



## SPECIAL EVENT APPLICATION APPROVAL

Date of Event: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Applicant Organization: \_\_\_\_\_

### Contact Information

Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

On-site Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Event Details

Event Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the benefit of this event to the community:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Budget: \_\_\_\_\_ Please attach list of sponsors or potential sponsors

Event Location: \_\_\_\_\_ Set up time: \_\_\_\_\_  
Has event occurred before: Yes  No  Event Start Time: \_\_\_\_\_  
If yes, date(s): \_\_\_\_\_ Event End Time: \_\_\_\_\_  
# of Participants/Spectators: \_\_\_\_\_ Clean Up Time: \_\_\_\_\_

Will your event require any of the following:

- Street Closures:      Yes       No       If yes, include information on Races, Parades, Roadways Map
- Access to multiple municipal locations:      Yes       No       If yes, include information on Site Map
- Parking:      Yes       No       If yes, include information on Site Map

Outline your plan for notifying businesses/residents who will be affected by this event and when this will be completed by:

---

---

---

---

### Activities and Site Set Up

Will your event include any of the following:

- Food/Vending:      Yes       No       Vendor: \_\_\_\_\_
- Alcohol:      Yes       No       Liquor license? (Please attach):      Yes       No
- Entertainment:      Yes       No       Source: \_\_\_\_\_
- Tents/Inflatables/  
Temporary Structures:      Yes       No       List all (include quantity, size, ownership, location and type of anchorage): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Police Department:      Yes       No
- Fire Department:      Yes       No
- Medical Service:      Yes       No
- Professional Security:      Yes       No       Company/Contact Information: \_\_\_\_\_

What Town resources do you require in order to hold your event?

Please be specific with these details, include numbers for items required, work required and any other information which may be relevant:

---

---

---

---

Additional Comments:

---

---

---

---

All events on the Town of Quisoamsis property need to have Commercial Liability Insurance.

Insurance: ALL BOOKINGS MUST HAVE INSURANCE.

I have insurance (if you carry Commercial General Liability Insurance, please provide a copy with the addition of the Town of Quispamsis as insured, you must have no less the \$5 million per occurrence against all claims for bodily/personal injury including and resulting in death and property damage).

- Proof of insurance is required no later than 2 weeks before booked date, insurance must remain in effect for the duration of the booking.

I would like to purchase insurance from the Town of Quispamsis (see Facility User Liability Insurance Coverage rate chart and other documents on our website. [www.quispamsis.ca](http://www.quispamsis.ca)).

- Purchase of the Facility User Liability Insurance coverage must be done at the time of booking if no other insurance is in place.

The Town of Quispamsis reserves the right to cancel this agreement or any reserved/booked times upon notification, or by reason beyond the control of the Town of Quispamsis, (weather, power outages, mechanical failure, emergency, or any other unforeseen conditions).

**General insurance costs will be evaluated with information provided:**

<b>Number of Participants</b>	<b>Hourly</b>	<b>Per Day</b>
0-25	\$1.50	\$25
26-50	\$3.00	\$30
51-100	\$5.00	\$35
100+	\$8.00	\$40

I, \_\_\_\_\_ am the person authorized to execute documents on behalf of \_\_\_\_\_ (the applicant organization).

The applicant organization does hereby agree to indemnify and save harmless the Town of Quispamsis in respect to any and all claims, demands, suits and costs arising out of any act or omission of the organizer or of any servant, agent or officer of the organizer arising out of or resulting from the use of the site/route by the organizer.

On behalf of the applicant organization, I acknowledge that I have read and understood the conditions contained in the *Guidelines for Special Events Applications* and agree to comply with them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Forms may be submitted by mail to:  
Community Services  
Administration Manager  
Town of Quispamsis  
12 Landing Court  
Quispamsis, NB E2E 4R2  
or by fax to: (506) 848-5910  
or by e-mail to:  
[communityservice@quispamsis.ca](mailto:communityservice@quispamsis.ca)  
T: (506) 848-5900

**Have you attached the following relevant documents to this application?:**

List of Sponsors/Potential Sponsors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Races/Walk/Parade Route Map:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
For parades, line-up with list of floats, walkers and vehicles:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Site Map of the event location:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Liquor License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Safety Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Copy of Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
List of event staff and volunteers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>