

# CITY OF HAMILTON

## M O T I O N

**Council Date: August 18, 2017**

**MOVED BY COUNCILLOR J. FARR.....**

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

### **Kegs4Cncr – Special Occasion Permit Liquor Licence**

WHEREAS, Hamilton City Council has received Notice (attached hereto as Appendix “A”) from Jennifer Pavicich on behalf of Collective Arts Brewing, Hamilton Health Sciences and Nickle Brook Brewing Co., that they wish to obtain approval for a Special Occasion Permit Liquor Licence to sell alcohol on September 23, 2017 between the hours of 7:00 p.m. and 1:00 a.m. at Collective Arts Brewery, 207 Burlington Street East, Hamilton, Ontario during the Kegs4Cncr 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 Kegs4Cncr, being held in the City of Hamilton, Ontario on September 23, 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) Collective Arts Brewing, Hamilton Health Sciences and Nickle Brook Brewing Co. c/o Jennifer Pavicich, Burlington, Ontario.



Hamilton

### LIQUOR LICENCE NOTIFICATION FORM CITY OF HAMILTON

☐ TEMPORARY EXTENSION PERMIT☒ SPECIAL OCCASION PERMITNAME OF THE EVENT: Kegs4CnrcMunicipal Address of Event: 207 BURLINGTON STREET E., HAMILTON WENTWORTH), ONTARIO

#### CONTACT INFORMATION

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

ORGANIZATION: COLLECTIVE ARTS BREWING, HAMILTON HEALTH SCIENCES AND NICKLECHARITY NUMBER/ REGISTRATION: N/ACONTACT PERSON: JENNIFER PAVICICHPHONE (DAY): N/AADDRESS: [REDACTED]PHONE (EVENING): N/ACITY: BURLINGTONCELL PHONE: [REDACTED]POSTAL CODE: [REDACTED]FAX: [REDACTED]EMAIL: jenn@collectiveartsbrewing.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 (Charity number is required)☐ NOT-FOR-PROFIT (Proof of registration)

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

CITY PARK (NAME): \_\_\_\_\_

BUILDING/ FACILITY NAME/ AREA: Collective Arts Brewery

ROAD(S): \_\_\_\_\_

#### ESTIMATED ATTENDANCE

(Please estimate all that apply)

NUMBER OF PEOPLE PER DAY: 450NUMBER OF PEOPLE FOR THE ENTIRE EVENT: 450NUMBER OF VOLUNTEERS/ STAFF: 20NUMBER OF PARTICIPANTS: 430\*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:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ADMISSION FEE:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SOUND AMPLIFICATION:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WHEELCHAIR ACCESSIBLE:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
FOOD:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PAY DUTY POLICE HIRED:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FIREWORKS:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, NUMBER OF PAY DUTY POLICE HIRED: _____	
TENTS/ TEMPORARY STRUCTURES:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIVATE SECURITY HIRED:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DIMENSIONS: _____		IF YES, NUMBER OF PRIVATE SECURITY HIRED: <u>6</u>	
* 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
23/09/2017 DD/MM/YY	START : 7:00PM FINISH : 1:00AM	START : 7:00PM FINISH : 1:00AM
_____ DD/MM/YY	START : _____ FINISH : _____	START : _____ FINISH : _____
_____ DD/MM/YY	START : _____ FINISH : _____	START : _____ FINISH : _____

  

APPLICATION CHECKLIST	
(Application will not be processed without the following)	
<input type="checkbox"/> APPLICATION FORM <input checked="" type="checkbox"/> LCBO LOCATION NEAREST YOU: <u>2 King St W #405, Hamilton, ON L8P 1A1</u>	<input checked="" type="checkbox"/> MAP OF THE EVENT MUST INCLUDE: 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

  

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 RECEIVED: <u>Aug 21/17</u>	RECEIVED BY: <u>[Signature]</u>
FILE NUMBER: <u>17-</u>	<input checked="" type="checkbox"/> RESOLUTION REQUIRED <input type="checkbox"/> NO RESOLUTION REQUIRED

_____ APPLICANT SIGNATURE	JENNIFER PAVICHICH PRINT NAME	14/08/2017 DATE
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