



Hamilton

APPLICATION FOR LIQUOR LICENCE
CITY OF HAMILTON

☐ Temporary Extension Permit ☒ Special Occasion Permit

City Property being used ☒ Yes ☐ No

NOTE: Consider this application as proof of notification of this event to Building Department, Hamilton Fire Prevention, Hamilton Public Health, Hamilton Police Service and City Clerks office of the City of Hamilton

NAME OF EVENT: WAMSL June Tournament

EVENT ADDRESS: Turner Field - 344 Rymal Road East, Hamilton, Ont.

CONTACT INFORMATION

Organization: Wentworth Adult Mixed Slo-Pitch League

Contact Person: Joe Seroski

Phone (day):

Mailing Address:

Phone (evening):

City: Hamilton

Cell Phone:

Postal Code:

Fax:

E-mail:

EVENT DETAILS

Type of Event:

Parade ☐

Sport/Tournament ☒

Event/Festival ☐

Other ☐

Please Specify: Slo-Pitch League Event

Location:

☐ City Park (Name): Turner Field

☐ Building/Facility Name/Area:

☐ Road(s):

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants*:

Wheelchair Accessible:

Yes ☒

No ☐

Number of General Public:

Fee Charges*:

Yes ☐

No ☒

Number of Volunteers:

Police or Security Hired

Yes ☐

No ☒

* See next page for definitions

Servers Smart Serve Certified

Yes ☒

No ☐

Definitions

Participants - Someone who takes part in the event Eg. Runners in the Around the Bay Race

Volunteers - Someone who takes part in assisting with the planning and orchestration of the event

General Public - Eg. Spectators at parades, races, visitors at Festivals

Fee Charges - You are charging the public a fee for things such as admission, parking or other

EVENT ELEMENTS (complete to ensure proper permits are processed)

Sound Amplification: Yes ☒ No ☐

Food: Yes ☒ No ☐

Fireworks: Yes ☐ No ☒

Tents/Temporary Structures: Yes ☒ No ☐

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

Event Date DD/MM/YY 19/06/15	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM 5pm - 11:00 pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM 5:00 pm - 11:00 pm
Event Date DD/MM/YY 20/06/15	Event Time <input type="checkbox"/> AM 9:00 _____ <input type="checkbox"/> PM 11:00 _____	Serving Alcohol Times <input type="checkbox"/> AM 11:00 _____ <input type="checkbox"/> PM 11:00 _____
Event Date DD/MM/YY 21/06/15	Event Time <input type="checkbox"/> AM 10:00 _____ <input type="checkbox"/> PM 7:00 _____	Serving Alcohol Times <input type="checkbox"/> AM 11:00 _____ <input type="checkbox"/> PM 7:00 _____
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Written description as well as a detailed map, route and/or site plan **MUST** be included with this application. Application will not be reviewed without this map.

I have read, understood and completed the Liquor Application.

Joe Seroski

Signature

Joe Seroski

Print Name

February 18, 2015

Date