

## EVENT PERMIT APPLICATION FORM (1A)

(Application to hold a stationary event held at venue other than in a City Park)

Date submitted:	Name of Event:	
Name of Organization:	Phone:	
Contact Name:	Bus. Phone:	
Mailing Address:	Cell:	
Postal Code: Email:		
Alternate Contact:	Phone:	
Event is not approved until all documents are received and details confirmed. Submission of application does not guarantee approval of event.		
Date(s) Requested:	Hours of Use:	
Facility/Facilities Requested:		
Purpose of Use:		
Anticipated Number in Attendance:	Anticipated Number of Spectators:	
If applicable, please provide list of any other groups coming under the umbrella of this event.		
Road Closure Requested: Yes $\Box$ No $\Box$	Details:	
Concession Requested: Yes $\Box$ No $\Box$	(Subject to Food Concession Policy 3.18)	
Electrical Service Required?	Please note the City is not responsible to provide extension cords.	
pickup. Keys can be collected from the Admiregular office hours. <b>\$50 deposit</b> is required	ess key(s), contact the Special Events Coordinator to arrange inistration Department, 100 Jensen Avenue East, during and will be refunded upon return of key(s). All callout costs eys after regular office hours, will be the responsibility of the	
Organizer(s) will be responsible for damages to irrigation systems.		
All event applications must include the Terms and Conditions form. Signature required prior to submission for consideration.		

City of Parksville Office Use: City Approval: 
□ Yes 
□ No Date: