

Gatherings of People Event Application Form 2020

Event Basics

Event: _____ Run by: _____

Event Date(s): _____ Rain Date(s): _____

Event Start Time: _____ Event End Time: _____

Event Locations: _____ Estimated Attendance: _____

Organization Name: _____

Organization registered as Not for Profit, #: _____

Organization Address: _____

City/Town: _____ Postal Code: _____

Website: _____

Organization Contact Person: _____

(For internal office use only)

Organization Contact Phone: _____ Fax: _____

Email: _____

Organization Day of Event Contact Person: _____

Organization Day of Event Contact Cell: _____

The event is a (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> PARADE/RUN/WALK/BIKE OR AUTO PROCESSION * | <input type="checkbox"/> WEDDING/RECEPTION/DANCE |
| <input type="checkbox"/> BLOCK/STREET PARTY | <input type="checkbox"/> SHOW/EXHIBITION |
| <input type="checkbox"/> SPORTING EVENT | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> BEACH EVENT | |

The event is:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Private (invitation only) | <input type="checkbox"/> Ticketed |
| <input type="checkbox"/> Open to the General Public | <input type="checkbox"/> 19+ |

Please indicate the various event activities (license & other permits may be required):

- | | |
|--|--|
| <input type="checkbox"/> ALCOHOL* Please complete (B) Section | <input type="checkbox"/> LIVE MUSIC/BANDS * Please see (D) section |
| <input type="checkbox"/> BLEACHERS | <input type="checkbox"/> STAGING* Permit may be required |
| <input type="checkbox"/> MECHANICAL RIDES/DEVICES | <input type="checkbox"/> TENTS |
| <input type="checkbox"/> BANNERS/SIGNS | <input type="checkbox"/> ROAD CLOSURE * Please complete (E) Section |
| <input type="checkbox"/> FOOD VENDING/SAMPLING* Please Complete (C) Section | <input type="checkbox"/> PARKING LOT |
| <input type="checkbox"/> SHUTTLES/SATELLITE PARKING | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> BEACH ACTIVITY | <input type="checkbox"/> FIREWORKS* Permit required |
| <input type="checkbox"/> OTHER: _____ | |

(B) ALCOHOL

The Town of Wasaga Beach will not apply for a Special Occasion Permit (SOP) on behalf of any event organizer. SOP applications can be obtained at the LCBO. All indoor and outdoor events with alcohol service must comply. Servers and event organizers must comply with the Municipal Alcohol Policy.

Size of service area is: _____ Sample Size is: _____

Alcohol being served is (please check all that apply):

- BEER
- WINE
- LIQUOR
- SPIRITS

(C) FOOD

All special event food vendors must obtain Simcoe Muskoka District Health Unit approval to operate at Special Events. Please submit to the Simcoe Muskoka District Health Unit Collingwood office, at minimum 30 days prior to the event for review and processing.

Food will be:

- SOLD
- SAMPLED
- CATERED
- SERVED HOT
- SERVED COLD
- PREPARED, COOKED OR REHEATED

OUTDOORS* Cooking system may require inspection

(D) SOCAN FEES

The Society of Composers, authors & music publishers of Canada under federal license area authorized to charge a fee under tariff 8 for using pre-recorded music. SOCAN fees will be charged where applicable. For more information, please visit www.socan.ca/contact.

(E) ROAD CLOSURE

Please provide specific details regarding which roads, lanes need to be closed including dates and timelines.

For more information or assistance in completing the form, please contact:

Special Events
30 Lewis St.
Wasaga Beach, ON
L9Z 1A1
705.429.3844 x 2202
events@wasagabeach.com