



**APPLICATION
SPECIAL EVENTS LICENCE**

Event Name: _____

PROPERTY OWNER

Owner(s) Name: _____ Phone #: _____

Mailing Address: _____

Email: _____

Legal Address of Event: _____

Signature of Owner(s): _____ Date: _____

_____ Date: _____

EVENT ORGANIZER/APPLICANT

Business Name: _____ Phone #: _____

Representative's Name: _____ Phone #: _____

Mailing Address: _____

Email: _____

EVENT INFORMATION

Date(s): _____ Times: _____

Type of Entertainment: _____

Location of Entertainment: Indoor Outdoor Both

Overnight Camping: Yes No

Admission Fee: _____ Anticipated Attendance: _____

Signature of Applicant: _____ Date: _____

Please Note: The event must comply with the zoning in effect on the property



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MANDATORY INFORMATION FOR LICENCE APPROVAL

Requirement	Responsibility	Received
Particulars of facilities and arrangements for handling food, medical, toilet and sanitary, crowd control, garbage disposal, security, policing, and traffic control plans.	Applicant	<input type="checkbox"/>
Sketch of lands showing entertainment areas, spectator facilities, vehicle parking, food preparation & sale, refreshment sale, camping areas, tenting, toilets and other sanitary services and other incidental uses.	Applicant	<input type="checkbox"/>
Description of entertainment including type, stage areas, dates and time frames, maximum number of attendees on any given day, method of controlling and limiting attendance.	Applicant	<input type="checkbox"/>
Letter from Ontario Provincial Police confirming satisfactory arrangements for crowd control, security and police protection for the site and immediate properties, including the estimated policing costs. Contact: Detachment Commander OPP, Huronia West Detachment	Applicant Please contact By-law Officer if assistance is needed	<input type="checkbox"/>
Letter certifying that satisfactory arrangements have been made for health and sanitary requirements. Contact: Simcoe-Muskoka District Health Unit	Applicant Please contact By-law Officer if assistance is needed	<input type="checkbox"/>
Letter certifying that the fire safety plan is satisfactory and estimate of anticipated costs. Contact: Township of Clearview Fire Chief (705) 428-6230 ext. 402	Applicant Please contact By-law Officer if assistance is needed	<input type="checkbox"/>



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Requirement	Responsibility	Received
Letter from the Manager Paramedic Services or Authorized First Aid Service, certifying adequate arrangements have been made: Contact: Stephen Trafford County of Simcoe Paramedic Services	Applicant Please contact By-law Officer if assistance is needed	<input type="checkbox"/>
Description of method of ensuring noise level will not disturb inhabitants or exemption from Council.	Applicant	<input type="checkbox"/>
Outline of methods proposed to ensure compliance with Township By-laws: Dumping, Smoking, Noise, Nuisance, Zoning By-law, Fire By-laws, Ontario Building Code Act and Ontario Fire Regulations (building capacity).	Applicant & Owner	<input type="checkbox"/>
Agreement indemnifying the Township of Clearview from liability as a result of the event.	Applicant	<input type="checkbox"/>
Certificate of Insurance in the amount of \$2 Million Dollars identifying the Township of Clearview as an insured party.	Applicant	<input type="checkbox"/>
Deposit in the amount of \$5000.00 to cover potential expenses to the Township.	Applicant	<input type="checkbox"/>
Deposit in the amount of anticipated policing costs.	Applicant	<input type="checkbox"/>
Letter of Credit in the amount of \$10,000 to ensure compliance. (IF DIRECTED BY COUNCIL)	Applicant and/or Owner	<input type="checkbox"/>
Letter of Credit in the amount of \$10,000 for unanticipated emergency services costs to Township. (IF DIRECTED BY COUNCIL)	Applicant and/or Owner	<input type="checkbox"/>



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FOR OFFICE USE ONLY

Planning Department

Issues or Concerns

Signature of Planner: _____ Date: _____

By-law Enforcement

Determination of Exemption

The following information is required to determine if the Event is exempt under provisions within By-law 05-20, as amended.

Number of years the event has been held: _____

Number of years the event has been held in Clearview Township: _____

Anticipated target group attending the event: _____

Previous locations of the event outside of Clearview Township (if applicable):

Other matters of interest regarding the event:

Recommended for Exemption: Yes No

Signature of By-law Officer: _____ Date: _____