

CITY OF HAMILTON

MOTION

Council Date: April 27, 2016

MOVED BY COUNCILLOR S. MERULLA.....

SECONDED BY COUNCILLOR.....

SEW HUNGRY – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Ms. Maggie Burns on behalf of the Ottawa Street Business Improvement Area, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on May 6, 2016 between the hours of 11:00 a.m. and 8:00 p.m. at 204 Ottawa Street North, Hamilton, Ontario, during the Sew Hungry 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 Sew Hungry, being held in the City of Hamilton, Ontario on May 6, 2016, 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) Ottawa Street Business Improvement Area c/o Maggie Burns, Hamilton, Ontario.



Hamilton

LIQUOR LICENCE NOTIFICATION FORM
CITY OF HAMILTON
 TEMPORARY EXTENSION PERMIT

 SPECIAL OCCASION PERMIT

NAME OF THE EVENT: Sew Hungry
 Municipal Address of Event: 204 Ottawa St N Hamilton L8H 3Z5

CONTACT INFORMATION

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

ORGANIZATION: Ottawa Street Business Improvement Area
 CHARITY NUMBER/ REGISTRATION: _____
 CONTACT PERSON: Maggie Burns PHONE (DAY): 905 544 5822
 ADDRESS: 204 Ottawa St N PHONE (EVENING): _____
 CITY: Hamilton CELL PHONE: _____
 POSTAL CODE: L8H 3Z5 FAX: N/A
 EMAIL: maggie@shopottawastreet.com

EVENT DETAILS

TYPE OF EVENT:

INDOORS OUTDOORS PUBLIC EVENT PRIVATE EVENT
 PARADE SPORT/ TOURNAMENT EVENT/ FESTIVAL OTHER, PLEASE SPECIFY: _____
 HAS A S.E.A.T. APPLICATION BEEN MADE? YES NO
 CHARITY/ NON-FOR PROFIT (Proof of Registration/ Charity number is required)

IF THE EVENT IS ON MUNICIPAL PROPERTY, PLEASE PROVIDE THE LOCATION:

CITY PARK (NAME): _____
 BUILDING/ FACILITY NAME/ AREA: _____
 ROAD(S): Britannia Ave.

ESTIMATED ATTENDANCE

(Please estimate all that apply)

NUMBER OF PEOPLE PER DAY: 250 NUMBER OF PEOPLE FOR THE ENTIRE EVENT: 250
 NUMBER OF VOLUNTEERS/ STAFF: 6 NUMBER OF PARTICIPANTS: _____
*SMARTSERVE MUST be obtained *People involved in the event eg: VENDERS, racers, runners

** IF MORE THAN 5000 PERSONS, APPLICATION MUST BE RECEIVED 60 DAYS **

EVENT ELEMENTS

(Complete to ensure proper permits are processed)

EVENT ON CITY PROPERTY: YES NO ADMISSION FEE: YES NO
 SOUND AMPLIFICATION: YES NO WHEELCHAIR ACCESSIBLE: YES NO
 FOOD: YES NO PAY DUTY POLICE HIRED: YES NO
 FIREWORKS: YES NO IF YES, NUMBER OF PAY DUTY POLICE HIRED: _____
 TENTS/ TEMPORARY STRUCTURES: YES NO PRIVATE SECURITY HIRED: YES NO
 IF YES, PROVIDE DIMENSIONS: 60 X 30 Ft. IF YES, NUMBER OF PRIVATE SECURITY HIRED: 2

* BUILDING PERMIT REQUIRED FOR TENTS LARGER THAN 60 m.sq. OR ATTACHED TO A BUILDING

OCCUPANT LOADS OF EACH TENT/ STRUCTURE: 250

EVENT DETAILS

(Provide details to ensure proper evaluation of the application)

EVENT DATE	EVENT TIME	ALCOHOL SERVING TIME
<u>06/05/2016</u> DD/MM/YY	START: <u>11:00 AM</u> FINISH: <u>8:00 PM</u>	START: <u>11:00 AM</u> FINISH: <u>8:00 PM</u>
_____ DD/MM/YY	START: _____ FINISH: _____	START: _____ FINISH: _____
_____ DD/MM/YY	START: _____ FINISH: _____	START: _____ FINISH: _____

LCBO DETAILS

LCBO LOCATION NEAREST YOU: Barton & Kenilworth 149 Barton St E, Ham, ON

NOTE TO AGCO/ LCBO:

THIS APPLICATION IS USED BY THE CITY OF HAMILTON AS A 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.

ATTACHEMENTS **MUST** BE PROVIDED WITH THIS APPLICATION:

DETAILED MAP/ ROUTE/ SITEPLAN ALL ENTRY AND EXITS TO THE EVENT AND LICENSED AREA (DIMENSIONED)
 LOCATION OF THE LICENSED AREA (DIMENSIONED) CHARITY REGISTRATION (IF APPLICABLE)
 WASHROOM LOCATION

FOR OFFICE USE ONLY

DATE RECEIVED: March 30/16 RECEIVED BY: Joe S.

RESOLUTION REQUIRED NO RESOLUTION REQUIRED

 PRINT NAME: Maggie Burns DATE: 24/03/2016