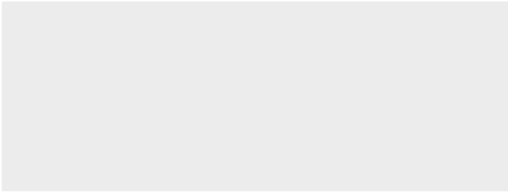




CITY OF WELLAND
 Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
 Phone: 905-735-1700 EXT 4000
 Fax: 905-732-6187
specialevents@welland.ca



SPECIAL EVENT APPLICATION FORM

APPLICANT INFORMATION

Organization:		
Address:	City:	Postal Code:
Contact Person Last Name:	First Name:	
Position:	Email Address:	
Contact Number:	Alternate Contact Number:	
Address:	City:	Postal Code:

EVENT DETAILS

Name of Event:	
Date(s) of Event: <i>YYYY/MM/DD – YYYY/MM/DD</i>	Number of Days Inclusive:
Event Type: <i>(ex: Walk-a-ton, Parade, Water Event, Music, Cycling, Fundraiser, Road Closure)</i>	
Location of Event:	Estimated Attendance:
Set-Up Date: <i>YYYY/MM/DD</i>	Set-Up Start Time:
Tear Down Date: <i>YYYY/MM/DD</i>	Tear Down Finish Time:
Event Start Time(s):	Event Finish Time(s):

Event Description: *(maximum 100 words)*

Permission is hereby granted to advertise of City Website and other promotional avenues: Yes No

FEES CHARGED

Admission Fee: <input type="radio"/> Yes <input type="radio"/> No	Parking Fee: <input type="radio"/> Yes <input type="radio"/> No
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OTHER EVENT DETAILS

Avoid delays in processing your application by providing as much information as possible. Check all that apply and provide in detail section for each.

<input type="radio"/> Food & Beverage	<input type="radio"/> Shuttle(s)	<input type="radio"/> Sound Amplification	<input type="radio"/> SOP Functions
<input type="radio"/> Amusement Rides	<input type="radio"/> City Equipment	<input type="radio"/> Waterway	<input type="radio"/> Road Closures
<input type="radio"/> Police Services	<input type="radio"/> First Aid (<i>company name</i>)		
<input type="radio"/> Tent (<i>number of</i>)	<input type="radio"/> Tents (<i>sizes</i>)		
<input type="radio"/> Security (<i>company name</i>)	<input type="radio"/> Electrical (<i>explain</i>)		
<input type="radio"/> Vendor / Food Truck	<input type="radio"/> Fireworks (<i>company name</i>)		

Details: (*maximum 100 words*)

SITE AND FIRE PLANS

Site Plan Requirements: Attach a detailed site drawing, illustrating the location of amenities related to event.
(*i.e. equipment, parking, vendor's booths, fencing, staging etc.*)

Fire Safety Plan: The City of Welland Fire Department created a Special Event Fire Safety Plan template to assist organizers in ensuring that primary safety aspects are being addressed. Submit Fire Safety Plan one month prior to event.

WATERWAY

Waterway Event: <input type="radio"/> Yes <input type="radio"/> No	Discipline:	# of Athletes:
<input type="radio"/> North Course	<input type="radio"/> South Course	<input type="radio"/> Northern Reach
<input type="radio"/> Other _____		

Waterway Event Request Form: Yes No

Minimum Notice – *one month prior to event*

- Submit WIFC Event Request Form
- Liability Insurance (*see section H*)

ROAD CLOSURES

Road Closure: Yes No Roads requested to be closed: _____

Minimum Notice – *one month prior to event*

- Submit Plan of Road Closure (Areas to be closed)
- Liability Insurance (*see section H*)
- Road Occupancy Permit (obtain from Traffic Division - fee to be paid)
- Road Closure Permit
 - Applicants must notify abutting properties of the road closure/special event at least 14 days prior to event in writing.
 - Public Works will be responsible for the set-up and removal for road
 - All related fees are the responsibility of the applicant/organization.

ALCOHOL

Alcohol Served: Yes No (if yes, copy of permit to accompany Special Event Application)

The City of Welland owns and manages facilities where alcohol consumption is not permitted and other facilities where alcohol consumption is permitted under the authority of a Special Occasion permit. Please refer to the "Municipal Alcohol Risk Management Policy" for details pertaining to the use of Alcohol in City Facilities.

You are required to have:

- Liability Insurance (see section H)
- Bartenders, ticket sellers, floor monitors, etc. with certification from a recognized Ontario based server program. Obtain permit from A.G.C.O.
- All related fees are the responsibility of the applicant/organization.

INSURANCE

Name of Insurance Company:

Policy Number:

All related fee are the responsibility of the applicant/organization.

You will be required to acquire Liability Insurance in the amount of \$5 million (minimum) naming the following parties as

Additional Insured:

1. City of Welland, and
2. Welland Recreational Canal Corporation (if using Welland Recreational Canal Lands/Water), and Regional Municipality of Niagara (for all Road Closures)

GRANTS AND SPECIAL ASSISTANCE

Do you intend to submit an application for Grant (Financial Assistance for Organizations) Yes No

The City of Welland will consider granting assistance to eligible applicants to help offset the cost of a charge that would be levied by the City.

CHECKLIST

Your application package must include the following (if applicable) and submitted to specialevents@welland.ca

YES	NO	
		Signed, Completed Original Application
		Fire Safety Plan with Site Plan
		Road Occupancy Permit
		Grants (Application for Financial Assistance for Organizations) Form
		A.G.C.O. Special Occasion Permit
		Copy of Certification from Recognized Ontario Based Service Program
		Copy of Liability Insurance
		WIFC Booking Form
		Waterway Event Request Form

Submission of this Application Form does not guarantee availability of facilities or event approval. You will be contacted by the appropriate person to confirm the details of your proposed event.

Applicants Name:

Date:

Signature: