



Hamilton

LIQUOR LICENCE NOTIFICATION FORM
CITY OF HAMILTON

Temporary Extension Permit Special Occasion Permit

NAME OF EVENT: TAST OF HAMILTON - HAMILTON FOOD FEST
Municipal Address of Event: 970 PARAMOUNT DR, HAMILTON
ON, L8S 1Y2

CONTACT INFORMATION

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

Organization: _____
Contact Person: JUSTIN BROWN Phone (day): _____
Address: _____ Phone (evening): SAME
City: _____ Cell Phone: SAME
Postal Code: 5 Fax: _____
E-mail: _____

EVENT DETAILS

Type of Event:
Parade Sport/Tournament Event/Festival Other Please Specify: _____
Location:
 City Park (Name): VALLEY PARK
 Building/Facility Name/Area: _____
 Road(s): _____

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants: ~~4,750~~ 25 Number of General Public per day: 4,750/day
*PEOPLE INVOLVED IN THE EVENT EG. RACERS, RUNNERS, VENDORS
Number of Volunteers/Staff: 25 Number of General Public for the entire event: 4,750

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 checked="" type="checkbox"/> No <input type="checkbox"/>
Food:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	if yes number of Pay Duty of Police Hired:	(2)
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:	(3)
if yes Tent/structure Dimensions:	10x10, 10x20	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	Event Time Start _____ Finish _____	Alcohol Service Time Start _____ Finish _____
18/09/2015	Start 4PM Finish 11PM	Start 4PM Finish 11PM
19/09/2015	Start 11AM Finish 11PM	Start 11AM Finish 11PM
20/09/2015	Start 11AM Finish 7PM	Start 11AM Finish 7PM
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: _____

Signature

Justin Brown
Print Name

22/07/2015
Date