

	AL EVENT PERMIT APPLICATE Be Special Event Permit Guidelines prior to filling of	
	APPLICANT INFORMATION	
Organization Name:		
Name of Event Organizer:	Phone Number:	
Mailing Address & Postal Code:		
Email Address:		
Event Day On-Site Supervisor:	Cell Phone:	
	GENERAL EVENT INFORMATION	
Event Name:		
Event Date(s):		
Location:		
Event Start Time:	Event Finish Time:	
Set-up to begin on:	Time:	AM/ PM
Takedown to end by:	Time:	AM/ PM
Number of Participants:	Number of Spectators:	
	DESCRIPTION OF EVENT	





*All event information is subject to the approval of the Town of Blackfalds			
Will your event include any of the following:			
Food and Non-alcoholic Beverages?	YES	NO	
If YES, will they be sold or served?	SOLD	SERVED	
Alcoholic Beverages:	YES	NO	
If YES, will they be sold or served?	SOLD	SERVED	
Merchandise Sales:			
If YES, please specify what will be sold:	YES	NO	
Will donations in any form be solicited/accepted?:	YES	NO	
If YES, please specify the means of solicitation:			
Do you plan to erect temporary structures/tents:	YES	NO	
If YES, describe and give the quantity along with the sizes of	each:		
*Call Alberta First Call at 1.800.242.3447 to arrange utility location w	here spiking or	staking is requested.	
Stages, Inflatable Structures, Portable Toilets, Dumpsters If you are planning to erect, install, or use any of these structures:			



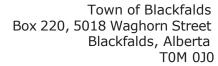


DETAILED EVENT INFORMATION			
Promotional Signs or Banners:			
Do you plan to use promotional signs or banners?	YES	NO	
If YES, please specify sign size, sign type and how many:			
Amplified Sound: *Must comply with the Community Standards Bylaw			
Do you plan to use any device to amplify sound?	YES	NO	
If YES, please specify what type:	LIVE	RECORDED	
Will you require access to electrical power?	YES	NO	
If YES, please specify where, for what purpose, and the amperage/voltage required:			
Will your event require security?	YES	NO	
If YES, please specify what security measures have been p (Ex. Overnight security provided by event volunteers, or hiring of s		.)	
First Aid / Emergency Response Planning:			
Please outline your plan for first aid services and emergency response/evacuation in case of an incident: (Feel free to attach a separate Emergency Response Plan, if applicable)			
Are you requesting permission to operate vehicles on Blackfalds parks or trails? *There are no motorized vehicles permitted on the Town of Blackfalds parks or trails. The Town of Blackfalds may consider granting vehicle access if there is a reasonable request by the event organizer			
If YES: Number of Vehicles:	Type(s) of Vehicles:		





DETAILED EVENT INFORMATION
Will your event feature any pyrotechnic devices?
*If YES, please contact Blackfalds Emergency Services at 403.885.4144
Special Considerations (ex. Horse Drawn Carriage):
If YES, please specify details:
Will your event require the full or partial closure of roads or streets?
If YES, list the name of all roads/streets requested for full or partial closure:
Specify timeframe involved in closures: * Attach a map of road closure locations, including where the barricades should be places
Route Map
If your event is a Run, Walk, Parade or other activity in which participants will be following a course, then you must attach a separate map of the proposed route. All proposed routes are subject to review from Town of Blackfalds Administration.
Site Map
Please provide a site map that indicates the precise location of all sources of amplified sound, temporary structures/tents, stages, inflatables, portable toilets, dumpsters, fences, barricades and other structures, proposed driving paths for all equipment and supply vehicles, location of alcohol, food and merchandise service. All site maps are subject to the approval of The Town of Blackfalds.
Insurance
Valid certificate of insurance, showing a minimum liability amount of \$2,000,000.00 and will include the Town of Blackfalds as an additional insured for the date(s) of the event.
Emergency Response Plan
Please provide a plan of how you intend to deal with an emergency situation or the potential evacuation from the site.





		C	

Each party shall indemnify and save harmless the other party to the Agreement, its officers, agents and employees from and against all claims, demands, actions, losses, expenses, costs or damages of every nature and kind which the parties may incur or suffer as a result of the other parties actions.

Personal information on this form will be used strictly for obtaining the prescribed consent. This information is collected under the authority of Section 4(c) of the *Protection of Privacy Act* and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.com or by phone at 403.885.6370.

I affirm that I am 18 years of age or older and all answers given and statements made on this application are full and true to the best of my knowledge and beliefs. I have read the terms and conditions outlined in this document and the Town of Blackfalds bylaws, and agree to abide by them.

Signature of this document indicates your acknowledgment of the above requirements.		
Name of Applicant (please print)	Signature of Applicant	

Please submit your completed Special Event Permit application:

FOR OFFICE USE ONLY

Reviewed by:	
Emergency Management & Protective Services Director	Infrastructure and Planning Services Director
Community Services Director	Signature of CAO or Designate