

# CITY OF HAMILTON

## MOTION

**Council Date: July 10, 2015**

**MOVED BY COUNCILLOR L. FERGUSON.....**

**SECONDED BY COUNCILLOR.....**

### **FESTIVAL OF FRIENDS – SPECIAL OCCASION PERMIT LIQUOR LICENCE**

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Robyn Allan on behalf of Festival of Friends/Creative Arts Inc., that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on August 7, 2015 between the hours of 11:00 a.m. and 1:00 a.m.; August 8, 2015 between the hours of 11:00 a.m. and 1:00 a.m. and August 9, 2015 between the hours of 11:00 a.m. and 1:00 a.m. at the Ancaster Fairgrounds, 630 Trinity Road South, R.R. #1, Jerseyville, Ontario, during the Festival of Friends taking place in Jerseyville, 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 Festival of Friends, being held in Jerseyville, Ontario on August 7, 2015 to August 9, 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) Festival of Friends/Creative Arts Inc. c/o Robyn Allan, Hamilton, Ontario.



Hamilton

**LIQUOR LICENCE NOTIFICATION FORM**  
**CITY OF HAMILTON**
☐ Temporary Extension Permit ☒ Special Occasion Permit
NAME OF EVENT: THE FESTIVAL OF FRIENDS
 Municipal Address of Event: 630 TRINITY Rd RR#1 JERSEYVILLE ON  
LOR 1R0
**CONTACT INFORMATION**

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

Organization: FESTIVAL OF FRIENDS / CREATIVE ARTS, INC.Contact Person: ROBIN ALLAN

Phone (day): \_\_\_\_\_

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: \_\_\_\_\_
**Location:**☐ City Park (Name): \_\_\_\_\_☒ Building/Facility Name/Area: ANGLADEE FARGLOUNDA☐ Road(s): \_\_\_\_\_**ESTIMATED ATTENDANCE** (please estimate all that apply)Number of Participants: 250Number of General Public per day: 13,000

\*PEOPLE INVOLVED IN THE EVENT EG: RACERS, RUNNERS, VENDORS

Number of Volunteers/Staff: 500Number of General Public for the entire event: 250,000

July 09 2014

EVENT ELEMENTS (complete to ensure proper permits are processed)					
Event on City Property:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Sound Amplification:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Food:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Fireworks:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Tents/Temporary Structures:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
if yes Tent/structure Dimensions: <u>10x10, 20x20</u>					
Admission Fee:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Pay Duty Police Hired	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
if yes number of Pay Duty of Police Hired <u>45</u>					
Private Security Hired:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
if yes number of Private Security Hired <u>40</u>					
Wheelchair Accessible:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	

Occupant loads of each tent/structure various: 10x10 tent = 5 occupants  
20x20 tent = 10 occupants

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

Event Date DD/MM/YY <u>02/08/15</u>	Event Time Start <u>11am</u> Finish <u>1am</u>	Alcohol Service Time Start <u>11am</u> Finish <u>1am</u>
Event Date DD/MM/YY <u>02/08/15</u>	Event Time Start <u>11am</u> Finish <u>1am</u>	Alcohol Service Time Start <u>11am</u> Finish <u>1am</u>
Event Date DD/MM/YY <u>09/08/15</u>	Event Time Start <u>11am</u> Finish <u>1am</u>	Alcohol Service Time Start <u>11am</u> Finish <u>1am</u>
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: \_\_\_\_\_

Robyn Allan  
Signature

Robyn Allan  
Print Name

MARCH 2, 2015  
Date

July 09 2014