CITY OF HAMILTON MOTION

Council Date: July 10, 2015

MOVED BY COUNCILLOR S. DUVALL	
SECONDED BY COUNCILLOR	
2045 NOA CANADA MENIO 9 WOMENIO WODI D SEDICE	CDECIAL OCCACION

2015 NSA CANADA MEN'S & WOMEN'S WORLD SERIES – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix "A") from Ms. Darlene Bowman on behalf of NSA Canada, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on July 30, 2015 between the hours of 12:00 p.m. and 1:00 a.m.; July 31, 2015 between the hours of 11:00 a.m. and 1:00 a.m. and August 3, 2015 between the hours of 11:00 a.m. to 8:00 p.m. at 344 Rymal Road, East, Hamilton, Ontario, during the 2015 NSA Canada Men's and Women's World Series taking place 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 2015 NSA Canada Men's and Women's World Series, being held in the City of Hamilton, Ontario on July 30, 2015 to August 3, 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) NSA Canada c/o Ms. Darlene Bowman, Hamilton, Ontario.



LIQUOR LICENCE NOTIFICATION FORM CITY OF HAMILTON

☐ Temporary Extension Permit ☑ Special Occasion Permit

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NAME OF EVENT: 2015 NSA Canad	la Men's ! Women's World Series
Municipal Address of Event:	
CONTACT INFORMATION	
(Please Print Legibly - Approval of Incomplete or illegit	ole applications may be delayed)
Organization: NSA Canada	
Contact Person: Darlene Boisman	Phone (day):
Address:	Phone (evening):
City: Hamilton, ON	Cell Phone:
Postal Code:	Fax:
E-mail:	
EVENT DETAILS	
Type of Event:	
Parade ☐ Sport/Tournament ☑ Event/Festival ☐	Other Please Specify:
Location:	The Branch Branch Commence
City Park (Name): TURNER PARI	
☐ Building/Facility Name/Area; ☐ Road(s):	
ESTIMATED ATTENDANCE (please estimate all	that apply)
	mber of General Public per day:
Number of Volunteers/Staff: 50 No.	imbar of General Public for the entire ovent: 800

July 09 2014

Fireworks: Tents/Temporary Structure	Yes otures: Yes	No D if yo		ate Security Hired	S No		
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Written description as	well as a detailed	I map, route and/or site plan	MUST be includ	ed with this application.			
Note to AGC	O/LCBO:			y.			
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