2T 2L1</i>
Proposed Activity	Yes	No	Additional Information
Food: <i>A Fraser Health Authority Temporary Food Permit Application must be completed and submitted if food is being served (www.fraserhealth.ca)</i> <i>Please note: Food trucks will require Abbotsford business license</i>	<input type="checkbox"/>	<input type="checkbox"/>	Provided <input type="checkbox"/> Sold <input type="checkbox"/> Participants bring own <input type="checkbox"/>
On-site Admission/Activity Charge:	<input type="checkbox"/>	<input type="checkbox"/>	Event <input type="checkbox"/> Fee: \$ Per Person <input type="checkbox"/> Fee: \$ Per Activity <input type="checkbox"/> List Activities and fees: <i>(attach list)</i>
Parade: <i>If yes, submit outline of route, traffic management plan, and Highway Use Permit application (contact the Engineering Department at 604-864-5514).</i>	<input type="checkbox"/>	<input type="checkbox"/>	Street name: _____ Date: _____
Walk/Run: <i>Will you be on sidewalks/streets? If yes, submit outline of route, traffic management plan, and Highway Use Permit application.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Street name: _____ Date: _____
Staging/Scaffolding:	<input type="checkbox"/>	<input type="checkbox"/>	Height: _____
Sound Systems: <i>Please note, events with live or recorded music are required to pay a license fee to SOCAN. (www.socan.ca)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Entertainment <input type="checkbox"/> Announcements Only <input type="checkbox"/> <i>Describe entertainment and list entertainers/bands performing at event under 'Additional Activities'.</i>

Tent(s):	<input type="checkbox"/>	<input type="checkbox"/>	Size(s):
Washroom Facilities: <i>If yes, attach a contingency plan.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>It is the event organizer's responsibility to make all arrangements for portable washroom facilities, if required. Event organizers should not rely solely on adjacent Community Centers for washroom facilities.</i>

Public Safety

What are your plans for on-site security/monitors/route control?

What are your plans for medical assistance/lost child?

What are your plans for emergency access?

What are your plans for participant and spectator parking?

**Please note Traffic Management Plan may be required*

Please outline how your event will be sustainable. This would include a detailed recycling plan for your event, green energy use, compostable utensils, etc.

Public Liability Insurance Document Attached

- Yes No

Please note a copy of a liability insurance policy must be provided prior to the event.

Additional Activities

List any additional activities planned, additional equipment being used, and/or any additional information you feel may be helpful to the Special Events Committee when reviewing your application.

Site Map

Please attach detailed site map identifying activity areas, stage, first aid, emergency access, etc.

Organization Information

Organization Name: _____
Mandate of Organization or Charter Information: <i>Please attach.</i>
Contacts: <i>Provide two contacts that we may communicate with for City approvals.</i>
Contact #1 Name: _____
Position with Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone (Res): _____ Phone (Business): _____ Fax: _____ Email: _____

<i>The City would like to be able to provide a contact for any public inquiries regarding your event. I understand that as a Contact Person, my name and telephone number will be released to the public and I hereby consent to this disclosure: <input type="checkbox"/> No <input type="checkbox"/> Yes, Signature: _____</i>
Contact #2 Name: _____
Position with Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone (Res): _____ Phone (Business): _____ Fax: _____ Email: _____

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Internal Use Only:

Received by

Date