

MOTION

Council Date: June 24, 2015

MOVED BY COUNCILLOR A. VANDERBEEK.....

SECONDED BY COUNCILLOR.....

CACTUS FESTIVAL – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Ms. Pauline Lee on behalf of 1038641 Ontario Ltd. O/A The Winchester Arms Dundas, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on August 14, 2015 between the hours of 5:00 p.m. and 11:50 p.m. (Section A) and 11:00 a.m. to 11:59 p.m. (Section B); August 15, 2015 between the hours of 11:00 a.m. and 11:59 p.m. (Sections A & B) and August 16, 2015 between the hours of 11:00 a.m. to 5:00 p.m. (Section A) and 11:00 a.m. to 9:00 p.m. (Section B) on King Street West, Dundas, Ontario, during the Cactus Festival taking place in Dundas, 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 Cactus Festival, being held in the Town of Dundas, Ontario on August 14, 15 and 16, 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) 1038641 Ontario Ltd. O/A The Winchester Arms Dundas c/o Ms. Pauline Lee, Dundas, 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: DUNDAS CACTUS FEST

EVENT ADDRESS: KING STREET WEST DUNDAS

CONTACT INFORMATION

Organization: 1038641 ONTARIO LTD O/A THE WINCHESTER ARMS DUNDAS

Contact Person: _____ Phone (day): _____

Mailing Address: _____ Phone (evening): _____

City: DUNDAS Cell Phone: _____

Postal Code: _____ Fax: _____

E-mail: _____

EVENT DETAILS

Type of Event:

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

Location:

City Park (Name): _____

Building/Facility Name/Area: _____

Road(s): KING STREET WEST

ESTIMATED ATTENDANCE: (please estimate all that apply)

Number of Participants*: 100 + Wheelchair Accessible: Yes No

Number of General Public: 100 thousand + Fee Charges*: Yes No

Number of Volunteers: 100 + Police or Security Hired: Yes No

* See next page for definitions

Servers Smart Serve Certified: Yes No

neone who takes part in the event Eg. Runners in the Around the Bay Race
 someone who takes part in assisting with the planning and orchestration of the event
 ublic - Eg. Spectators at parades, races, visitors at Festivals
 ges - You are charging the public a fee for things such as admission, parking or other

ADDITIONAL ELEMENTS (complete to ensure proper permits are processed)

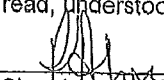
Sound Amplification: Yes No
 Food: Yes No
 Fireworks: Yes No
 Tents/Temporary Structures: Yes No

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 _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____
14/8/2015 <i>SECTION A.</i>	<input type="checkbox"/> AM 17.00 <input type="checkbox"/> PM 23.59	<input type="checkbox"/> AM 17.00 <input type="checkbox"/> PM 23.59
14/8/2015 <i>B.</i>	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 23.59	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 23.59
15/8/2015 <i>A + B.</i>	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 23.59	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 23.59
16/8/2015 <i>A.</i>	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 17.00	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 17.00
16/8/2015 <i>B.</i>	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 21.00	<input type="checkbox"/> AM 11.00 <input type="checkbox"/> PM 21.00
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.

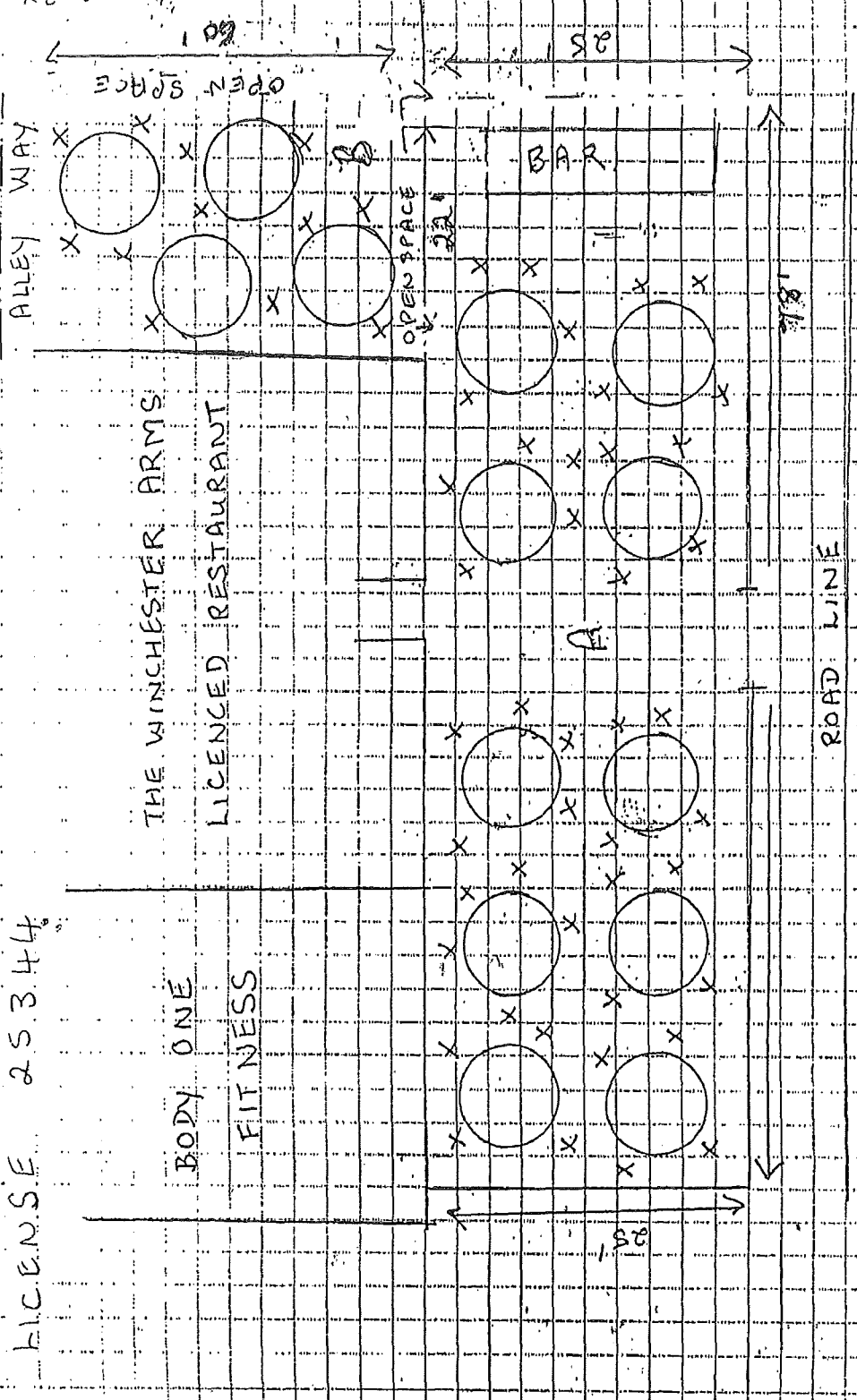
I have read, understood and completed the Liquor Application.


 Signature

PAULINE LEE
 Print Name

5/5/2015
 Date

L.I.C.E.N.S.E. 25344



Section A Building Front 78' x 25'
 Section B Driveway 22' x 60'
 PLASTIC FENCE 42" HIGH

Cactus
 ALL FOOD PREPARED IN THE WINCHESTER KITCHEN

