

CITY OF HAMILTON

MOTION

Council Date: May 25, 2016

MOVED BY COUNCILLOR T. JACKSON.....

SECONDED BY COUNCILLOR.....

HAMILTON HORNETS RUGBY FOOTBALL CLUB – POST GAME HOSTING – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Mr. Tom Edwards on behalf of the Hamilton Hornets Rugby Football Club, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on May 14, June 4, 5, 18, 25, July 21, 22, August 6, 20, 27, September 10, 17, 24, October 1, 8, 15, 22 and 30, 2016 between the hours of 12:00 p.m. and 10:00 p.m. at the Mohawk Sports Complex located at 1100 Mohawk Road East a.k.a. 685 Upper Kenilworth St., Hamilton, Ontario, during the Hamilton Hornets Rugby Football Club – Post Game Hosting 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 Hornets Rugby Football Club – Post Game Hosting, being held in the City of Hamilton, Ontario on May 14, June 4, 5, 18, 25, July 21, 22, August 6, 20, 27, September 10, 17, 24, October 1, 8, 15, 22 and 30, 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) Hamilton Hornets Rugby Football Club c/o Tom Edwards, Ancaster, Ontario.



Hamilton

APPLICATION FOR LIQUOR LICENCE
CITY OF HAMILTON

☐ Temporary Extension Permit ☒ Special Occasion Permit

City Property being used ☒ Yes ☐ No

NOTE: Consider this application as proof of notification of this event to Building Department, Hamilton Fire Prevention, Hamilton Public Health, Hamilton Police Service and City Clerks office of the City of Hamilton

NAME OF EVENT: Hamilton Hornets Rugby Football Club - POST Game Hosting

EVENT ADDRESS: Mohawk Sports Complex, 1100 Mohawk Road East Aka 605 Upper Kenilworth St

CONTACT INFORMATION

Organization: Hamilton Hornets Rugby Football Club

Contact Person: Tom Edwards

Phone (day): 905-304-6533

Mailing Address:

Phone (evening): 905-304-6533

City:

Cell Phone: 905-301-5504

Postal Code:

Fax:

E-mail:

EVENT DETAILS

Type of Event:

Parade ☐

Sport/Tournament ☒

Event/Festival ☐

Other ☐

Please Specify:

Location:



City Park (Name): Mohawk Sports Complex



Building/Facility Name/Area: Hornets Club House - Pitch 1



Road(s): Upper Kenilworth Ave

ESTIMATED ATTENDANCE (please estimate all that apply)

Number of Participants*: 90

Wheelchair Accessible:

Yes ☒

No ☐

Number of General Public: 0

Fee Charges*:

Yes ☐

No ☒

Number of Volunteers: 15

Police or Security Hired

Yes ☐

No ☒

* See next page for definitions

Servers Smart Serve Certified

Yes ☒

No ☐

Definitions

Participants - Someone who takes part in the event Eg. Runners in the Around the Bay Race

Volunteers - Someone who takes part in assisting with the planning and orchestration of the event

General Public - Eg. Spectators at parades, races, visitors at Festivals

Fee Charges - You are charging the public a fee for things such as admission, parking or other

EVENT ELEMENTS (complete to ensure proper permits are processed)

Sound Amplification: Yes ☐ No ☒
Food: Yes ☒ No ☐
Fireworks: Yes ☐ No ☒
Tents/Temporary Structures: Yes ☒ No ☐ Athletic Therapist Tent

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

Event Date DD/MM/YY May 14	Event Time <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
Event Date DD/MM/YY June 4, 5, 18, 25	Event Time <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
Event Date DD/MM/YY July 21, 22	Event Time <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
Event Date DD/MM/YY August 6, 20, 27	Event Time <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
Event Date DD/MM/YY September 10, 17, 24	Event Time <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
Event Date DD/MM/YY October 1, 8, 15, 22, 30	Event Time <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	Serving Alcohol Times <input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____
Event Date DD/MM/YY	Event Time <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____	Serving Alcohol Times <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____

Written description as well as a detailed map, route and/or site plan **MUST** be included with this application. Application will not be reviewed without this map.

I have read, understood and completed the Liquor Application.


Signature

Tom Edwards
Print Name

April 21, 2016
Date