



CITY OF WELLAND
RECREATION & CULTURE DIVISION
145 Lincoln Street
Welland, ON ~ L3B 6E1
Phone: 905-735-1700 Fax: 905-732-6187

Facility Rentals
•Laurie Mack ext. 4005

Special Event Application Form

A) Applicant Information

Organization:	_____		
Address:	_____		
Contact Person:	_____	_____	_____
	First Name		Last Name
Position:	_____		
Mailing Address (if different from above):	_____		
City:	_____	Postal Code:	_____
E-mail:	_____	Telephone:	_____
		Daytime	Evening

B) Event Details

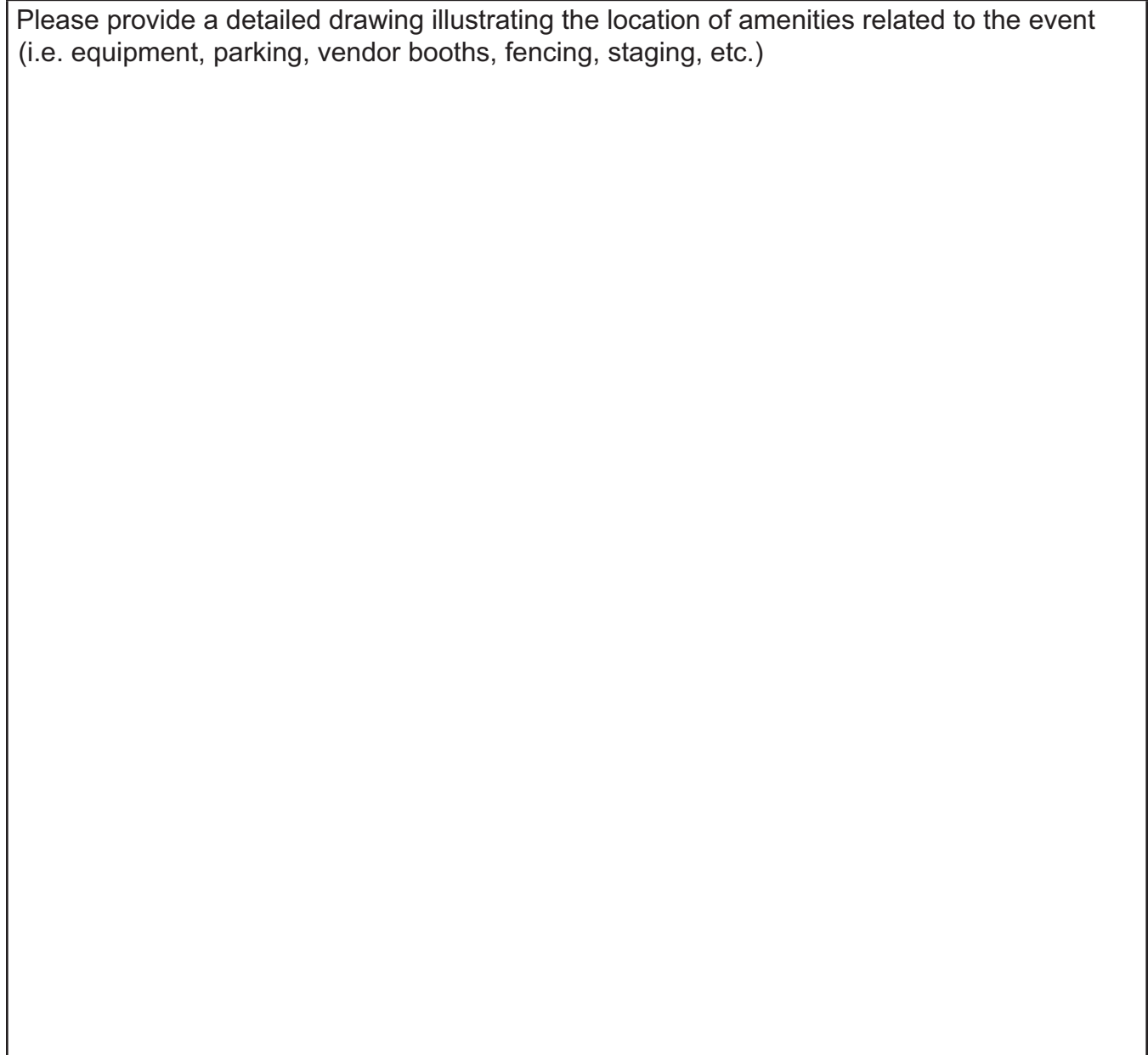
Name of Event:	_____		
Date(s) of Event:	_____	to	_____ # of days inclusive _____
	mm/dd/yyyy		mm/dd/yyyy
Type of Event:	_____		
	<i>*Example: Walk-a-thon, Parade, Water Event, Music, Cycling, Fundraiser, Road Closure</i>		
Location of Event:	_____		
Set-Up Date:	_____	Set-Up Start Time:	_____
Event Start Time(s):	_____	Event Finish Time(s):	_____
	_____		_____
Tear Down Date:	_____	Tear Down Finish Time:	_____
	_____		_____
ESTIMATED ATTENDANCE:	_____		
Fees Charged:			
Admission Fee:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Parking Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

C) Event Description

Description: _____

D) Site Plan

Please provide a detailed drawing illustrating the location of amenities related to the event (i.e. equipment, parking, vendor booths, fencing, staging, etc.)



Are you submitting the site plan as a separate attachment? Yes No

E) Other Event Details: (avoid delays in processing your application by providing as much information as possible; check off all that apply and **provide details* for each**)

Food & Beverage <input type="checkbox"/>	First Aid <input type="checkbox"/>	Road Closure <input type="checkbox"/>
Sound Amplification <input type="checkbox"/>	Electrical <input type="checkbox"/>	Police Services <input type="checkbox"/>
Tents/Temporary Structures <input type="checkbox"/>	Fireworks <input type="checkbox"/>	Security <input type="checkbox"/>
Amusement Rides <input type="checkbox"/>	Shuttle <input type="checkbox"/>	City Equipment <input type="checkbox"/>

*DETAILS

F) Road Closure - Contact Tom Sliwinski ext. 2212

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 closures.

➔ All related fees are the responsibility of the applicant/organization.

G) Alcohol

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 L.C.B.O.

➔ **Alcohol Served** Yes No

If yes, copy of permit to accompany Special Event application.

➔ All related fees are the responsibility of the applicant/organization.

H) Insurance

You will be required to acquire **Liability Insurance** in the amount of \$2 million (minimum) naming the following parties as **Additional Insured**:

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

Name of Insurance Company _____

Policy # _____

➔All related fees are the responsibility of the applicant/organization.

I) Waiving of Fees

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

➔Do you intend to submit an application for the Waiving-of-fees? Yes No

J) Checklist

Your application package must include the following: (if applicable)	Done	
	YES	NO
Signed, completed original application	<input type="checkbox"/>	<input type="checkbox"/>
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Road Occupancy Permit	<input type="checkbox"/>	<input type="checkbox"/>
Waiving-of-fees Application	<input type="checkbox"/>	<input type="checkbox"/>
L.C.B.O. Special Occasion Permit	<input type="checkbox"/>	<input type="checkbox"/>
Copy of certification from recognized Ontario based server program.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name: (please print) _____

Applicant Signature

Date

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.



Application for Road Use for Occupancy

60 East Main Street
Welland, Ontario
L3B 3X4

Fee:

Road:

Recreational Canal:

Both:

Application No:

Name/Location of Event or Work:

Sponsoring Organization:

Applicant Name:

Mailing Address:

Telephone (Residence): Telephone (Business): ext:

After Hours Contact Person: After Hours Phone #:

Type of Event or Work: Event/Work Desc.:

Location/Route:

No. of Participants: Start Date of Event: End Date:

Start Time: Finish Time:

Region of Niagara Contact Representative:

Niagara Regional Police Dept. Representative:

I/WE HEREBY AGREE TO THE FOLLOWING CONDITIONS:

- To save the Corporation of the City of Welland and the Regional Municipality of Niagara (where applicable) harmless from any and all claims and/or damages arising out of this road closing and to provide any bond or insurance which may be required in this regard.
- To obtain approval from the Regional Municipality of Niagara for use of Regional Roads where applicable.
- To notify the Niagara Regional Police to outline the specifics of the event.

Applicant's Signature

Date of Application

THIS SECTION BELOW TO BE COMPLETED BY CITY OF WELLAND

- Road Closing By-law Required
- Certificate of Public Liability Insurance Required
- Naming City of Welland as Additional Insured
- Naming City of Welland and Welland Recreational Canal Corporation as Additional Insured

TRAFFIC CONTROL:

Traffic signing will be in accordance with BOOK 7 of the ONTARIO TRAFFIC MANUAL - TEMPORARY CONDITIONS. Access for Emergency Vehicles MUST BE maintained at all times. ROAD/LANE CLOSURE(S) IS NOT PERMITTED without prior written approval and submission of a road closure plan. Applicant MUST ADVISE all essential services in the event of an emergency road closure. Costs associated to road closure will be upon applicant.

Paid in Full: Acct To be Charged:

Approved: Denied Approval/Denied Date:

APPROVED
CITY OF WELLAND

DATE: _____

PER: _____