



Application Special Event Permit

For comprehensive definitions and regulations, consult Festival and Events Policy					
Permit Number (For Office Use Only)					
NAME OF APPLICANT (EVENT ORGANIZER)		NAME OF BUSINESS (OPERATING AS)			
MAILING ADDRESS		BUSINESS ADDRESS			
CITY	POSTAL CODE	CITY	POSTAL CODE		
HOME PHONE	CELL PHONE	BUSINESS PHONE	FAX		
E-MAIL ADDRESS (For correspondence purposes)					
EVENT NAME		DATE OF EVENT			
TYPE OF EVENT ☐ Parade ☐ Group Walk/Run/Cycle ☐ Festival ☐ Street Event/Block Party ☐ Cycling or Running Race ☐ Cycling or Running Race Total expected number of people attending and participating:					
ROAD CLOSURE REQUIRED ☐ Yes ☐ No					
Date and Time of Road Closure		End Date and Time of Road Closure			
Road(s) to be Closed					
SITE PLAN/MAP- Ensure the following are detailed: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> ☐ Controlled Entry Sites ☐ Emergency Access and Egress Routes ☐ Entertainment/Activity Locations ☐ Event/Incident Coordination Centre ☐ Firefighting Equipment ☐ First Aid Posts ☐ Main Power, Water, and Gas Control ☐ Garbage and Recycling Receptacles </td> <td style="vertical-align: top; width: 50%;"> ☐ On-Site Vehicles ☐ Restricted Areas ☐ Security Locations ☐ Set Up/Take Down Area ☐ Vehicle Access ☐ Potable Water Location ☐ Sanitary/Washroom Facility </td> </tr> </table>				☐ Controlled Entry Sites ☐ Emergency Access and Egress Routes ☐ Entertainment/Activity Locations ☐ Event/Incident Coordination Centre ☐ Firefighting Equipment ☐ First Aid Posts ☐ Main Power, Water, and Gas Control ☐ Garbage and Recycling Receptacles	☐ On-Site Vehicles ☐ Restricted Areas ☐ Security Locations ☐ Set Up/Take Down Area ☐ Vehicle Access ☐ Potable Water Location ☐ Sanitary/Washroom Facility
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DETOUR ROUTE AND DETOUR MAP ATTACHED (ensure the following are detailed on the map) - Outline the detour route; - Ensure the detour route is at least 7.0 m wide, allows trucks to turn at corners without crossing into the oncoming lane of traffic or onto adjacent property, and can accommodate normal Village road traffic; - Show the related signage to be used; and - Include a list of all equipment and personnel that will be used to properly mark and enforce the detour. ☐ Detour Route ☐ Details of Detour ☐ Location of Detour Signage					



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TRAFFIC CONTROL

By signing below, I hereby agree to perform traffic control responsibilities as stated in the current version of Book 7 of the Ontario Traffic Control Manual. I have read and agreed to the enclosed detailed traffic control plan, and I have reviewed the detour within the plan.

Traffic Controller ☐ Municipality ☐ Person Trained in Ontario Traffic Manual Book 7 ☐ Local Police Department

Name	Title
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Signature

SAFETY PLANS ATTACHED

- | | | |
|---|--|--|
| ☐ Fireworks and/or Pyrotechnics Plan | ☐ Sound Management Plan | ☐ Road Closure Sign Management Plan |
| ☐ Emergency Plan | ☐ Traffic Management Plan | |
| ☐ Parking Management Plan | ☐ Waste Management Plan | |

INSURANCE

The Organization shall, at its expense, obtain and keep in force prior to approval of this Permit to ten days after the special event, commercial general liability insurance including the following and underwritten by an insurer licensed to conduct business in the Province of Ontario:

- ☐ A limit of liability of not less than \$5,000,000/occurrence
- ☐ The Corporation of the Village of Burk's Falls is named as an additional insured
- ☐ Confirmation that the policy contains a provision for cross liability in respect of the named insured, and a severability of interests clause;
- ☐ Non-owned automobile coverage with a limit of at least \$2,000,000 including SEF 96 (contractual liability);
- ☐ Products and completed operations coverage (broad form) not less than \$2,000,000; and
- ☐ Provide 30 days prior notice in writing of cancellation or material change in policy terms that reduces coverage to the Village

CONFIRMATION

1. I will ensure that the Organization is aware that by providing the required certificate of insurance, the Organization:
2. Approves of this special event permit application; and
3. Authorizes me to act on behalf of the Organization as the Applicant.
4. I am aware of the procedures necessary and risks involved with organizing the special event.
5. I acknowledge that the Village of Burk's Falls roads are not in a new condition and may have imperfections including but not limited to cracks, potholes, pavement distortion, gravel on the pavement, pavement drop off and washout that could contribute to a possible injury to a participant of the event.
6. I have read and understand the Village of Burk's Falls Special Event Permit Procedure and acknowledge that it forms part of the terms and conditions of the Special Events Permit for which I am applying for on behalf of the Organization.
7. I understand the Village has the right to cancel any scheduled event, at its discretion, if the event is deemed unsafe or found in contravention of this policy at any time before or during the event.

SIGNATURE

TITLE

DATE (MM/DD/YY)

I have the authority to bind the business/corporation

NAME IN FULL (PLEASE PRINT)

FOR OFFICE USE ONLY

PERMIT GRANTED ☐

This permit has been inspected and deemed satisfactory

DOCUMENTATION RECEIVED

YES ☐ NO ☐

DATED ISSUED

PERMIT NOT GRANTED ☐ This permit has been inspected and does not conform to the Village of Burk's Falls requirements at this time. Further work is required. The following outlines the issues preventing approval and release of the security deposit: