

CITY OF HAMILTON

M O T I O N

Council Date: August 12, 2016

MOVED BY COUNCILLOR S. MERULLA.....

SECONDED BY COUNCILLOR

BUILDING MOMENTUM HAMILTON 2016 – SPECIAL OCCASION PERMIT LIQUOR LICENCE

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Ms. Deb Clinton on behalf of the City of Hamilton, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on September 16, 2016 between the hours of 4:30 p.m. and 10:00 p.m. at 785 Britannia Avenue (East of Parkdale), Hamilton, Ontario, during Building Momentum Hamilton 2016 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 Building Momentum Hamilton 2016, being held in the City of Hamilton, Ontario on September 16, 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) City of Hamilton c/o Deb Clinton, Hamilton, Ontario.



Hamilton

LIQUOR LICENCE NOTIFICATION FORM

CITY OF HAMILTON

☐ TEMPORARY EXTENSION PERMIT☒ SPECIAL OCCASION PERMITNAME OF THE EVENT: BUILDING MOMENTUM HAMILTON 2016Municipal Address of Event: 785 BRITANNIA AVE EAST OF PARKDALE

CONTACT INFORMATION

(Please print legibly - approval of incomplete or illegible applications may be delayed)

ORGANIZATION: CITY OF HAMILTONCHARITY NUMBER/ REGISTRATION: N/ACONTACT PERSON: DEB CLINTON PHONE (DAY): 905 546-2424 ext 2660ADDRESS: 28 JAMES ST NORTH PHONE (EVENING):CITY: HAMILTON CELL PHONE:POSTAL CODE: L8R 2K1 FAX:EMAIL: Deb.Clinton@Hamilton.ca

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 (Charity number is required) ☐ NOT-FOR-PROFIT (Proof of registration)

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

CITY PARK (NAME): MCQUESTEN URBAN FARMBUILDING/ FACILITY NAME/ AREA: ST HELEN'S CENTREROAD(S): 785 BRITANNIA

ESTIMATED ATTENDANCE

(Please estimate all that apply)

NUMBER OF PEOPLE PER DAY: _____ NUMBER OF PEOPLE FOR THE ENTIRE EVENT: 300NUMBER OF VOLUNTEERS/ STAFF: 60 NUMBER OF PARTICIPANTS: 22
*SMARTSERVE MUST be obtained *People involved in the event eg: VENDERS, racers, runners** IF MORE THAN 5000 PERSONS, APPLICATION MUST BE RECEIVED 60 DAYS PRIOR TO THE EVENT **

DATE