

# **SPECIAL EVENT APPLICATION**

#### DATE SUBMITTED:

|                              | APPLICANT INFORMATION                  |                 |
|------------------------------|--|-----------------|
| Applicant Name               | Phone                                  | Email           |
| Organization Name            | Mailing Address of Principal Contact o | or Organization |
| On Site Contact Day of Event | Cell Phone                             |                 |

| EVENT INFORMATION  |  |               |  |
|--|--|---------------|--|
| Event Name   |  | Event Date(s) |  |
| Requested Even   | nt Location  |               |  |
| Event Schedule   |  |               |  |
| Set Up   | Date   | Time          |  |
| Event Start  | Date   | Time          |  |
| Event End  | Date   | Time          |  |
| Tear Down  | Date   | Time          |  |
| Public or Private Event?       Is this an annual event?         Ticketed Public Event       Free Public Event         Private Event       YES, Number of Years |  |               |  |
| Attendance<br>Estimated # of   | Attendance Estimated # of spectators Estimated # of spectators Estimated # of staff/volunteers |               |  |
|  | (check all that apply)   |               |  |
| Community Celebration Festival Parade Private Gathering Exhibition   |  |               |  |
| Concert/Performance Dance Sporting Event Other (please specify)  |  |               |  |
| Event Description (please describe your event or attach a summary in letter format)  |  |               |  |

ALL COSTS ASSOCIATED WITH EVENT LOGISTICS AND REQUIREMENTS ARE THE RESPONSIBILITY OF THE EVENT ORGANIZER

#### SITE PLAN

Please attach a site plan or route map for your event. It must clearly indicate the area you intend to use, and contain all details as set out in this application, including but not limited to locations of requested road closures, vendor and food vendor placements, first aid etc.

| EVENT LOGISTICS           |   |  |
|---------------------------|---|--|
|                           | Contact Island Health to apply for a Temporary Food Permit, and provide a copy.<br>If yes, describe ( <i>e.g. BBQ, potluck, bottled water, food vendors, etc.</i> ) |  |
| Food and Beverage         |   |  |
| YES NO                    | <b>For Food Vendors:</b> Attach a list of VIHA-certified food vendors. All food vendors must register for a Mobile Vending Permit with the Town of Qualicum Beach.  |  |
| Alcohol                   | A Liquor Special Event Permit is required from the Province of BC, provide a copy to the Town.<br>If yes, describe (e.g. beer garden, VIP tent, etc.)               |  |
| YES NO                    |   |  |
| Sales of any kind         | If yes, describe (e.g. raffle tickets, t-shirts, merchandise, services etc.)  |  |
| YES NO                    |   |  |
| Temporary Structures      | <b>If yes, describe</b> (Include quantity and dimensions - e.g. tents/canopies, stage, generators, portable washroom, bouncy castles)                               |  |
| YES NO                    |   |  |
| Amplified Sound           | If your event includes live or recorded music of any kind you are required to pay a license fee to SOCAN. If yes, describe (e.g. music, announcements, etc.)        |  |
| YES NO                    |   |  |
| Signage                   | Separate application forms are required for special event signage, Read-O-Graph message and   |  |
| YES NO                    | banner pole signs and may be obtained at www.qualicumbeach.com  |  |
| Other proposed activities | (e.g. fire or pyrotechnics, shuttle bus, etc.)  |  |

| TRAFFIC MANAGEMENT  |   |  |
|---|---|--|
| Please indicate how you will be providing any of the following services, if required, for your event. |   |  |
| Vehicle Access/   | If yes, describe (e.g. equipment load-in, display/promotional vehicles, parking coordination, etc.) |  |
| Parking Requirements  |   |  |
| YES NO  |   |  |
|   |   |  |
| Traffic Control Safety Plan   | Describe anticipated traffic effect and planned mitigation  |  |
|   |   |  |
| YES NO  |   |  |
|   |   |  |
|   |   |  |

#### Address: #201 - 660 Primrose Street. PO BOX 130, Qualicum Beach, BC V9K 1S7 Phone: 250.752.6921 Email: <u>gbtown@gualicumbeach.com</u>

| Road Clos   | sure Required?  | <b>NO</b> (if yes, please complete this section in full) |
|---|---|--|
| If yes, a detailed map showcasing sites of closures (including marshalling, barricades and signs) must be included with your application. |   |  |
| Traffic Control Company   |   |  |
| Contact Name  |   | Phone  |
| Notification to residents<br>and businesses   | How and when will notification of affected businesses/residents take place?<br>Please attach an example of the notices to be distributed. |  |

| TOWN SERVICES   |  |  |  |
|---|--|--|--|
| Please indicate whether you will be requesting any of the following services, if required, for your event |  |  |  |
|   | (Note: Additional approvals or extra costs may apply).         |  |  |
| Use of Town<br>waste services   | Description  |  |  |
| Use of Streets/<br>Sidewalks/Public Paths   | Description  |  |  |
| Use of Town Traffic<br>Control Equipment: *   | Description  |  |  |
|   | *The municipality may not be able to accommodate all requests. |  |  |
| Access to Water   | Description  |  |  |
| Access to Power   | Description  |  |  |
| Access to Public<br>Washrooms<br>YES NO   | Community Hall outdoor Leigh House Other<br>Description        |  |  |

| SAFETY AND SECURITY  |  |  |
|--|--|--|
| Have you identified First Aid locations on your Site Plan? YES NO              |  |  |
| What first aid requirements have you identified and how will you address them? |  |  |
| What safety risks have you identified and how will you address them?           |  |  |

TOWN OF

QUALICUM BEACH

What is your plan for emergency vehicle access to the site?

Describe your plan for evacuation in the event of an emergency:

#### CHECKLIST

## The following items should be submitted with your application

- □ SPECIAL EVENT LICENSE FEE of \$55 (not required for charitable organizations, or event held in licensed place)
- A copy of your INSURANCE in the amount of \$5,000,000 that indemnifies the Town of Qualicum Beach
- □ A SITE PLAN
- □ FOOD PERMIT or VENDOR list, if applicable
- □ LIQUOR LICENSE copy
- □ ROAD CLOSURE map indicating traffic management plan
- □ PROOF OF NOTIFICATION to neighbours, if applicable

## **TERMS & CONDITIONS:**

- 1. Completion of this application form is not a guarantee that your application will be approved.
- 2. The Town of Qualicum Beach reserves the right to change, alter or refuse any or all requests.
- 3. All fees must be paid within fifteen (15) days of booking confirmation unless other arrangements have been agreed upon.
- 4. The Permit Holder is responsible for ensuring that: the assigned area is appropriate for the activity; the activity is conducted in a safe, orderly manner; the activity is restricted to the assigned area; the event activity does not interfere with other users.
- 5. Depending on the size of the event a damage deposit ranging from a minimum of \$250 to any other amount deemed reasonable (in accordance with operational estimates), will be required.
- 6. Any property damage which occurs during the permitted event, set-up or take-down, is the responsibility of the Permit Holder. Damage should be reported immediately. It will be assessed and repair costs billed to the Licensee.
- 7. The Permit Holder is responsible for leaving the area clean and litter-free and may be billed for any subsequent cost incurred by the Town for clean-up.
- 8. If traffic control is required, the Town of Qualicum Beach must be consulted and additional fees may apply.
- 9. The Town of Qualicum Beach reserves the right to cancel any event or activity for any reason and shall not be responsible for any associated costs or damages.
- The Permit Holder must comply with all applicable Town of Qualicum Beach bylaws and policies, including, but not limited to: Administration-General-Special Events Policy 3000-18, Mobile Food Vending Policy 3008-9, Banners policy 4004-8; Read-o-Graph Sign Policy 4004-9; Animal Control Bylaw 649; Anti-Idling Bylaw No. 636; Mobile Vending Bylaw 506.08; Noise Control Bylaw 552; Nuisance Abatement & Cost Recovery Bylaw 593; Outdoor Burning Bylaw 601; Parks Regulation Bylaw 551.

# APPLICANT SIGNATURE Name Signature Date

# APPLICATION AND PAYMENT MUST BE SUBMITTED <u>TOGETHER</u>, BY ONE OF THE FOLLOWING METHODS:

**IN PERSON:** #201-660 Primrose Street, Qualicum Beach, BC - 9:00 am to 4:00 pm, Monday to Friday. **MAIL:** Town of Qualicum Beach, PO Box 130, Qualicum Beach, BC V9K 1S7

| DEPARTMENT USE ONLY                                |               |          |
|--|---------------|----------|
| Approval By  | Approval Date | Comments |
| <ul><li>Corporate</li><li>Administration</li></ul> |               |          |
| Operations Manager                                 |               |          |
| □ Fire Chief                                       |               |          |
| Council  |               |          |

Original to folder. Copies distributed to: Applicant, Corporate Department, Manager of Operations and Fire Department.

Personal information on this form is collected under the guidelines of the Freedom of Information and Protection of Privacy Act ("FIPPA") and will only be used for the purpose of administering the Special Event Permit. Questions about this collection can be directed to the Corporate Administrator, Box 130, Qualicum Beach, BC or at 250-752-6921.