



Application For Special Event Permit

The Licensing Fee must be collected prior to Agency Approval. Licensing fee is Non-Refundable

Name of Applicant: _____ Home Phone #: (____) _____

Home Address: _____

Town/Village: _____ Postal Code: _____

Contact Email: _____

Event Name: _____

Start Date: _____ End Date: _____

Location of Event: _____

Address: _____ City: _____

Has any current vendor, owner, partner or shareholder of this business ever been convicted under any Federal or Provincial Act within the last 5 years for which a pardon has not been received?Yes: ☐ No: ☐

Please Specify: _____

Please submit this application with the following Information:

- 1) Information for Host of Event:
 - a. Special Event Host - Business name;
 - b. Special Event Host - Personal name(s);
 - c. Special Event – Address where event will take place;
 - d. Special Event Host - Contact Phone Number and Email;
 - e. Completed Form: Special Event Transient Trader Vendor Information Form;
- 2) Copy of appropriate insurance coverage (minimum \$2 million); and
- 3) License Fee in accordance with the Fees By-Law for Special Event;
- 4) License Fee in accordance with the Fees By-Law for Transient Traders attending event;

TO: **Municipal Law & Licensing Clerk
City of Kawartha Lakes
37 Lindsay Street South
Lindsay, Ontario K9V 2Y6
705-324-9411 ext. 1328**

(Additional documents deemed pertinent in the granting of this application may be required at the request of the Licensing Officer.)

INDEMNIFICATION AGREEMENT

I, the undersigned, agree that I shall at all times indemnify and save harmless the Corporation of the City of Kawartha Lakes, its employees and Members of Council from and against any and all manner of claims, demands, losses, actions and other proceedings whatsoever made or brought against, suffered by, or imposed on the City in respect of any loss, damage or injury to any person or property, which are occasioned by or attributable to the issuance of this license or operation of the business.

X _____
Signature of Applicant Date of Signature

DECLARATION

I, the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the City of Kawartha Lakes, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath and agree to the release of any information, which is deemed pertinent in the granting of this application.

X _____
Signature of Applicant Date of Signature

The personal information on this form is being collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act*, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at Clerks@kawarthalakes.ca