



City of Richmond
Parks, Recreation & Cultural Services Division
SPECIAL EVENT/TOURNAMENT APPLICATION

This application must be completed, signed and forwarded to the City of Richmond Parks Office (5599 Lynas Lane, Fax 604.244.1242) at least ninety (90) days prior to the first day of the event.

Any misrepresentation in this application or deviation from the final agreed upon route and/or operation described herein, may result in the immediate revocation of the permit.

Organizers are encouraged not to advertise the event until preliminary approval is obtained from the City.

It is the responsibility of the applicant to provide any and all permits, licences and certificates that are required for this special event/tournament. Please type or print information clearly and attach additional sheets as necessary.

Event Name: _____			
Event Type:	<input type="checkbox"/> Parade	<input type="checkbox"/> Festival	<input type="checkbox"/> March
(Check applicable)	<input type="checkbox"/> Athletic Event(specify) _____		<input type="checkbox"/> Demonstration/Rally
	<input type="checkbox"/> Other (specify) _____		
Event Date(s): _____	Day(s) of the week: _____	Time(s): _____	
Event Location: _____			
Facilities to be used (check):	<input type="checkbox"/> Park	<input type="checkbox"/> Street	<input type="checkbox"/> Sidewalk
			<input type="checkbox"/> Private Property
Set-up Date/Times:	Begin: _____	Date: _____	Time _____ a.m./p.m.
Take-Down Date/Times:	Dismantle: _____	Date: _____	Time _____ a.m./p.m.
Purpose of the Event: _____			
Event Crowd Size:	Participants: _____	Spectators: _____	Volunteer/Personnel: _____
Has the event been produced previously? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what were the dates of the event? _____			
Any change from previous events? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please list changes for this year's request: _____			

APPLICATION INFORMATION

Organization Name: _____	
Mailing Address and Postal Code: _____	

Applicant's Full Name: _____	
Title: _____	
Phone Number: _____	Cellular/Pager: _____
Fax: _____	E Mail: _____
Contact Person (or alternate contact from Applicant) : _____	
Phone Number: _____	Cellular/Pager: _____
Fax: _____	E Mail: _____

EVENT NAME: _____

EXEMPTION REQUEST

Are you requesting exemption from the Special Events fee? NO / YES
If YES, state the reason for the exemption (i.e. non-profit status by itself is not sufficient for an exemption):

FEES AND PROCEEDS

Admission Fee : NO / YES If YES, how much? _____
Any Vending Sales? NO / YES. If YES, Check all that apply: Food and Beverage Merchandise
 Alcohol Other (Please specify): _____

ENTERTAINMENT AND PROMOTIONS

Sound System: Acoustic Amplified List of entertainers or bands performing at event:
Describe entertainment: _____

Check type of promotion you plan to use to attract participants:

Television Radio Newspaper Flyers Billboards Posters
 Other (Please Specify) _____

Have local neighbourhood groups/businesses approved your event concept? YES / No

If NO, what steps will be taken to notify them of your event? _____

List community contact and phone numbers (for verification), or attach an approval letter:

Name: _____ Phone: _____

Name: _____ Phone: _____

SPECIAL SET-UPS REQUESTED

Complete the appropriate category, include details of numbers, size and type. Leave blank, if not applicable.

Alcohol:	Will alcohol be served or available? YES / NO	Will alcohol be sold? YES / NO If YES, by whom?
Amplified Sound: Noise Variance:	Noise Variance required for amplified sound after 10 p.m.	Basis for request and hours for variance:
Animals:	How many?	Species:
Booths/Vendors:	How many booths? How many vendors?	Where:
Commercial Signs:	How many?	Size:
Electricity Source:	Generators:	How many? Size:
Fireworks/Fire Performance:	Ground Aerial N/A	Pyrotechnic Company:
Portable Restrooms:	How many?	Handicapped Accessible:
Rides:	How many?	Type:
Staging/Scaffolding:	How many?	Height:
Temporary Structures: Tents/Canopies	How many?	Size:
Vehicles	How many?	Size & Gross Weight:
Water:	Potable?	Non-Potable?

EVENT NAME: _____

PARADE/MARCH INFORMATION

Number of Parade/March Participants _____
Type of Parade Participants _____ _____ _____
Assembly Area _____ _____
Dispersal Area _____ _____

PUBLIC SAFETY

Attach a clear/legible site or route map with the following indicated:

- North, indicated by directional arrow (↑)
- Names of surrounding streets, with one way streets marked
- Number and placement of barricades
- Any other details you think are helpful

<p>What are your plans for on-site security/monitors/route control?</p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>	<p>What are your plans for medical assistance?</p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>
<p>Discuss your parking plans for participants and spectators.</p> <p>_____ _____ _____ _____ _____ _____ _____</p>	<p>List any additional information which the City of Richmond may find reasonable necessary for a fair determination of whether a permit should be issued.</p> <p>_____ _____ _____ _____ _____ _____ _____</p>

EVENT NAME: _____

INSURANCE INFORMATION

As a condition of being granted permission to hold a special event, applicants are required to show proof of liability insurance coverage which meets the following requirements:

- (a) Minimum limit of \$5,000,000 against third party bodily injury and property damage losses;
- (b) Cross liability clause;
- (c) Additional insured endorsement; “The City of Richmond, Richmond School Board and RCMP, their respective employees, officers, agents and volunteers are added as additional insured for liability which arises out of the activities of the named insured”.

We require that you complete and return the attached ‘Proof of Insurance Coverage Special Events’ (p. 4) as such proof 30 days in advance of the planned event.

Special Event Permission will not be issued until insurance has been approved.

LITTER CONTROL PLAN

Please provide a litter control plan for your event. This is to include litter control during and after your event.

Are you providing recycling containers? YES / NO If YES, please describe: _____

TRAFFIC CONTROL PLAN

The need for Police Officers will be determined by the City of Richmond Traffic Department.

	TRAFFIC CONTROL (List monitor, flagger or police officer)	Location	Duties
1.			
2.			
3.			
4.			

On behalf of the above-named organizer, I hereby agree to indemnify and save harmless the City of Richmond, Richmond School Board and RCMP from and against claims or demands arising from the event described in this application and I agree to obtain appropriate liability insurance that is satisfactory to the City of Richmond

Applicant’s Signature

Print Applicants Name

Today’s Date