

SPECIAL EVENT PERMIT APPLICATION

**Please refer to the Special Event Permit Guidelines prior to filling out this application*

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

DETAILED EVENT INFORMATION

**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?

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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 where spiking or staking is requested.*

Stages, Inflatable Structures, Portable Toilets, Dumpsters, Fences and Barricades, and other structures:

If you are planning to erect, install, or use any of these structures, please describe sizes and quantities of individual structures:

DETAILED EVENT INFORMATION

Promotional Signs or Banners:

Do you plan to use promotional signs or banners?

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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?

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YES

☐

NO

If YES, please specify what security measures have been planned:

(Ex. Overnight security provided by event volunteers, or hiring of security company, etc.)

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?

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YES

☐

NO

**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?

☐

YES

☐

NO

**If YES, please contact Blackfalds Emergency Services at 403.885.4144*

Special Considerations (ex. Horse Drawn Carriage):

☐

YES

☐

NO

If YES, please specify details:

Will your event require the full or partial closure of roads or streets?

☐

YES

☐

NO

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 placed*

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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.

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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.

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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.

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Emergency Response Plan

Please provide a plan of how you intend to deal with an emergency situation or the potential evacuation from the site.

APPLICANT

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:

Email:
events@blackfalds.ca

Mailing Address:
Civic Cultural Centre
Box 220, 5018 Waghorn St, Blackfalds, AB T0M 0J0

FOR OFFICE USE ONLY

Reviewed by:

Emergency Management &
Protective Services Director

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Infrastructure and Planning Services Director

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Community Services Director

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Signature of CAO or Designate