



Hamilton

LIQUOR LICENCE NOTIFICATION FORM
 CITY OF HAMILTON

 Temporary Extension Permit Special Occasion Permit

NAME OF EVENT: Hamilton Rib Fest

Municipal Address of Event: 970 Paramount Dr, Stoney Creek
ON, L8S 1Y2

CONTACT INFORMATION

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

Organization: Fourword Thinking

Contact Person: Justin Brown Phone (day): 1

Address: _____ Phone (evening): _____

City: Toronto Cell Phone: Same

Postal Code: _____ Fax: N/A

E-mail: _____

EVENT DETAILS

Type of Event:

 Parade Sport/Tournament Event/Festival Other Please Specify: _____

Location:

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

ESTIMATED ATTENDANCE (please estimate all that apply)

 Number of Participants: _____ Number of General Public per day: 4,000

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

 Number of Volunteers/Staff: 40 Number of General Public for the entire event: 12,000

July 09 2014

EVENT ELEMENTS (complete to ensure proper permits are processed)

Event on City Property:	Yes <input checked="" type="checkbox"/> No <input 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 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:	(3) per day
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 checked="" type="checkbox"/> No <input type="checkbox"/>	if yes number of Private Security Hired:	(1) per day
if yes Tent/structure Dimensions:	10' x 10'	Wheelchair Accessible:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Occupant loads of each tent/structure: For vendor use ~~9 cover~~

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 _____
05/06/2015	Start 4PM 4PM Finish 11PM	Start 4PM Finish 11PM
06/06/2015	Start 11AM Finish 11PM	Start 11AM Finish 11PM
07/06/2015	Start 11AM Finish 7PM	Start 11AM Finish 7PM
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 _____

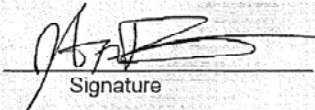
Written description as well as a detailed map, route and/or site plan MUST be included with this application.

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

Justin Brown
Print Name

08/04/2015
Date