

SCHEDULE "A"

Special Event Permit Application Form

Permit Fee of \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

The Village of Slocan prohibits the holding of a Special Event without a Permit. This form must be completed fully and submitted to the Chief Administrative Officer for the Village of Slocan in order to obtain a Special Event Permit. You contractually agree, by signing this application form, with the Village of Slocan to comply with the conditions by obtaining a Permit.

I. GENERAL EVENT DETAILS

1. Name of Event: \_\_\_\_\_

2. Location of Event: \_\_\_\_\_

(i) Civic Address: \_\_\_\_\_

(ii) Legal Description: \_\_\_\_\_

3. Nature of Event: \_\_\_\_\_

4. Estimated Attendance: \_\_\_\_\_

5. Admission Charged: Yes Amount \_\_\_\_\_ No

6. Date(s) of Event: \_\_\_\_\_

7. Start & end times for each day event to be held:  
Start: \_\_\_\_\_ End: \_\_\_\_\_

II. APPLICANT INFORMATION

1. Applicant

(i) Full Legal Name of Applicant: \_\_\_\_\_

(ii) Full Legal Address of Applicant: \_\_\_\_\_

(iii) Company Name (if applicable): \_\_\_\_\_

\*Attach a copy of Corporate Registry Document (company info, address, location, directors, etc.

2. Organizers & Sponsors

(i) Full Legal Name of Affiliated Organization(s): \_\_\_\_\_  
(attach additional sheet if required)

(ii) Full Legal Name of Affiliated Sponsor(s): \_\_\_\_\_  
(attach additional sheet if required)

**III. APPLICANT & REGISTERED OWNER CONSENT**

The registered owner(s) of the land described above consent to the holding of the above special event and by signing here have agreed to the special event as outlined in the Application and acknowledge their responsibilities:

**Registered Owner:**

**Witness:**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

**Registered Owner:**

**Witness:**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

By signing below, the applicant agrees to be solely responsible to pay all policing, clean-up & other costs:

**Applicant:**

**Witness:**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

**Applicant:**

**Witness:**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

Personal information contained in this Application form is collected under the Freedom of Information Protection of Privacy Act, and will be used for the purpose of responding to your request.

**IV. LIABILITY INSURANCE**

Public Liability Insurance Documents Attached

Yes

No

**Note:** Must be in a form and with an insurer acceptable to the Village and provide coverage on an "occurrence basis", in an amount not less than \$5,000,000.00 or a greater amount if required by the Village, as reasonable for such Special Event.

V. **INDEMNITY**

The Applicant and Owner agree to indemnify the Village from and against all law suits, damages, losses, costs or expenses which the Village may incur by reason of the use of the Site by the Applicant and Owner for the Special Event referred to in this Application in respect of any loss, damage or injury sustained by the Applicant, Owner or by any person while on the Site for the purpose of attending the Special Event or by reason of non-compliance by the Applicant or Owner with the laws of British Columbia or by reason of any defect in the site, including all costs and legal costs, assessed on a solicitor and client basis, and disbursements. This indemnity shall survive the completion of earlier termination of the Special Event.

**Registered Owner:**

**Witness:**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

**Applicant:**

**Witness:**

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Name & Signature

VI. **REQUIRED DOCUMENTATION / APPROVALS**

*\*The Applicant is responsible for all costs & for providing supporting documentation prior to the required agency approval (please see attached Special Event Guideline Form):*

**Medical Health Officer Approval (or designate):**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**Officer in Charge of RCMP Approval (or designate):**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**Public Works Manager Approval (or designate):**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**Ministry of Transportation Approval: (if access is from or near an arterial Highway)**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**Fire Chief Approval (or designate):**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**Business License Inspector (or designate):**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**Ministry of Forests (if located within or adjacent to a Wildfire Hazard Assessment Area):**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

Date Authorized: \_\_\_\_\_

Comments: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Payment of Costs: \_\_\_\_\_ Date: \_\_\_\_\_

BC Government Installation Ride #: \_\_\_\_\_

Numbers Confirmed (if applicable): Date \_\_\_\_\_

**Note:** The City Clerk confirms the BC Government Installation Ride Number with the Safety Engineering Services Division – Elevating Devices Safety Branch.

Final Application Approval: \_\_\_\_\_ Signature: \_\_\_\_\_

Permission Issued: \_\_\_\_\_