

CITY OF BROOKS

APPLICATION FOR A SPECIAL EVENTS LICENCE

SUMMARY OF EVENT

Name of Event: _____

Description/Nature of Event: _____

Dates/Times

Set-up: _____

Event Date/Time: _____

Dismantle/Clean-up: _____

Estimated Attendance

Numbers Projected: _____ Per Day: _____

Location

Address: _____

Registered Owner of Land: _____

Legal description: _____

Building Description: _____

Applicant/Organization Information

Primary Contact Person: _____

Name of Organization: _____

Mailing Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Daytime Phone Number: _____ Cell Number: _____

Email: _____ Fax: _____

Alternate Contact Person: _____ Phone Number: _____

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SITE PLAN

To ensure an appropriate review of your event, please attach a site plan with your application. Please include information including the dimensions of the area and distance to adjoining structures, including neighbouring properties. Any portable or temporary structures such as bleachers, tents, platforms, etc should be indicated on your site plan.

Details:

ALCOHOL

Will alcohol be sold or provided at your event? Yes _____ No _____

If yes, will you be obtaining a liquor licence? Yes _____ No _____

WASHROOMS

Will you be using portable washrooms at your event? Yes _____ No _____

If Yes, how many? _____ Proposed locations: _____

OTHER PLANS

Please indicate a proposed plan for the following:

Security/Protection: _____

Parking Areas: _____

Food Concessions: _____

Garbage/Recycling Collection and Removal: _____

First Aid Facilities: _____

COMPLIANCE

Can you demonstrate compliance with the following?

Alberta Public Health (as determined by the Executive Officer/Public Health Inspector of the Palliser Health Region)?

Yes _____ No _____

Alberta Gaming and Liquor Commission (AGLC) if you will be serving/providing alcohol?

Yes _____ No _____

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COMPLIANCE, CONT'D

Can you provide proof of adequate insurance?

Yes _____

No _____

SIGNATURE

Applicant's Name

Applicant's Signature

Date

Phone Number

RCMP APPROVAL

Submit this completed document to the RCMP Detachment for their review to ensure they have no concerns regarding public safety or compliance with federal laws.

RCMP Member's Name/Stamp

RCMP Member's Signature

NOTICE OF DECISION – *FOR OFFICE USE ONLY*

Approved _____

Refused _____

Approved with Conditions _____

Conditions: _____

Date of Decision

Licensing Officer