

CITY OF HAMILTON

MOTION

Council Date: August 14, 2015

MOVED BY COUNCILLOR S. DUVALL.....

SECONDED BY COUNCILLOR.....

2015 NSA CANADA CO-ED ONTARIO PROVINCIAL 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 September 17, 2015 between the hours of 2:00 p.m. and 12:00 a.m.; September 18, 2015 between the hours of 11:00 a.m. and 1:00 a.m.; September 19, 2015 between the hours of 11:00 a.m. and 1:00 a.m. and September 20, 2015 between the hours of 11:00 a.m. and 7:00 p.m. at Turner Park located at 344 Rymal Road East, Hamilton, Ontario, during the 2015 NSA Canada Co-ed Ontario Provincial 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 Co-ed Ontario Provincial World Series, being held in the City of Hamilton, Ontario on September 17th to September 20th, 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.



Hamilton

LIQUOR LICENCE NOTIFICATION FORM
CITY OF HAMILTON

☐ Temporary Extension Permit ☒ Special Occasion Permit

NAME OF EVENT: 2015 NSA CANADA COED ONTARIO
PROVINCIAL WORLD SERIES
Municipal Address of Event: 344 Rymer Rd E Hamilton ON
L9B1C3

CONTACT INFORMATION

(Please Print Legibly – Approval of incomplete or illegible applications may be delayed)

Organization: NSA CANADA
Contact Person: Darlene Bowman Phone (day): _____
Address: _____ Phone (evening): _____
City: Hamilton, ONT Cell Phone: _____
Postal Code: L8H 2K8 Fax: N/A
E-mail: darlene@nsa.canada.ca

EVENT DETAILS

Type of Event:

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

Location:

☒ City Park (Name): Turner Park
☐ Building/Facility Name/Area: _____
☐ Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: 1500 Number of General Public per day: 200

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

Number of Volunteers/Staff: 40 Number of General Public for the entire event: 800

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 type="checkbox"/> No <input checked="" type="checkbox"/>
Food:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes number of Pay Duty of Police Hired	
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	15
If yes Tent/structure Dimensions:	4x6, 2, 20x20 2, 15x15	Wheelchair Accessible:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Occupant loads of each tent/structure _____

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

Event Date DD/MM/YY 17/09/15	Event Time Start 2:00pm Finish 12:00am	Alcohol Service Time Start 2:00pm Finish 12:00am
Event Date DD/MM/YY 18/09/15	Event Time Start 8:00am Finish 1:00am	Alcohol Service Time Start 11:00am Finish 1:00am
Event Date DD/MM/YY 19/09/15	Event Time Start 8:00am Finish 1:00am	Alcohol Service Time Start 11:00am Finish 1:00am
Event Date DD/MM/YY 20/09/15	Event Time Start 8:00am Finish 1:00pm	Alcohol Service Time Start 11:00am Finish 1:00pm
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: _____

Darlene Bowman for NSIQ CANADA
Signature

DARLENE BOWMAN
Print Name

July 08/15
Date

July 09 2014