CITY OF HAMILTON

MOTION

Council Date: January 21, 2015

MOVED BY COUNCILLOR J. FARR	
SECONDED BY COUNCILLOR	

44th ANNUAL JUNO AWARDS (2015) – LIQUOR SERVING TIME EXTENSIONS

WHEREAS, Hamilton City Council has received Notices (attached hereto as Appendices "A" through "N") from establishments that wish to obtain Special Occasion Permits to sell alcohol beyond their normal hours of operation during the 2015 JUNO Awards taking place in Hamilton, Ontario on March 13, 14 and 15, 2015;

AND WHEREAS, the Alcohol and Gaming Commission of Ontario requires that if a permit holder is not a registered charity or non-profit organization, that a resolution of the Council is required to designate the event as one of municipal significance;

THEREFORE BE IT RESOLVED:

- (a) That the City of Hamilton hereby deems the 44TH Annual JUNO Awards, being held in the city of Hamilton, Ontario from March 13, 2015 to March 15, 2015 inclusive, as municipally significant; and,
- (b) That the following applicants be provided a copy of this resolution for inclusion with their application to the Alcohol and Gaming Commission of Ontario:
 - (i) Sheraton Hamilton Hotel, 116 King Street West, Hamilton, ON (attached hereto as Appendix "A")
 - (ii) Absinthe, 35 King Street Hamilton, ON (attached hereto as Appendix "B")
 - (iii) The Augusta House, 17 Augusta Street, Hamilton, ON (attached hereto as Appendix "C")
 - (iv) Sarcoa Restaurant, 57 Discovery Drive, Hamilton, ON (attached hereto as Appendix "D")
 - (v) The Pheasant Plucker, 20 Augusta Street, Hamilton, ON (attached hereto as Appendix "E")

- (vi) Corktown Pub and Fare, 175 Young Street, Hamilton, ON (attached hereto as Appendix "F")
- (vii) Casbah, 306 King Street West, Hamilton, ON (attached hereto as Appendix "G")
- (viii) Mills Hardware, 95 King Street East, Hamilton, ON (attached hereto as Appendix "H")
- (ix) This Aint Hollywood, 345 James Street North, Hamilton, ON (attached hereto as Appendix "I")
- (x) Anchor Bar Hamilton, 2 King Street West, Hamilton, ON (attached hereto as Appendix "J")
- (xi) The Baltimore House, 43 King William Street, Hamilton, ON (attached hereto as Appendix "K")
- (xii) Liuna Station Banquet and Convention Centre, 360 James Street North, Hamilton, ON (attached hereto as Appendix "L")
- (xiii) Radius, 151-153 James Street South, Hamilton, ON (attached hereto as Appendix "M")
- (xiv) 2137706 Ontario Inc., operating as Club Seventy Seven, 77 King William Street, Hamilton, ON (attached hereto as Appendix "N)



Liquor Service Time Extension Request Notification Form

Juno Awards 2015
Municipal Address of Event: Juno Award 2015
CONTACT INFORMATION
(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)
Organization/Establishment: Sherafor Hamilton Hotel
Contact Person: Plberto Revnoso Phone (day): 905-529-5515
Address: 1/6 - King St west. Phone (evening):
City: Hamilton Ont. Cell Phone:
Postal Code: L8D 4V3 Fax:
E-mail: alberto. rexnoso@ Sheraton hamilton o com
L-Mail. Moerro - remails and state of the st
Location on City Property
City Dayle (Nama)
D City Park (Name):
Road(s):
ESTIMATED ATTENDANCE (please estimate all that apply).
Number of Participants: Number of General Public per day:
'PEOPLE INVOLVED IN THE EVENT EG; RACERS, RUNNERS, VENDERS
Number of Volunteers/Staff: Number of General Public for the entire event:
EVENT ELEMENTS (complete to ensure proper permits are processed)
的。在一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就会是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人, 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就会是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们
Event on City Property: Yes No Admission Fee: Yes No Sound Amplification: Yes No Pay Duty Police Hired Yes No No
Sound Amplification: Yes U No U Pay Duty Police Hired Yes U No U Food: Yes W No U if yes number of Pay Duty of Police Hired
Fireworks: Yes No Private Security Hired: Yes No
Tents/Temporary Structures: Yes
Occupant loads of each tent/structure

Event Details (provide detail to ensure proper evaluation of the application):

CREAT SCHOOL TO DEFEND SERVED IN	sale proper evaluation of the application	'
Event Date DD/MM/YY	Event Time Start <u>// 'coam</u>	Serving Alcohol Times Start 11:00 AM
March 13-2015	End 4:00Am	End 4:00 AM
Event Date DD/MM/YY	Start //- 60 Am	Serving Alcohol Times Start <u>/ / ' ' ' '</u> ' ' ' ' ' ' ' ' ' ' ' ' ' '
march 14, 2015	End HSOORM	End 4100 AM
Event Date DD/MM/YY	Event Time Start // ! ook/m	Serving Alcohol Times Start /// OO AM
marla 15, 2015	End Hi OD Am	End 4:00 AM
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times Start End
	End	Ishu
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times Start
DONWINITI	End	End
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times Start
	End	End
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times Start
	End	End
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times Start
	End	End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

1/61/20 Reymoso OC Print Name



Liquor Service Time Extension Request Notification Form Juno Awards 2015 Municipal Address of Event: CONTACT INFORMATION (Please Print Legibly - Approval of incomplete or illegible applications may be delayed) Organization/Establishment: Contact Person: (onStantine Phone (day): Phone (evening): Address: 🗸 City: \ Cell Phone: _____ Postal Code: E-mail: Location on City Property City Park (Name): Building/Facility Name/Area: Road(s): ESTIMATED ATTENDANCE (please estimate all that apply) Number of Participants: _ 🔿 Number of General Public per day: 'PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS Number of Volunteers/Staff: Number of General Public for the entire event: EVENT ELEMENTS (complete to ensure proper permits are processed) Event on City Property: Yes No Admission Fee: Sound Amplification: Yes No Yes Pay Duty Police Hired No W Food: Yes if yes number of Pay Duty of Police Hired Fireworks: Yes Νo Private Security Hired: Tents/Temporary Structures: Yes No if yes number of Private Security Hired_ if yes Tent/structure Dimensions;_ Wheelchair Accessible: Yes No

Occupant loads of each tent/structure

Event Details (provide detail to ensure proper evaluation of the application): Serving Alcohol Times Event Date **Event Time** DD/MM/YY Start 13/03/15 End <u></u> **Event Date Event Time** Serving Alcohol Times DD/MM/YY 14/03/15 End 🗏 **Event Date Event Time** Serving Alcohol Times DD/MM/YY ϱm -am End Z amServing Alcohol Times **Event Date Event Time** DD/MM/YY Start Serving Alcohol Times **Event Date Event Time** DD/MM/YY Start End __ **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY **Event Date Event Time** . Serving Alcohol Times DD/MM/YY Start Start End_ **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start Start_ End End_

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

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14- 133330



Liquor Service Time Extension Request Notification Form Juno Awards 2015 ugusta St. Municipal Address of Event:____ CONTACT INFORMATION (Please Print Legibly - Approval of Incomplete or illegible applications may be delayed) Organization/Establishment: the Augusta House Phone (day): ____90<- \$22-5/1/ Contact Person: Jeff Lidger Phone (evening): 905- 522 5111 Cell Phone: Postal Code; E-mail: into of theory ostahouse, com Location on City Property City Park (Name): _____ Building/Facility Name/Area: Road(s): ESTIMATED ATTENDANCE (please estimate all that apply) Number of General Public per day: _____ OO Number of Participants: 'PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS Number of General Public for the entire event: 300 Number of Volunteers/Staff: EVENT ELEMENTS (complete to ensure proper permits are processed) Event on City Property: Yes No Admission Fee: Yes No Yes -No Sound Amplification: Pay Duty Police Hired Yes Ýes No Food: if yes number of Pay Duty of Police Hired Yes Νo Fireworks: Private Security Hired: No Tents/Temporary Structures: Yes if yes number of Private Security Hired 口 Wheelchair Accessible: No if yes Tent/structure Dimensions;

Occupant loads of each tent/structure_

Event Details (provide detail to ensure proper evaluation of the application): Event Time Serving Alcohol Times **Event Date** DD/MM/YY Start 4:00 4.00 End Start 11 100 Event Time Serving Alcohol Times Event Date DD/MM/YY 41.00 41,00 Start (/) o o Event Time Serving Alcohol Times **Event Date** DD/MM/YY 4,00 End **Event Time Event Date** Serving Alcohol Times DD/MM/YY Start Start End_ **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start _ End ___ End **Event Date** Event Time Serving Alcohol Times DD/MM/YY Start Start **Event Date Event Time** Serving Alcohol Times DD/MM/YY End **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start Start End End .

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

Malcolm Tosh Nov 6/14
Signature Print Name Date



Liquor Service Time Extension Request Notification Form Juno Awards 2015

Municipal Address of Event: 57 DISCOVER	1 Drive, Hamilton ON LOL 8B9
CONTACTINEORMATION	
(Please Print Legibly – Approval of incomplete or illegible	applications may be delayed)
Organization/Establishment: Sarcoa Rest	aurant
Contact Person: Rick Faiazza P	hone (day):
Address: 57 Discovery Drive P	hone (evening):
11	ell Phone:
Postal Code: USL 8134 F	ax: n/a
E-mail: events@sarcoa.ca	
Location on City Property	
City Park (Name):	
Building/Facility Name/Area:	ıςΔ
Road(s): Guise / Discovery Drive / Pie ESTIMATED ATTENDANCE: (please estimate all the	在100 1500 中国100 1500 1500 1500 1500 1500 1500 1500
The Color of the C	_
Number of Participants: 10 -20 Numb PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS	per of General Public per day: 200
Number of Volunteers/Staff: 10 - 20 Numb	and Comment Building for the problem around (COO)
Number of Volunteers/Statt: 19 20 Numb	per of General Public for the entire event: 600
EVENT ELEMENTS (complete to ensure proper perm	its are processed)
Event on City Property: Yes No Sound Amplification: Yes No	Admission Fee: Pay Duty Police Hired Yes No if yes number of Pay Duty of Police Hired Private Security Hired: Yes No Wheelchair Accessible: Yes No
Occupant loads of each tent/structure	

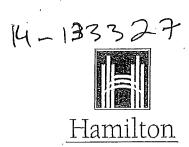
Event Details (provide detail to ensure proper evaluation of the application):

		ſ
Event Date DD/MM/YY 13/03/14	Start 12 pm Event Time	Start 12 pm End 4 am
(3/03/**	End Yam	End (Co.
Event Date DD/MM/YY I4 / 03 / I4	Start 12 pm End 4am	Serving Alcohol Times Start 12 pm End 4 am
Event Date DD/MM/YY 15/03 /14	Event Time Start 12 pm End 4 am	Serving Alcohol Times Start 12 pm End 4 am
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

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(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	on Request Notification Form ards 2015
Municipal Address of Event: 20 A	ugosta St
CONTACT INFORMATION	
(Please Print Legibly – Approval of incomplete or illegible	applications may be delayed)
Organization/Establishment: The Wheas	ant Plucker
Contact Person: Malcolm Tosh F	thone (day): 905- \$29-9000
Address: 20 Augusta St F	
City: themilton	Cell Phone:
Postal Code: LRN 187 F	ax:
E-mail: Malcolm g source cable, net	
Location on City Property	
City Park (Name):	
ESTIMATED ATTENDANCE (please estimate all th	atapply)
Number of Participants: Numbers, venders Numbers, venders	per of General Public per day: 160
Number of Volunteers/Staff: /O Number	per of General Public for the entire event: 450
EVENT ELEMENTS (complete to ensure proper pern	ilts are processed)
Event on City Property: Yes \(\text{\bar}\), No \(\text{\bar}\) Sound Amplification: Yes \(\text{\bar}\), No \(\text{\bar}\) Food: Yes \(\text{\bar}\) No \(\text{\bar}\) Fireworks: Yes \(\text{\bar}\) No \(\text{\bar}\) Tents/Temporary Structures: Yes \(\text{\bar}\) No \(\text{\bar}\) if yes Tent/structure Dimensions;	Admission Fee: Pay Duty Police Hired Yes No if yes number of Pay Duty of Police Hired Private Security Hired: Yes No No Wheelchalr Accessible: Yes No
Occupant loads of each tentletwinture	

Event Details (provide detail to ensure proper evaluation of the application):				
Event Date DD/MM/YY	Start 1(! 00 End 4:00	Serving Alcohol Times Start 1/: 00 End 4:00		
Event Date DD/MM/YY	Start Event Time Bnd _ ザ うひ	Serving Alcohol Times Start <u>しい</u> End <u></u> いっし		
Event Date DD/MM/YY	Start 11:00 Event Time End 4:00	Serving Alcohol Times Start 11:00 End 4:00		
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End		
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End		
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End		
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End		
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End		

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

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Signature

Malcolm Tosh Print Name Nov 09/2014



Liquor Service Time Extension Request Notification Form Juno Awards 2015 Municipal Address of Event: CONTACTINFORMATION (Please Print Legibly - Approval of incomplete or illegible applications may be delayed) Organization/Establishment: Phone (day): 416 409 8708 Contact Person: Phone (evening): 416 409 8708 Cell Phone: ___ Postal Code: E-mail: The Corky Location on City Property City Park (Name): __ Building/Facility Name/Area: Road(s): ESTIMATED ATTENDANCE (please estimate all that apply) 100+ Number of General Public per day: ___ Number of Participants: 'PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS 200+ Number of General Public for the entire event: Number of Volunteers/Staff:_

EVENT ELEMENTS (complete to ensure proper permits are processed)

· ·							
Event on City Property:	Yes .	No	Admission Fee:	Yes		No	
Sound Amplification:	Yes	No	Pay Duty Police Hired	Yes		No	
Food:	Ýes	No	if yes number of Pay Duty of Po	olice Hirec	L		
Fireworks:	Yes	Йo	Private Security Hired:	Yes		No	
Tents/Temporary Structures:	Yes	No	if yes number of Private Securit	y Hired			
if yes Tent/structure Dimension	ıs;	 · 	 Wheelchair Accessible:	Yes		No	

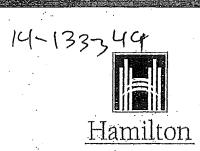
Occupant loads of each tent/structure____

Event Details (provide detail to ensure proper evaluation of the application): Serving Alcohol Times **Event Date Event Time** pm Start_ DD/MM/YY End 4 AM Serving Alcohol Times **Event Date Event Time** DD/MM/YY Start L Serving Alcohol Times **Event Time** Start 4PW DD/MM/YY Serving Alcohol Times **Event Time Event Date** DD/MM/YY Start_ End **Event Time** Serving Alcohol Times **Event Date** Start **DD/MM/YY** Start End End **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY Start Start End ' **Event Time** Serving Alcohol Times **Event Date** Start _ DD/MM/YY **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY Start Start End _ End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

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Liquor Service Time Extensio Juno Awa	
Municipal Address of Event: 306 KING ST	WEST (o/a Casbah)
CONTACT INFORMATION	
(Please Print Legibly - Approval of Incomplete or Illegible a	pplications may be delayed)
Organization/Establishment: CASBAH	
• • • • • • • • • • • • • • • • • • • •	noné (day):
Address: 306 King St West Unit B P	none (evening):
1 11	ell Phone:
Postal Code: L&P IB F	ax: n a
E-mail:	
Location on City Property	
☐ City Park (Name):	
Building/Facility Name/Area:	
LI Road(s): ESTIMATED ATTENDANCE (please estimate all that	
	,
Number of Participants: 700-800 Number of Participants: Recers, Runners, Venders	er of General Public per day: 160
	160 × 3 days
Number of Volunteers/Staff: 5-8 Number	160 × 3 days er of General Public for the entire event: 700-800
EVENT ELEMENTS (complete to ensure proper perm	ts are processed)
Event on Clty Property: Yes \(\text{\subset} \) No \(\text{\subset} \) Sound Amplification: Yes \(\text{\subset} \) No \(\text{\subset} \)	Admission Fee: Pay Duty Police Hired Yes No No No
Food; Yes I No I	if yes number of Pay Duty of Police Hired
Fireworks: Yes D No D	Private Security Hired: Yes No I
if yes Tent/structure Dimensions;	Wheelchair Accessible: Yes 🗆 No 🖸

Event Details (provide detail to ensure proper evaluation of the application): **Event Time** Serving Alcohol Times DD/MM/YY Start () AM Start 11 AM End 4 Am 13/03/2015 End 4 AM **Event Date Event Time** Serving Alcohol Times Start 11 AM Start 11 AM DD/MM/YY End UAM End 4 AM 14/03/2015 Serving Alcohol Times Event Date Event Time Start 1) AW DD/MM/YY Start 11 AM End_ YAM 15/03/2015 End 4 AM Event Date **Event Time** Serving Alcohol Times DD/MM/YY Start End **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY Start Start_ **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY Start **Event Time** Serving Alcohol Times **Event Date** Start DD/MM/YY End _ Serving Alcohol Times **Event Date Event Time** DD/MM/YY Start Start End End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

Signature

BRODIE SCHWENDINGEN

Nov 1/2014 Date



	tension Request Notification Form to Awards 2015
Municipal Address of Event: 95 King St East	
CONTACTINEORMATION	
(Please Print Legibly – Approval of incomplete or ill	
Organization/Establishment:Mills Ha	ardware
Contact Person: Lane Dunlop	Phone (day): <u>905-777-1223</u>
Address: 95 King St East	
City: Hamilton	
Postal Code: L&N IAC	Fax: <u>866-7479844</u>
E-mail; lane@sonicunyon.com	
Location on City Property	
City Park (Name):	
LI Bullding/Facility Name/Area:	
ESTIMATED ATTENDANCE (iplease estimate	te all that apply)
Number of Participants: 140. PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS	Number of General Public per day:
Number of Volunteers/Staff; 5	Number of General Public for the entire event:
EVENT ELEMENTS (complete to ensure prop	er permits are processed)
Event on City Property: Yes 🗌 No 🗆] Admission Fee: Yes ☐ No ☐
Sound Amplification: Yes M No C Food: Yes M No C	· ·
Fireworks; Yes 🗆 No 🔯	Private Security Hired: Yes 🗵 No 🗌
Tents/Temporary Structures: Yes ☐ No ☒ if yes Tent/structure Dimensions;	• • • • • • • • • • • • • • • • • • • •
Occupant loads of each tent/structure	Wheelchair Accessible; Yes 🛭 No 🗌

14-133217.

Event Details (provide detail to ensure proper evaluation of the application): Event Date Event Time Serving Alcohol Times 11:00 AM DD/MM/YY Start End 4500 AM 13/03/15 Serving Alcohol Times Event Time Event Date DD/MM/YY Start 4500 AM. Énd Serving Alcohol Times Event Date **Event Time** DD/MM/YY Start 4:00 AM End_ 103/15 **Event Date** Event Time Serving Alcohol Times DD/MM/YY Start Start End . End Serving Alcohol Times **Event Date Event Time** DD/MM/YY Start Start End Event Date. **Event Time** Serving Alcohol Times DD/MM/YY Start Start End Event Date **Event Time** Serving Alcohol Times DD/MM/YY Start Start End End Event Date **Event Time** Serving Alcohol Times Start DD/MM/YY Start End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LGBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

Signature

Lune DUNLOP Print Name

oct 28, 20 14

14-133336



Liquor Service Time Extension Request Notification Form Juno Awards 2015

nicipal Address of Event: 345 JAMES ST WORTH
INTACT INFORMATION
ease Print Legibly – Approval of incomplete or illegible applications may be delayed)
janization/Establishment: THIS AIW'T HOLLY WOOD
ntact Person: Lou Molinary Phone (day): 905-912-6679
dress: 345 JMC-3 STN Phone (evening): 905-912-6679
v: HAMIL TOW Cell Phone: 905-912-6679
stal Code: <u>481 - 41+3</u> Fax:
nail: Jon & thisainthollywood. ca
cation on City Property
City Park (Name):
Building/Facility Name/Area: 3 41 JAMC ST- WRTH
Road(s):
TIMATED ATTENDANCE (please estimate all that apply)
nber of Participants:
nber of Volunteers/Staff: 10 Number of General Public for the entire event: 400 BASED W 2 DAYS/W16/H7S
ENT ELEMENTS (complete to ensure proper permits are processed)
ent on City Property: Yes D No D Admission Fee: TBA Yes D No D Ind Amplification: Yes No D Pay Duty Police Hired Yes D No D
if yes number of Pay Duty of Police Hired
eworks: Yes No Private Security Hired: Yes No No I if yes number of Private Security Hired STAFF SC
nts/Temporary Structures: Yes \square No \square if yes number of Private Security Hired \square No \square es Tent/structure Dimensions; Wheelchair Accessible: Yes \square No \square
numeral leads of each tent/structure

ent Details (provide detail to ensure proper evaluation of the application):				
Event Date	Start A har	Serving Alcohol Times		
12/10 \$ / DOJS /	End ASA	End Daniel		
Event Date DD/MM/YY	StartEvent Time	Serving Alcohol Times Start 12 1		
3/03/2015	End TBA	End Bian		
Everit Date DD/MM/YY	Start Specific Event Time	Serving Alcohol Times Start 12		
1/ 03/2015	End ThA	End 21m		
Event Date DD/MM/YY	StartEvent Time	Serving Alcohol Times Start		
\$ /04/2015	End fra A	End 2 ~		
Evert Date DD/MM/YY	Event Time Start	Serving Alcohol Times		
· · · · · · · · · · · · · · · · · · ·	End	End		
Event Date DD/MM/YY	Event Time	Serving Alcohol Times Start		
	End	End		
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times Start		
· · · · · · · · · · · · · · · · · · ·	End	End		
Event Date DD/MM/YY	Event Time Start	Serving Alcohol Times		
etailed man route and/or site plan MU	End	End		

ote to AGCO/LCBO:

nis application is used by the City of Hamilton as notification to Fire, Building, salth, Clerks Office and the Police Service of the City of Hamilton for amporary Liquor Licence requests.

Signature

Print Name

Oct 3//2010 Date/ 14-133265.



Liquor Service Time Extension Request Notification Form Juno Awards 2015

Municipal Address of Event: 2 KING 5	WEST HAMICHON LOP 1A1			
CONTACTINFORMATION				
(Please Print Legibly - Approval of Incomplete or Illeg	ible applications may be delayed)			
Organization/Establishment: ANCHOR BAR HAMULTOW				
Contact Person: GARY RESO	Phone (day): 905 825 7777			
Address:	Phone (evenIng):			
City:	Cell Phone:			
Postal Code:	Fax: 905 825 3593			
E-mail: GARYR & AwcHun BUR	,			
Location on City Property				
☐ City Park (Name):				
Building/Facility Name/Area:	TACKSON SQUARE			
Li Rodu(s),				
ESTIMATED ATTENDANCE (please estimate)	- The state of the			
Number of Participants:	Number of General Public per day;			
Number of Volunteers/Staff:	lumber of General Public for the entire event:			
EVENT ELEMENTS (complete to ensure proper)	permits are processed)			
Event on City Property: Yes U No 🖸 Sound Amplification: Yes 🔲 No 🗹	Admission Fee: Yes \(\begin{align*} & \text{No} & \text{Y} \\ & \text{Pay Duty Police Hired} & \text{Yes} \(\begin{align*} & \text{No} & \text{Y} \\ & \text{Pay Duty Police Hired} & \text{Yes} \(\begin{align*} & \text{No} & \text{Y} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & \text{Ves} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & \text{Ves} & \text{Ves} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & \text{Ves} & \text{Ves} & \text{Ves} & \text{Ves} & \text{Ves} \\ & \text{Pay Duty Police Hired} & \text{Yes} & \text{Ves} & V			
Food: Yes 🗹 No 🗓	if yes number of Pay Duty of Police Hired			
Fireworks: Yes I No I	Private Security Hired: Yes Mo I if yes number of Private Security Hired ONA			
If yes Tent/structure Dimensions;	Wheelchair Accessible: Yes Mo			
Occupant loads of each tent/structure				

Event Details (provide detail to ensure proper evaluation of the application): Serving Alcohol Times 1:30 Ami DD/MM/YY 13-03-2015 1 AM (1:30 Event Time Serving Alcohol Times Event Date DD/MM/YY 1: 0 Am 1:00 AM 14-03-2015 1.3. Event Time Serving Alcohol Times Event Date DD/MM/YY 15-03-2015 14 101 **Event Date Event Time** Serving Alcohol Times DD/MM/YY End Eyent Date **Event Time** Serving Alcohol Times DD/MM/YY Start End Serving Alcohol Times Event Date Event Time Start DD)MM/YY End Event-Date **Event Time** Serving Alcohol Times Start Start DD/MM/YY **Event Time** Serving Alcohol Times Event Date DD/MM/YY Start Start End . End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LOBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

Stanature

Print Name

October 7 2014

Date

14-133136.



Liquor Service Time Extension Request Notification Form

Juno Awards 2015 Municipal Address of Event: 43 KIN6 WILLIAM ST, HAMILTON, ON, LBR 1A2 CONTACTINFORMATION (Please Print Legibly – Approval of incomplete or illegible applications may be delayed) Organization/Establishment: THE BALTIMORE HOUSE Contact Person: GRANT WWESTOCK Phone (day): Phone (evening): Address: _____ 11 . Cell Phone: ____ City: ___ Postal Code: E-mail: grant@baltimorehouse.ca Location on City Property City Park (Name): Building/Facility Name/Area: Road(s):_ ESTIMATED ATTENDANCE (please estimate all that apply) Number of General Public per day: 300 Number of Participants: __ PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS Number of General Public for the entire event: 900 Number of Volunteers/Staff:____ EVENT ELEMENTS (complete to ensure proper permits are processed) V No Yes Yes -Admission Fee: Event on City Property: No Sound Amplification: Yes Pay Duty Police Hired Yes No 🛘 Ÿes if yes number of Pay Duty of Police Hired_ Food: Ńо Yes Private Security Hired: Fireworks: Tents/Temporary Structures: No if yes number of Private Security Hired_ Yes W if yes Tent/structure Dimensions;__ Wheelchair Accessible:

Occupant loads of each tent/structure_____

Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY 13/03/15	Event Time Start & and	Start 4 am End 4 am
Event Date DD/MM/YY リナノの3ノ1ろ	Start Event Time Start	Serving Alcohol Times Start
Event Date DD/MM/YY IS/03 IS	Start Ham Event Time End Sam	Serving Alcohol Times Start <u>Il an</u> End <u>4 an</u>
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

James Skembaris Oct 22/14
Signature Print Name Date

14-133332



<u>Hamilton</u>

Liquor Service Time Extension Request Notification Form Juno Awards 2015		
Municipal Address of Event: 360 Jamos St. N.		
CONTACTINFORMATION		
(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)		
Organization/Establishment: Liuna Station Banquet & Convention Centre		
Contact Person: Vico Rosatone Phone (day): 905.525.2410		
Address: 360 James St. W. Phone (evening):		
City: <u>Hamilton</u> Cell Phone:		
E-mail: Vico@liunastation.com		
Location on City Property		
☐ City Park (Name):, N/A		
Building/Facility Name/Area: Liuna Station Banowet & Convention Centre. Road(s):		
ESTIMATED ATTENDANCE (please estimate all that apply)		
Number of Participants:		
PEOPLE INVOLVED IN THE EVENT EG. RACERS, RUNNERS, VENDERS		
Number of Volunteers/Staff: 100 Number of General Public for the entire event: 3000		
EVENT ELEMENTS (complete to ensure proper permits are processed)		
CONTROL OF THE PROPERTY OF THE PROPERTY WAS AND THE PROPERTY OF THE PROPERTY O		
Event on City Property: Yes No Admission Fee: Yes No		
Sound Amplification: Yes \(\sqrt{No} \) \(\sqrt{N} \) No \(\sqrt{N} \) if yes number of Pay Duty of Police Hired		
Fireworks: Yes No Private Security Hired: Yes No D		
Tents/Temporary Structures: Yes No if yes number of Private Security Hired 10		
if yes Tent/structure Dimensions; Wheelchair Accessible: Yes No		
Occupant loads of each tent/structure N/A		

Event Details (provide detail to ensure proper evaluation of the application): **Event Time** Serving Alcohol Times DD/MM/YY Mac DM 03/20 1'AM 1' AM Serving Alcohol Times **Event Time Event Date** DD/MM/YY Start __ Start _ **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY Start __ End ___ End Event Date **Event Time** Serving Alcohol Times DD/MM/YY Start Start ___ **Event Time** Serving Alcohol Times **Event Date** DD/MM/YY Start ___ Start ___ End Serving Alcohol Times **Event Date Event Time** Start _____ DD/MM/YY End **Event Date Event Time** Serving Alcohol Times Start _ DD/MM/YY End ___ End **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start ___ Start End End

A detailed map, route and/or site plan MUST be included with this application.

Note to AGCO/LCBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

Signature

Vico Rosatone
Print Name

November 5th/2014

Date



Liquor Service Time Extension Request Notification Form Juno Awards 2015.
Municipal Address of Event: 151-153 JAMES ST. S. HAMILTON
CONTACTINFORMATION
(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)
Organization/Establishment: RADIUS
Contact Person: TONY CONNELLY Phone (day): (905) 387-2948
Address: Phone (evening): \(\)
City: HAMILTON, DN .Cell Phone:
Postal Code: Fax:
E-mail:
Location on City Property
City Park (Name):
Building/Facility Name/Area:
☐ Road(s):
ESTIMATED ATTENDANCE (please estimate all that apply)
Number of Participants: Number of General Public per day:
'PEOPLE INVOLVED IN THE EVENT EG; RACERS, RUNNERS, VENDERS
Number of Volunteers/Staff: Number of General Public for the entire event; 544
EVENT ELEMENTS (complete to ensure proper permits are processed)
Event on City Property: Yes \(\bar{\cup} \) No \(\overline{\overline{\cup}} \) Admission Fee: Yes \(\bar{\cup} \) No \(\overline{\cup} \) Sound Amplification: Yes \(\bar{\cup} \) No \(\overline{\cup} \) No \(\overline{\cup} \)
Sound Amplification: Yes No W Pay Duty Police Hired Yes No W Food: Yes W No I if yes number of Pay Duty of Police Hired
Fireworks: Yes \(\sum_{\text{No}} \) No \(\overline{\text{M}} \) Private Security Hired: Yes \(\sum_{\text{No}} \) No \(\overline{\text{M}} \)
Tents/Temporary Structures: Yes \(\bigcup \) No \(\omega \) if yes number of Private Security Hired
if yes Tent/structure Dimensions; Wheelchair Accessible: Yes 🖼 No 📙

Event Details (provide detail to ensure proper evaluation of the application): Event Date Serving Alcohol Times **Event Time** Start // Ans DD/MM/YY Start 1 AM 03/2015 End 4 Am End LAM **Event Time Event Date** Serving Alcohol Times DD/MM/YY Start 11 AW End 4AM **Event Time** Serving Alcohol Times DD/MM/YY Start // AM End 4 AM Event Date **Event Time** Serving Alcohol Times DD/MM/YY Start End _ Event Date **Event Time** Serving Alcohol Times Start _____ DD/MM/YY Start _____ End **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start _____ Start _____ End _____ **Event Time Event Date** Serving Alcohol Times DD/MM/YY Start ___ End _____ Event Date **Event Time** Serving Alcohol Times Start _____ Start _____

A detailed map, route and/or site plan MUST be included with this application.

End __

Note to AGCO/LCBO:

DD/MM/YY

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

End

14,133265.



Liquor Service Time Extension Request Notification Form Juno Awards 2015
Municipal Address of Event: 177 King William Street, Hamilton; On
CONTACT INFORMATION
(Please Print Legibly - Approval of incomplete or illegible applications may be delayed)
Organization/Establishment: 2137706 Ontario Inc. 019 Club 77 Seus Sontact Person: Anthony Sa Phone (day): 905 527 7488
Address:
City: Cell Phone:
Postal Code: Fax: 905 527-63
E-mail: <u>asa O seventy seven. Ca</u>
Location on City Property
City Park (Name): Building/Facility Name/Area: Road(s): ESTIMATED ATTENDANCE (please estimate all that apply)
Number of Participants:
Number of Volunteers/Staff: 601day Staff. Number of General Public for the entire event: 3000
EVENT ELEMENTS (complete to ensure proper permits are processed)
Event on City Property: Yes No Admission Fee: Yes No Sound Amplification: Yes No Pay Duty Police Hired Yes No Sound Amplification: Yes No Sound Amplification: Yes No Pay Duty Police Hired Yes No Sound Amplification: Yes No Sou
Occupant loads of each tent/structure

Event Details (provide detail to ensure proper evaluation of the application): **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start Com End 4awl Serving Alcohol Times **Event Date Event Time** Start 11 GW Start 1 am DD/MM/YY End A C.VN End 4 am **Event Date Event Time** Serving Alcohol Times Start 1 CW Start \ avv DD/MM/YY End_Aam End 4 CLV **Event Date Event Time** Serving Alcohol Times DD/MM/YY End __ **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start Start ___ End ___ **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start Start **Event Time Event Date** Serving Alcohol Times DD/MM/YY Start End ____ **Event Date Event Time** Serving Alcohol Times DD/MM/YY Start __ Start ____

A detailed map, route and/or site plan MUST be included with this application.

End_

Note to AGCO/LCBO:

This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.

End __

Signature

Print Name

Nov 3/2014