

CITY OF HAMILTON

NOTICE OF MOTION

Council Date: June 22, 2016

MOVED BY COUNCILLOR T. JACKSON.....

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

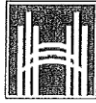
WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Mr. Tom Edwards on behalf of the Hamilton Hornets Rugby Football Club, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on June 30, 2016 between the hours of 6:00 p.m. and 10:00 p.m. and September 1, 2016 between the hours of 6:00 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 June 30, 2016 and September 1, 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: 685 Upper Kenilworth Ave Aka Mohawk Sports Complex, 1100 Mohawk Road East

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
Servers Smart Serve Certified: Yes No

* See next page for definitions

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	Event Time	Serving Alcohol Times
May 14 <i>Original SOP</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
June 4, 5, 18, 25 <i>Original SOP</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
July 21, 22 <i>Original SOP</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
August 6, 20, 27 <i>Original SOP</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
September 10, 17, 24 <i>Original SOP</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
October 1, 8, 15, 22, 30 <i>Original SOP</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 12pm - 10pm
June 30, 2016 <i>New</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 6pm-10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 6pm-10pm
September 1, 2016 <i>New</i>	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 6pm-10pm	<input type="checkbox"/> AM _____ <input checked="" type="checkbox"/> PM 6pm-10pm

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

June 10, 2016
April 21, 2016

Date