



**APPLICATION FOR SPECIAL EVENT PERMIT**  
*Must be submitted at least 90 days prior to event*  
**Application Fee: \$50.00**

Name of Event:	
Location(s) of Event:	
Date(s):	Time(s):
Organization (legal name):	
Main Contact:	
Address:	
Phone # (daytime):	Phone # (evening):
Email Address:	
Cellular phone # for use in case of emergency:	
Detailed description of event:	
Expected attendance:	
Does the event require:	
Tent(s)	<input type="checkbox"/> Please indicate dimensions and proposed locations
Advertising Sign(s)	<input type="checkbox"/> Please attach specifications and proposed locations
Temporary Road Closures	<input type="checkbox"/> Please indicate proposed locations to be closed
Fireworks	<input type="checkbox"/> Please attach licence and proposed locations
Amplified Sound	<input type="checkbox"/> Please indicate proposed locations for band/DJ
Food & Merchandise Vendors	<input type="checkbox"/> Please indicate proposed locations, water and hydro sources, washrooms and garbage disposal containers
Serving alcohol	<input type="checkbox"/> Please provide copy of Special Occasion Permit obtained from L.C.B.O.
Parking and Traffic Control	<input type="checkbox"/> Please indicate proposed locations
Specify other relevant details	
Will you have qualified first aid / CPR personnel on site?	

**I have read and agree to abide by the conditions detailed in the Township of Lake of Bays Special Event Policy and the Municipal Alcohol Policy.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date