

CITY OF HAMILTON

MOTION

Council Date: June 24, 2015

MOVED BY COUNCILLOR S. DUVALL.....

SECONDED BY COUNCILLOR.....

WENTWORTH ADULT MIXED SLO-PITCH LEAGUE PLAY-OFFS – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received a Notice (attached hereto as Appendix A) from Mr. Joe Seroski on behalf of the Wentworth Adult Mixes Slo-Pitch League that they wish to obtain Special Occasion Permits to sell alcohol beyond their normal hours of operation during the Wentworth Adult Mixed Slo-Pitch League Play-Offs taking place on August 28, 2015 between the hours of 5:00 p.m. and 11:00 p.m.; August 29, 2015 between the hours of 11:00 a.m. and 11:00 p.m. and August 30, 2015 between the hours of 11:00 a.m. to 7:00 p.m. at Turner Field located at 344 Rymal Road East in Hamilton, Ontario;

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 Extension for the following establishment;

THEREFORE BE IT RESOLVED:

- (a) That the City of Hamilton hereby deems the Wentworth Adult Mixed Slo-Pitch League Play-Offs, being held in the City of Hamilton, Ontario on August 28, 29 and 30, 2015, as municipally significant; and,
- (b) That the following applicant be provided a copy of this resolution for inclusion with their application to the Alcohol and Gaming Commission of Ontario:
 - (i) Wentworth Adult Mixed Slo-Pitch League c/o Mr. Joe Seroski, Hamilton, Ontario.



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 2015 P Lay-Offs

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
(Play-Offs)

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	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM 5 pm - 11 pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM 5 pm - 11 pm
28/08/15		
Event Date DD/MM/YY	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 _____
29/08/15		
Event Date DD/MM/YY	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 _____
30/08/15		
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____

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