

CITY OF HAMILTON

MOTION

Council Date: February 11, 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 “C”) 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;

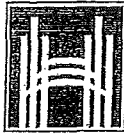
AND WHEREAS, the Alcohol and Gaming Commission of Ontario requires that if a permit holder is not a registered charity or non-profit organization, that a resolution of the Council is required to designate the event as one of municipal significance;

AND WHEREAS, the City of Hamilton does not have an objection to the Liquor Licence Serving Time Extensions for the following establishments;

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) Konoba, 34 Hess Street South, Hamilton, ON (attached hereto as Appendix “A”)
 - (ii) Homewood Suites by Hilton, 40 Bay Street South, Hamilton (attached hereto as Appendix “B”)
 - (ii) Sizzle & Koi, 25 - 29 Hess Street South, Hamilton, ON (attached hereto as Appendix “C”)

15-105851



Hamilton

LIQUOR LICENCE NOTIFICATION FORM CITY OF HAMILTON

Temporary Extension Permit Special Occasion Permit

NAME OF EVENT: Juno awards

Municipal Address of Event: 34 Hess street South Hamilton
1856596 ontario inc Ontario

CONTACT INFORMATION

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

Organization: Konoba Hess
Contact Person: Jordan Ondriska Phone (day): 905 818-5679
Address: 390 cherry 2805 Phone (evening): 416-358-1143
City: Toronto - ontario Cell Phone: _____
Postal Code: M5A 0E2 Fax: _____
E-mail: jordan-ondriska@hotmail.com

EVENT DETAILS

Type of Event:

Parade Sport/Tournament Event/Festival Other Please Specify: Juno awards
March 13-15, 2015

Location:

City Park (Name): _____
 Building/Facility Name/Area: First ontario place
 Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 300 Number of General Public per day: 350

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

Number of Volunteers/Staff: 12 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
 Food: Yes No if yes number of Pay Duty of Police Hired _____
 Fireworks: Yes No Private Security Hired: Yes No
 Tents/Temporary Structures: Yes No if yes number of Private Security Hired 5-10
 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):

Event Date DD/MM/YY	Event Time Start _____ Finish _____	Alcohol Service Time Start _____ Finish _____
13/03/15	Start <u>11am</u> Finish <u>4am</u>	Start <u>11am</u> Finish <u>4am</u>
14/03/15	Start <u>11am</u> Finish <u>4am</u>	Start <u>11am</u> Finish <u>4am</u>
15/03/15	Start <u>11am</u> Finish <u>4am</u>	Start <u>11am</u> Finish <u>4am</u>
Event Date DD/MM/YY	Event Time Start _____ Finish _____	Alcohol Service Time Start _____ Finish _____
Event Date DD/MM/YY	Event Time Start _____ Finish _____	Alcohol Service Time Start _____ Finish _____

Written description as well as 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 Extension and Special Occasion Permit Liquor Licence requests.

For Office Use

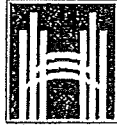
Date Received: _____ Received By: _____


Signature

Jordan Ondricka
Print Name

Jan 21 2015
Date

14-133292



Hamilton

Liquor Service Time Extension Request Notification Form
Juno Awards 2015

Municipal Address of Event: 40 BAY ST. SOUTH, HAMILTON

CONTACT INFORMATION

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

Organization/Establishment: HOMEWOOD SUITES BY HILTON

Contact Person: TONY CONNELLY Phone (day): (905) 387-2948

Address: 233 THORNER DR. Phone (evening): (905) 387-2948

City: HAMILTON, ON Cell Phone: _____

Postal Code: L8V 2M6 Fax: _____

E-mail: TO.CONNELLY@ROGERS.COM

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: 0 Number of General Public per day: 608

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

Number of Volunteers/Staff: 0 Number of General Public for the entire event: 1824

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

Nov 5, 2014
Date



Hamilton

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

Municipal Address of Event: 25-29 HESS ST S, HAMILTON

CONTACT INFORMATION

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

Organization/Establishment: SIZZLE & KOI

Contact Person: ~~MIKE~~ KYLE SKINNER Phone (day): (905) 921-5116

Address: 25-29 HESS ST S Phone (evening): SAME

City: HAMILTON Cell Phone: SAME

Postal Code: L8P 1E3 Fax: _____

E-mail: CONTACT@SIZZLEKOI.CA

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: 943

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

Number of Volunteers/Staff: _____ Number of General Public for the entire event: 1886

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>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	Event Time Start _____ End _____	Serving Alcohol Times Start _____ End _____
MARCH 13 th / 2015	Start <u>4pm</u> End <u>4AM</u>	Start <u>4pm</u> End <u>4AM</u>
MARCH 14 th / 2015	Start <u>4pm</u> End <u>4AM</u>	Start <u>4pm</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 _____
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

Kyle Skinner
Print Name

JAN 15 / 2015
Date