

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")

14-133365



Hamilton

**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: Sheraton Hamilton Hotel
 Contact Person: Alberto Reynoso Phone (day): 905-529-5515
 Address: 116 - King St West Phone (evening): _____
 City: Hamilton Ont. Cell Phone: _____
 Postal Code: L8P 4V3 Fax: _____
 E-mail: alberto.reynoso@sheratonhamilton.com

Location on City Property

City Park (Name): _____
 Building/Facility Name/Area: Sheraton Hamilton Hotel
 Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 500+ Number of General Public per day: _____
*PEOPLE INVOLVED IN THE EVENT EG: RAGERS, 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	<input type="checkbox"/>	No	<input type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Private Security Hired:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Private Security Hired	_____			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Occupant loads of each tent/structure	_____								

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

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
March 13-2015	Start <u>11:00AM</u> End <u>4:00AM</u>	Start <u>11:00AM</u> End <u>4:00AM</u>
March 14, 2015	Start <u>11:00AM</u> End <u>4:00AM</u>	Start <u>11:00AM</u> End <u>4:00AM</u>
March 15, 2015	Start <u>11:00AM</u> End <u>4:00AM</u>	Start <u>11:00AM</u> End <u>4:00AM</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.


Signature

Alberto Remoso
Print Name

OCT. 16-2014
Date



Hamilton

Liquor Service Time Extension Request Notification Form Juno Awards 2015

Municipal Address of Event: 35 King Street, Hamilton, L8N 4A9

CONTACT INFORMATION

(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: Absinthe
 Contact Person: Constantine Mundo Phone (day): _____
 Address: _____ Phone (evening): _____
 City: Hamilton 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: 20 Number of General Public per day: 200
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS

Number of Volunteers/Staff: 15 Number of General Public for the entire event: 600

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Sound Amplification:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	_____			
If yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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 <u>8pm</u> End <u>4am</u>	Serving Alcohol Times Start <u>8pm</u> End <u>4am</u>
Event Date DD/MM/YY 14/03/15	Event Time Start <u>8pm</u> End <u>4am</u>	Serving Alcohol Times Start <u>8pm</u> End <u>4am</u>
Event Date DD/MM/YY 15/03/15	Event Time Start <u>7pm</u> End <u>4am</u>	Serving Alcohol Times Start <u>7pm</u> End <u>4am</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:

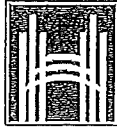
This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.


Signature

Constantine Mundo
Print Name

Nov 1 2014
Date

14-133330



Hamilton

Liquor Service Time Extension Request Notification Form
Juno Awards 2015

Municipal Address of Event: 17 Augusta St.

CONTACT INFORMATION

(Please Print Legibly - Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: the Augusta House
 Contact Person: Jeff Lidger Phone (day): 905-522-5111
 Address: 17 Augusta St. Phone (evening): 905-522-5111
 City: Hamilton Ont Cell Phone: _____
 Postal Code: L8N 1P6 Fax: NA
 E-mail: info@theaugustahouse.com

Location on City Property

City Park (Name): NA
 Building/Facility Name/Area: NA
 Road(s): NA

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: _____ Number of General Public per day: 100
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS
 Number of Volunteers/Staff: 10 Number of General Public for the entire event: 300

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	_____			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Occupant loads of each tent/structure	<u>NA</u>								


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

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
13 / 03 / 15	Start 11:00 End 4:00	Start 11:00 End 4:00
04 / 03 / 15	Start 11:00 End 4:00	Start 11:00 End 4:00
15 / 03 / 15	Start 11:00 End 4:00	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:

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

Malcolm Tosh
Print Name

Nov 6 / 14
Date

14-133261



Hamilton

Liquor Service Time Extension Request Notification Form
Juno Awards 2015

Municipal Address of Event: 57 Discovery Drive, Hamilton ON L8L 8B4

CONTACT INFORMATION

(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: Sarcoa Restaurant

Contact Person: Rick Faiarza Phone (day): _____

Address: 57 Discovery Drive Phone (evening): _____

City: Hamilton Cell Phone: _____

Postal Code: L8L 8B4 Fax: n/a

E-mail: events@sarcoa.ca

Location on City Property

- City Park (Name): _____
- Building/Facility Name/Area: _____
- Road(s): Quise/Discovery Drive/Pier 8.

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 10-20 Number of General Public per day: 200
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS

Number of Volunteers/Staff: 10-20 Number of General Public for the entire event: 600

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	<u>2</u>			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	<u>6-15</u>			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Occupant loads of each tent/structure	_____								

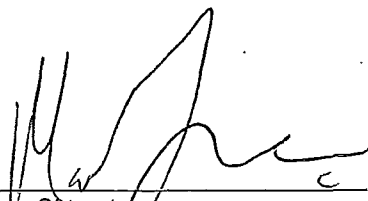
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY 13/03/14	Event Time Start <u>12pm</u> End <u>4am</u>	Serving Alcohol Times Start <u>12pm</u> End <u>4am</u>
Event Date DD/MM/YY 14/03/14	Event Time Start <u>12pm</u> End <u>4am</u>	Serving Alcohol Times Start <u>12pm</u> End <u>4am</u>
Event Date DD/MM/YY 15/03/14	Event Time Start <u>12pm</u> End <u>4am</u>	Serving Alcohol Times Start <u>12pm</u> End <u>4am</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.



Signature

Marco FAZZA
Print Name

Oct 25 / 2014
Date

14-133327



Hamilton

Liquor Service Time Extension Request Notification Form
Juno Awards 2015

Municipal Address of Event: 20 Augusta St

CONTACT INFORMATION

(Please Print Legibly - Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: The Pheasant Plucker
 Contact Person: Malcolm Tosh Phone (day): 905-529-9000
 Address: 20 Augusta St Phone (evening): 905-529-9000
 City: Hamilton Cell Phone: _____
 Postal Code: L8N 1P7 Fax: _____
 E-mail: malcolm.g.soureecable.net

Location on City Property

City Park (Name): NA
 Building/Facility Name/Area: NA
 Road(s): NA

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: NA Number of General Public per day: 160
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS
 Number of Volunteers/Staff: 10 Number of General Public for the entire event: 16 450

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	_____			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Occupant loads of each tent/structure	_____								

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

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
13/03/2015	Start 11:00 End 4:00	Start 11:00 End 4:00
14/03/2015	Start 11:00 End 4:00	Start 11:00 End 4:00
15/03/2015	Start 11:00 End 4:00	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:

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

Malcolm Tosh
Print Name

Nov 05/2014
Date

14-133226.



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 175 Young Street

CONTACT INFORMATION

(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: Corktown Pub & Fire
 Contact Person: Jim Perdikanias Phone (day): 416 409 8708
 Address: 175 Young Street Phone (evening): 416 409 8708
 City: Hamilton Ontario Cell Phone: 416 409 8708
 Postal Code: L8N 1V7 Fax: 905 522 2482
 E-mail: the Corktown @ gmail . com

Location on City Property

City Park (Name): N/A
 Building/Facility Name/Area: N/A
 Road(s): N/A

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 100+ Number of General Public per day: 100+
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS
 Number of Volunteers/Staff: 15 Number of General Public for the entire event: 200+

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Admission Fee:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sound Amplification:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pay Duty Police Hired:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Food:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	if yes number of Pay Duty of Police Hired:		
Fireworks:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Private Security Hired:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Tents/Temporary Structures:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if yes number of Private Security Hired:	<u>3</u>	
if yes Tent/structure Dimensions:			Wheelchair Accessible:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Occupant loads of each tent/structure:					

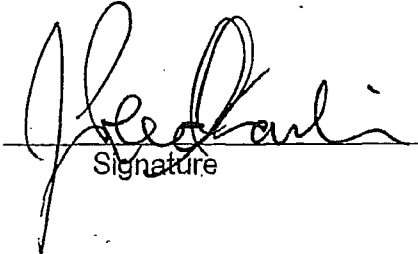
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
03/13/2014	Start <u>4 PM</u> End <u>4 AM</u>	Start <u>4 PM</u> End <u>4 AM</u>
03/14/2014	Start <u>4 PM</u> End <u>4 AM</u>	Start <u>4 PM</u> End <u>4 AM</u>
03/15/2014	Start <u>4 PM</u> End <u>4 AM</u>	Start <u>4 PM</u> End <u>4 AM</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.


Signature

Jim Perdikaoulas
Print Name

Oct 8/2014
Date

14-133344



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 306 KING ST WEST (o/a Casbah)

CONTACT INFORMATION

(Please Print Legibly - Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: CASBAH
 Contact Person: BRODIE SCHWENDIMAN Phone (day): _____
 Address: 306 King St West Unit B Phone (evening): _____
 City: Hamilton Cell Phone: _____
 Postal Code: L8P 1B1 Fax: n/a
 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: 700-800 Number of General Public per day: 160
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS
 Number of Volunteers/Staff: 5-8 Number of General Public for the entire event: 160 x 3 days
~~700-800~~

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Admission Fee:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	_____			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
13/03/2015	Start <u>11 AM</u> End <u>4 AM</u>	Start <u>11 AM</u> End <u>4 AM</u>
14/03/2015	Start <u>11 AM</u> End <u>4 AM</u>	Start <u>11 AM</u> End <u>4 AM</u>
15/03/2015	Start <u>11 AM</u> End <u>4 AM</u>	Start <u>11 AM</u> End <u>4 AM</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.



Signature

BRODIE SEAWENDMAN

Print Name

Nov 1 / 2014

Date



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 95 King St East

CONTACT INFORMATION

(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: Mills Hardware

Contact Person: Lane Dunlop Phone (day): 905-777-1223

Address: 95 King St East Phone (evening): _____

City: Hamilton Cell Phone: _____

Postal Code: L8N 1A9 Fax: 866-7479844

E-mail: lane@sonicunyon.com

Location on City Property

- City Park (Name): _____
- Building/Facility Name/Area: _____
- Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 140 Number of General Public per day: _____
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS

Number of Volunteers/Staff: 5 Number of General Public for the entire event: _____

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	_____			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Occupant loads of each tent/structure	_____								

14-133217.

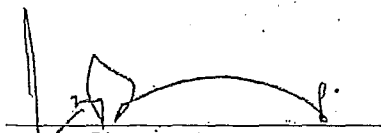
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
13/03/15		Start 11:00 AM End 4:00 AM
14/03/15		Start 11:00 AM End 4:00 AM
15/03/15		Start 11:00 AM End 4:00 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/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.


Signature

Lane Dunlop
Print Name

Oct 28, 2014
Date

14-133336



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 345 JAMES ST NORTH

CONTACT INFORMATION

Please Print Legibly - Approval of incomplete or illegible applications may be delayed

Organization/Establishment: THIS AIN'T HOLLYWOOD
 Contact Person: Lon Molinaro Phone (day): 905-912-6679
 Address: 345 JAMES ST N Phone (evening): 905-912-6679
 City: HAMILTON Cell Phone: 905-912-6679
 Postal Code: L8L-1H3 Fax: _____
 Email: lon@thisainthollywood.ca

Location on City Property

City Park (Name): _____
 Building/Facility Name/Area: 345 JAMES ST NORTH
 Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 185 Number of General Public per day: 185
NUMBER OF PEOPLE INVOLVED IN THE EVENT (EG: RACERS, RUNNERS, VENDERS)

Number of Volunteers/Staff: 10 Number of General Public for the entire event: 400
BASED ON 2 DAYS/MONTHS

TENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee: <u>TBA</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Workshops:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	<u>STAFF SCC</u>			
Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Occupant loads of each tent/structure _____

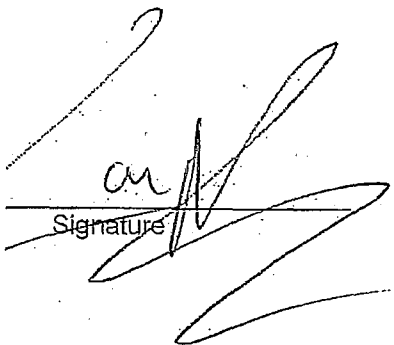
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY	Event Time Start End	Serving Alcohol Times Start End
12/03/2014	8pm FBA	12pm 2am
3/03/2015	8pm FBA	12pm 2am
4/03/2015	8pm FBA	12pm 2am
5/04/2015	8pm FBA	12pm 2am
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

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

LOW MOLINARO
Print Name

OCT 31 / 2011
Date

14-133285



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 2 KING ST WEST Hamilton L8P 1A1

CONTACT INFORMATION

(Please Print Legibly – Approval of Incomplete or Illegible applications may be delayed)

Organization/Establishment: Anchor Bar Hamilton
 Contact Person: GARY REED Phone (day): 905 825 7777
 Address: _____ Phone (evening): _____
 City: _____ Cell Phone: _____
 Postal Code: _____ Fax: 905 825 3593
 E-mail: GARY R @ Anchor Bar . CA

Location on City Property

- City Park (Name): _____
- Building/Facility Name/Area: LLOYD JACKSON SQUARE
- Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: _____ Number of General Public per day: 220
*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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Sound Amplification:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	<u>ONE</u>			
If yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Occupant loads of each tent/structure _____

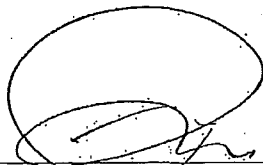
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY 13-03-2015	Event Time Start 11:30 AM End 4 AM	Serving Alcohol Times Start 11:30 AM End 4 AM
Event Date DD/MM/YY 14-03-2015	Event Time Start 11:30 AM End 4:00 AM	Serving Alcohol Times Start 11:30 AM End 4:00 AM
Event Date DD/MM/YY 15-03-2015	Event Time Start 11:30 AM End 4 AM	Serving Alcohol Times Start 11:30 AM End 4:00 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 _____

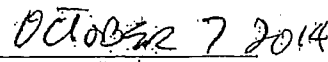
A detailed map, route and/or site plan **MUST** be included with this application.

Note to AGCO/LCBO:

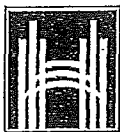
This application is used by the City of Hamilton as notification to Fire, Building, Health, Clerks Office and the Police Service of the City of Hamilton for Temporary Liquor Licence requests.


Signature


Print Name


Date

14-133136



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 43 KING WILLIAM ST, HAMILTON, ON. L8R 1A2

CONTACT INFORMATION

(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: THE BALTIMORE HOUSE

Contact Person: GRANT WAINSTOCK Phone (day): _____

Address: _____ Phone (evening): 11

City: _____ Cell Phone: 11

Postal Code: _____ Fax: _____

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 Participants: _____ Number of General Public per day: 300

*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS

Number of Volunteers/Staff: _____ Number of General Public for the entire event: 900

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	<u>2</u>			
If yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Occupant loads of each tent/structure _____

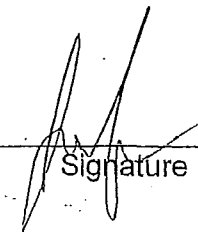
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY 13/03/15	Event Time Start <u>11 am</u> End <u>8 am</u>	Serving Alcohol Times Start <u>11 am</u> End <u>4 am</u>
Event Date DD/MM/YY 14/03/15	Event Time Start <u>11 am</u> End <u>5 am</u>	Serving Alcohol Times Start <u>11 am</u> End <u>4 am</u>
Event Date DD/MM/YY 15/03/15	Event Time Start <u>11 am</u> End <u>5 am</u>	Serving Alcohol Times Start <u>11 am</u> End <u>4 am</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.



Signature

James Skembaris
Print Name

Oct 22/14
Date

14-13332



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 360 James St. N.

CONTACT INFORMATION

(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. N. Phone (evening): _____
 City: Hamilton Cell Phone: _____
 Postal Code: L8L 1H5 Fax: 905.525.4013
 E-mail: vico@liunastation.com

Location on City Property

- City Park (Name): N/A
- Building/Facility Name/Area: Liuna Station Banquet & Convention Centre.
- Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 1000 Number of General Public per day: 1000
*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)

Event on City Property:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Admission Fee:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sound Amplification:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Pay Duty Police Hired:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Food:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	if yes number of Pay Duty of Police Hired:	_____	
Fireworks:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Private Security Hired:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Tents/Temporary Structures:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if yes number of Private Security Hired:	<u>10</u>	
if yes Tent/structure Dimensions:	_____		Wheelchair Accessible:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Occupant loads of each tent/structure:	<u>N/A</u>				

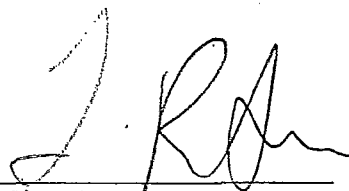
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY 13/03/2015	Event Time Start <u>5pm</u> End <u>1AM</u>	Serving Alcohol Times Start <u>5pm</u> End <u>1AM</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 _____
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.


Signature

Vico Rosatone
Print Name

November 5th/2014
Date

14-133274



Hamilton

Liquor Service Time Extension Request Notification Form Juno Awards 2015

Municipal Address of Event: 151-153 JAMES ST. S. HAMILTON

CONTACT INFORMATION

(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, ON Cell Phone: _____
 Postal Code: _____ Fax: _____
 E-mail: _____

Location on City Property

- City Park (Name): _____
 Building/Facility Name/Area: N/A
 Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: _____ Number of General Public per day: 183
*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS

Number of Volunteers/Staff: _____ Number of General Public for the entire event: 549

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Sound Amplification:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	_____			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Occupant loads of each tent/structure _____

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

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
13/03/2015	Start <u>11 AM</u> End <u>4 AM</u>	Start <u>11 AM</u> End <u>4 AM</u>
14/03/2015	Start <u>11 AM</u> End <u>4 AM</u>	Start <u>11 AM</u> End <u>4 AM</u>
15/03/2015	Start <u>11 AM</u> End <u>4 AM</u>	Start <u>11 AM</u> End <u>4 AM</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.

Tony Connelly
Signature

Tony Connelly
Print Name

OCT 31, 2014
Date

14-133265.



Hamilton

**Liquor Service Time Extension Request Notification Form
Juno Awards 2015**

Municipal Address of Event: 77 King William Street, Hamilton, ON.

CONTACT INFORMATION

(Please Print Legibly - Approval of incomplete or illegible applications may be delayed)

Organization/Establishment: 2137706 Ontario Inc. of a Club 77 (Seventy Seven)
 Contact Person: Anthony Sa Phone (day): 905 527 7488
 Address: _____ Phone (evening): _____
 City: _____ Cell Phone: _____
 Postal Code: _____ Fax: 905 527-63
 E-mail: asa@seventyseven.ca

Location on City Property

- City Park (Name): _____
- Building/Facility Name/Area: _____
- Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 700 Number of General Public per day: 1000

*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDERS

Number of Volunteers/Staff: 60/day staff Number of General Public for the entire event: 3000

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Admission Fee:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Pay Duty Police Hired	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	if yes number of Pay Duty of Police Hired	_____			
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Tents/Temporary Structures:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	if yes number of Private Security Hired	<u>20-30</u>			
if yes Tent/structure Dimensions:	_____				Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Occupant loads of each tent/structure _____

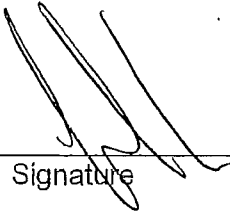
Event Details (provide detail to ensure proper evaluation of the application):

Event Date DD/MM/YY	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
13 03 15	Start <u>11 am</u> End <u>4 am</u>	Start <u>11 am</u> End <u>4 am</u>
14 03 15	Start <u>11 am</u> End <u>4 am</u>	Start <u>11 am</u> End <u>4 am</u>
15 03 15	Start <u>11 am</u> End <u>4 am</u>	Start <u>11 am</u> End <u>4 am</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.



Signature

Anthony Sa

Print Name

Nov 3/2014

Date