



**MUNICIPALITY OF THE DISTRICT OF WEST HANTS
APPLICATION FOR SPECIAL EVENT(S)**

PLEASE PRINT

(1) **DATE of EVENT:** _____

(2) **APPLICATION INFORMATION**

- a. Applicants(s) (promoter) Name: _____
- b. Drivers Licence No. and Birthdate: _____
- c. Address: _____
City: _____ Prov. _____ Postal Code: _____
- d. Telephone No: Business: _____ Residence: _____
- e. Applicants Business Licence No.: _____
- f. If incorporated: Date of Incorporation: _____
Incorporation No: _____
Directors Names: _____
- g. Names & contact numbers (cellular, direct lines and/or pagers) of persons who will be onsite at the event and who will have direct authority and responsibility:

- h. Please list below the names and business licence numbers of any companies or individuals that will be selling merchandise at the event (i.e. water, food, jewellery, etc):

(3) **EVENT INFORMATION**

- a. Address or location of Proposed Event: _____
- b. Will alcohol be served at the event? YES ☐ NO ☐
- c. Will minors be admitted (18 and under)? YES ☐ NO ☐
- d. Age group of expected attendees: _____
- e. Proposed hours of operation: _____
- f. Proposed patron capacity : _____ Fire Capacity: _____
- g. Type of entertainment : _____

- h. Describe the transportation options to and from the event (i.e. public transit, taxi, etc.): _____
- i. Describe the automobile parking arrangements for your event patrons (i.e. number & location): _____
- j. Security Company name and Business Licence No.: _____

 # of On-Site Personnel _____
- k. Is Security coverage available for the full duration for the event? YES ☐ NO ☐
- l. Is the Security Company insured for the full duration? YES ☐ NO ☐
- m. Type of food and beverages available at event: _____

- n. Have you organized a Special Event before? YES ☐ NO ☐
 If YES, when & where? _____
- o. At these events, were there incidents that required police or emergency services to attend? YES ☐ NO ☐

(4) REQUIRED ATTACHMENTS

- a. Have you attached two copies of the complete Operational Plan? YES ☐ NO ☐
- b. Do your Operational Plans include the following?
- i. Description of proposed event YES ☐ NO ☐
 - ii. Location where event is to be held YES ☐ NO ☐
 - iii. Security plan, which outlines entrance (line control), during and exiting the location, which meets industry standards YES ☐ NO ☐
 - iv. Fire and Evacuation Plan YES ☐ NO ☐
 - v. Medical Safety Plan (first aid) YES ☐ NO ☐
 - vi. Post neighbourhood clean up measures YES ☐ NO ☐
- c. A non-refundable processing application fee of \$_____ is attached to this application. (This fee is waived for non-profit and charitable organizations who provide proof with their application form)
- d. A letter from the facility owner indicating their approval of the events is attached to this application. YES ☐ NO ☐

(5) PROMOTER COMMITMENTS

I / We agree to the following:

- ☐ Ensuring that potable water will be available to all participants.
- ☐ To provide space at the event for community based drug and health



awareness displays.

To accept full responsibility for dealing with ticket holders in the event that a permit is not approved by the Municipality of the District of West Hants.

Note: The application must be received by the Regional Emergency Measures Coordinator for the Municipality of the District of West Hants and immediately forwarded to the local police, fire department and Chief Administrative Officer.

Applicants Signature & Print

Date

OFFICE USE ONLY

<p style="text-align: center;">PLANNING DEPARTMENT</p> <p>Is the proposed Location Suitable? Yes <input type="checkbox"/> No <input type="checkbox"/> Are residential uses in close proximity? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you approve of the event? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments/Conditions: _____ _____ _____ _____ _____ Dir. Of Planning _____</p>	<p style="text-align: center;">FIRE DEPARTMENT</p> <p>Maximum Fire Capacity: _____ Plans Submitted/Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you approve of the event? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments/Conditions: _____ _____ _____ _____ _____ Fire Chief _____</p>
<p style="text-align: center;">REMO</p> <p>Operational Plan Submitted/Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you approve of the event? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments/Conditions: _____ _____ _____ _____ _____ REMC: _____</p>	<p style="text-align: center;">POLICE DEPARTMENT</p> <p>Security Plan Submitted/Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you approved of the event? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments/Conditions: _____ _____ _____ _____ _____ S/Sgt _____</p>
<p style="text-align: center;">PUBLIC WORKS DEPARTMENT</p> <p>Operational Plan Submitted/Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you approve of the event? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments/Conditions: _____ _____ _____ _____ _____ Dir. Public Works _____</p>	<p style="text-align: center;">ADDITIONAL COMMENTS</p> <p>_____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p>

PERMIT & LICENSES

Fees Paid: Yes ☐ No ☐ IF No, Reason _____

Approved: Yes ☐ No ☐ (Must also be approved and signed off by REMC prior to final approval)

If YES, Permit/License No.: _____

If NO, Reason(s): _____

Approval Authority Signature: _____

Date of Approval: _____