

## TOWN OF TABER SPECIAL EVENT APPLICATION

4900 A 50 Street Taber, AB T1G 1T1

Please Coordinate Arrangements through the Arts, Culture and Events Coordinator located at the Community Centre (403-223-6013)

Office Use Only				
Submission Date:	Received By:	Folder Number:		
A	PPLICANT INFORMAT	ION		
Organization Name:	Phone:			
Name of Event Organizer:	Phone:			
Mailing Address:	Postal Code	:		
Email:				
Event Day On-Site Supervisor:	Cell-Phone:			
EVENT INFORMATION				
Special Event Name:				
Special Event Date:				
Private Event Community E	vent			
Location:				
Event Start Time:	Event Finis	h Time:		
Set-up begin on:	_ at	AM	PM	
Takedown to end by:	at	AM	PM	
Number of Participants:	Number of	of Spectators:		

EVENT DESCRIPTION

## **EVENT ATTRIBUTES**

All event attributes are subject to the approval of the Town of Taber. Certain event attributes may require a separate permit from the Town, Alberta Health Services, and/or the Province of Alberta.

## Will your event include any of the following? \_\_ No Food and Non-alcoholic Beverages: \_\_Yes \_\_Sold \_\_Served If Yes, will they be sold or served? Contact Alberta Health Services for a Food Permit – 403.356.6566 \_\_ Yes \_\_ No **Alcoholic Beverages:** \_\_Sold \_\_Served If Yes, will they be sold or served? Alcohol is only allowed on the Town of Taber select property, when a Special Event Permit has been issued and the alcohol is being provided by a company/organization that has appropriate licenses from the Province of Alberta. Please contact the Alberta Gaming & Liquor Commission at 1.800.272.8876 Is this event sponsored? \_\_ Yes \_\_ No If Yes, please specify: **Tents and Canopies:** \_\_ Yes \_\_ No Do you plan to erect tent(s) or any other canopies? If Yes, describe and give the quantity of tents and/or canopies along with the sizes of each: Stages, Bouncers, Tents, Portable Toilets, Dumpsters, Fences and Barricades, and other Structures: If you are planning to erect, install, or use any of these structures, please describe sizes and quantities of individual structures:

Promotional Signs or Banners:		
Do you plan to use promotional signs or banners?	Yes	No
If Yes, identify method to display:		_
Amplified Sound: (must comply with the Community Standar	rds Bylaw)	
Do you plan to use any device to amplify sound?	Yes	No
If Yes, please specify what type:	Live	Recorded
Electrical Access:		
Will you require access to electrical power?	Yes	No
If Yes, please specify:		
Location:		
Purpose:		
Amperage/voltage required:		
Security:		
Will your event require security?	Yes	No
If yes, please specify what security measures have been planne hiring security company, etc.)	ed: (ex. Over	night security provided by event volunteers or
First Aid/Emergency Response Planning:		
Please outline your plan for first aid services and emergency re	sponse/evac	uation in case of an incident
(Feel free to attach a separate Emergency Response Plan if ap	pplicable)	
Will this event occur if inclement weather?	Yes	No

Waste Control			
Have you made the necessary arrangements for Waste Yes No Control (add bathrooms, etc.)?			
If yes, please explain further:			
Water Services:			
Does this event require access to water?YesNo			
Fireworks and Pyrotechnic Displays:			
Will your event feature any pyrotechnic devices?YesNo			
<b>Special Considerations</b> (ex. Horse Drawn Carriage, Yes No Hay Rides, Petting Zoos, etc.):			
If Yes, please explain details:			
Road/Street Closure:YesNo			
If Yes, name all the roads/streets requested for full or partial closure:			
Attach a map of road closure locations including where the barricades should be placed			
Specify time frame involved in closures:			
Parking:			
Have you made the necessary parking arrangements? Yes No			
If Yes, please explain details:			

Route Map:				
If your event is a Run, Walk, Parade or other activity in which participants will be following a course, then you must attach a separate map of the proposed route. All proposed routes are subject to the Town of Taber approval and use of any roads must be approved by the Town. If you require a road closure, the cost incurred for this service is the responsibility of the applicant.				
Additionally, the Town of Taber is not responsible for any costs associated with the denial of a proposed route.				
Site Map:				
Please provide a site map that indicates the precise location of all sources of amplified sound, tents and canopies, stages, inflatables, portable toilets, dumpsters, fences, barricades and other structures, proposed driving paths for all equipment and supply vehicles, location of alcohol, food and merchandise service. All site maps are subject to the approval of the Town of Taber				
Insurance (for community events involving alcohol or high risk):				
Valid certificate of insurance, showing a minimum liability amount of \$2,000,000.00 and will include the Town of Taber as an additional insured for the date(s) of the event. Large or high risk events i.e. pyrotechnics, extreme sports, etc. may be required to hold a \$5,000,000.00 liability insurance and will include the Town of Taber as an additional nsured.				
APPLICANT				
Each party shall indemnify and save harmless the other party to the Agreement, its officers, agents and employees from and against all claims, demands, actions, losses, expenses, costs or damages of every nature and kind which the parties may incur or suffer as a result of the other parties actions.				
Any personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of evaluating the proposed special event permit application. If you have any questions about the collection, use and protection of this information, please contact the Special Event Permit Coordinator at 403-223-5500.				
I do solemnly swear (or affirm) that I am 18 years of age or older and all answers given and statements made on this application are full and true to the best of my knowledge and beliefs. I have read the terms and conditions outlined in this document and the Town of Taber bylaws and agree to abide by them.				
Signature of this document indicates your acknowledgement of the above requirements.				
Name of Applicant (please print)  Signature of Applicant				
,				

Please submit your completed Special Event Permit application to the Recreation Department by:

Email:	Mailing Address:
ace@taber.ca	A 4900 – 50 St, Taber, AB, T1G 1T1