

CITY OF HAMILTON

MOTION

Council Date: October 28, 2015

MOVED BY COUNCILLOR T. JACKSON.....

SECONDED BY COUNCILLOR.....

HAMILTON STEELHAWKS SRAAA HOCKEY GAMES – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix "A") from Jim Hickey on behalf of Hamilton Steelhawks Hockey Club that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on November 7, 2015 between the hours of 7:00 p.m. and 10:00 p.m.; November 14, 2015 between the hours of 7:00 p.m. and 10:00 p.m. and November 28, 2015 between the hours of 7:00 p.m. and 10:00 p.m. at the Dave Andreychuk Mountain Arena, 25 Hester St, Hamilton, Ontario, during the Hamilton Steelhawks SRAAA Hockey Games 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 Hamilton Steelhawks SRAAA Hockey Games, being held in Hamilton, Ontario on November 7, 2015; November 14, 2015 and November 28, 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) Hamilton Steelhawks Hockey Club c/o Jim Hickey, Hamilton, Ontario.



Hamilton

LIQUOR LICENCE NOTIFICATION FORM
CITY OF HAMILTON

Temporary Extension Permit Special Occasion Permit

NAME OF EVENT: Hamilton Steelhawks SR AAA Hockey Games
Municipal Address of Event: Dave Andreychuk Mountain Arena
Upstairs meeting room

CONTACT INFORMATION

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

Organization: Hamilton Steelhawks Hockey Club
Contact Person: Jim Hickey Phone (day): _____
Address: _____ Phone (evening): Same
City: Hamilton Cell Phone: Same
Postal Code: _____ Fax: _____
E-mail: jhickey@hamiltonsteelhawks.com

EVENT DETAILS

Type of Event:
Parade Sport/Tournament Event/Festival Other Please Specify: Hockey Games

Location:
 City Park (Name): _____
 Building/Facility Name/Area: Dave Andreychuk Mtn Arena - meeting room
 Road(s): _____

ESTIMATED ATTENDANCE (Please estimate all that apply)

Number of Participants: 40 players Number of General Public per day: 1000
*PEOPLE INVOLVED IN THE EVENT FOR RAGERS, RUNNERS, VENDORS
Number of Volunteers/Staff: 25-50 Number of General Public for the entire event: 1000

EVENT ELEMENTS (provide details to ensure proper evaluation of the application)

Event on City Property:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Admission Fee:	Yes <input checked="" type="checkbox"/> (Organic) <input type="checkbox"/>
Sound Amplification:	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>
Tents/Temporary Structures:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes number of Private Security Hired:	_____
If yes Tent/Structure Dimensions:	_____	Wheelchair Accessible:	Yes <input type="checkbox"/> No <input checked="" 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 _____
07/11/15	Start 6:00 Finish 11:00	Start 7:00 Finish 10:00
14/07/15	Start 6:00 Finish 11:00	Start 7:00 Finish 10:00
28/01/15	Start 6:30 Finish 11:00	Start 7:00 Finish 10:00
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

James McQuay
Print Name

5/10/15
Date