

# CITY OF HAMILTON

## M O T I O N

**Council Date: March 8, 2017**

**MOVED BY COUNCILLOR D. SKELLY.....**

**SECONDED BY COUNCILLOR .....**

### **JCC STRIKE OUT CANCER TOURNAMENT – SPECIAL OCCASION PERMIT LIQUOR LICENCE**

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Mr. Bill Edwards on behalf of the Juravinski Foundation, that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on July 8, 2017 between the hours of Noon and 11:00 p.m. and July 9, 2017 between the hours of Noon and 5:00 p.m. at Turner Park, 344 Rymal Road East, Hamilton, Ontario, during the JCC Strike Out Cancer Tournament 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 JCC Strike Out Cancer Tournament, being held in the City of Hamilton, Ontario on July 8 and 9, 2017, 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) Juravinski Foundation c/o Bill Edwards, Hamilton, Ontario.



Hamilton

# LIQUOR LICENCE NOTIFICATION FORM

## CITY OF HAMILTON

☐ TEMPORARY EXTENSION PERMIT☒ SPECIAL OCCASION PERMIT

NAME OF THE EVENT: ICC strokeout cancer tournament 344 Rymal R.O. E  
 Municipal Address of Event: Turner Park, Rymal R.O. HAMILTON

### CONTACT INFORMATION

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

ORGANIZATION: Juravinski Foundation  
 CONTACT PERSON: BILL EDWARDS PHONE (DAY): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE (EVENING): \_\_\_\_\_  
 CITY: HAMILTON CELL PHONE: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: bill.edwards@juravinski.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 is required)

#### PLEASE PROVIDE THE LOCATION (IF APPLICABLE):

CITY PARK (NAME): TURNER PARK  
 BUILDING/ FACILITY NAME/ AREA: \_\_\_\_\_  
 ROAD(S): RYMAL ROAD

### ESTIMATED ATTENDANCE

(Please estimate all that apply)

NUMBER OF PEOPLE PER DAY: 250-300 NUMBER OF PEOPLE FOR THE ENTIRE EVENT: 550-600  
 NUMBER OF VOLUNTEERS/ STAFF: 30 NUMBER OF PARTICIPANTS: 500-600  
 \*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 \*\*

**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: 1-20x40 3-10x20 (\$)      IF YES, NUMBER OF PRIVATE SECURITY HIRED: \_\_\_\_\_

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

OCCUPANT LOADS OF EACH TENT/ STRUCTURE: \_\_\_\_\_

**EVENT DETAILS**

(Provide details to ensure proper evaluation of the application)

EVENT DATE	EVENT TIME	ALCOHOL SERVING TIME
<u>08/07/2017</u> DD/MM/YY	START: <u>8:00 AM</u> FINISH: <u>11:00 pm</u>	START: <u>12pm</u> FINISH: <u>11pm</u>
<u>09/07/2017</u> DD/MM/YY	START: <u>8:00 AM</u> FINISH: <u>5:00 pm</u>	START: <u>12pm</u> FINISH: <u>5pm</u>
_____ DD/MM/YY	START: _____ FINISH: _____	START: _____ FINISH: _____

**APPLICATION CHECKLIST**

(Application will not be processed without the following)

☒ APPLICATION FORM☐ MAP OF THE EVENT MUST INCLUDE:☐ LCBO LOCATION WHERE APPLICATION IS MADE:

- A. AREA OF THE ENTIRE EVENT  
 B. LOCATION OF LICENSED AREA  
 C. ALL ENTRY/EXITS TO THE EVENT AND LICENSED AREA  
 D. LOCATION OF ALL FIRE CONNECTION IN THE EVENT AND IN THE LICENSED AREA  
 E. WASHROOM LOCATIONS

Rymal + Upper James**LCBO DETAILS****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.

**FOR OFFICE USE ONLY**DATE: 7RECEIVED BY: Steve BachFILE NUMBER: 17-102584☒ RESOLUTION REQUIRED☐ NO RESOLUTION REQUIRED

APPLICANT SIGNATURE

PRINT NAME

DATE