



## SPECIAL EVENT APPLICATION APPROVAL

Date of Event: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Applicant Organization: \_\_\_\_\_

### Contact Information

Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

On-site Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Event Details

Event Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the benefit of this event to the community:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Budget: \_\_\_\_\_ Please attach list of sponsors or potential sponsors

Event Location: \_\_\_\_\_ Set up time: \_\_\_\_\_  
Has event occurred before: Yes  No  Event Start Time: \_\_\_\_\_  
If yes, date(s): \_\_\_\_\_ Event End Time: \_\_\_\_\_  
# of Participants/Spectators: \_\_\_\_\_ Clean Up Time: \_\_\_\_\_

Will your event require any of the following:

- Street Closures:        Yes         No         If yes, include information on Races, Parades, Roadways Map
- Access to multiple        Yes         No         If yes, include information on Site Map
- municipal locations:
- Parking:                Yes         No         If yes, include information on Site Map

Outline your plan for notifying businesses/residents who will be affected by this event and when this will be completed by:

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**Activities and Site Set Up**

Will your event include any of the following:

- Food/Vending:        Yes         No         Vendor: \_\_\_\_\_
- Alcohol:                Yes         No         Liquor license? (Please attach):        Yes         No
- Entertainment:        Yes         No         Source: \_\_\_\_\_
- Tents/Inflatables/  
Temporary Structures:    Yes         No         List all (include quantity, size, ownership, location and type of anchorage): \_\_\_\_\_
- Police Department:    Yes         No
- Fire Department:        Yes         No
- Medical Service:        Yes         No
- Professional Security:    Yes         No         Company/Contact Information: \_\_\_\_\_

What Town resources do you require in order to hold your event?

Please be specific with these details, include numbers for items required, work required and any other information which may be relevant:

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Additional Comments:

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I, \_\_\_\_\_ am the person authorized to execute documents on behalf of \_\_\_\_\_ (the applicant organization).

The applicant organization does hereby agree to indemnify and save harmless the Town of Quispamsis in respect to any and all claims, demands, suits and costs arising out of any act or omission of the organizer or of any servant, agent or officer of the organizer arising out of or resulting from the use of the site/route by the organizer.

On behalf of the applicant organization, I acknowledge that I have read and understood the conditions contained in the *Guidelines for Special Events Applications* and agree to comply with them.

Signature: \_\_\_\_\_

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



Forms may be submitted by mail to:

Barry Brown  
Community Services Department  
Town of Quispamsis  
P.O. Box 21085  
Quispamsis, NB E2E 4Z4

or by fax to: (506) 849-5799

or by e-mail to:  
[bbrown@quispamsis.ca](mailto:bbrown@quispamsis.ca)

T: (506) 849-5735

**Have you attached the following relevant documents to this application?:**

List of Sponsors/Potential Sponsors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Races/Walk/Parade Route Map:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
For parades, line-up with list of floats, walkers and vehicles:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Site Map of the event location:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Liquor License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Safety Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Copy of Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
List of event staff and volunteers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>