

Important Information for Event Organizers:

Please fill in as much information for us to get to know you and your requested special event

- Insurance is mandatory for all events
- All events (including annual and recurring) are required to fill in the form
- The event permit can only be used for the stated purpose of the event
- Incomplete applications or applications received with less than eight weeks from the event date may not be considered
- Events should not advertise until approval in writing as been provided
- Providing information in this form does not guarantee a date, venue, or location

Organization Information:

Org. Name: _____

Org. Address: _____ City: _____ Postal Code: _____

Email: _____ Phone Number: _____

Type of Organization: Non-Profit: ☐ For-Profit: ☐ Other: _____

Contact Information:

Contact Name: _____

Contact Address: _____ City: _____ Postal Code: _____

Contact Email: _____ Phone Number: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Event Information:

Name of Event: _____ Annual Event? Yes: ☐ No: ☐

Expected Attendance: _____ Will tickets be sold? Yes: ☐ No: ☐

Specify the type of event:

Walk/Run: ☐ Marathon: ☐ Water Event: ☐ Sampling: ☐ Promotional: ☐

Sporting/Tournament: ☐ Art/Music Festival: ☐ Market/Craft Show: ☐ Art Installation: ☐

Concert/Festival: ☐ Bike Event: ☐ Other: ☐ _____

Name of Park or Venue Requested: _____

Preferred Area within the Park: _____

Alternate Park or Venue: _____

Alternate Preferred Area: _____

Load in: Day: _____ Month: _____ Year: _____ Time: _____

Operational Time: Day: _____ Start Time: _____ End Time: _____

Day: _____ Start Time: _____ End Time: _____

Day: _____ Start Time: _____ End Time: _____

***If event is more than three days, please provide operation time for all days

Tear Down: Day: _____ Month: _____ Year: _____ Time: _____

Alternative Dates (If Needed): _____

Describe the Main Purpose of the Event:

Food and Beverage:

Will Food and/or non alcoholic beverage be available at your event? Yes: ☐ No: ☐ Maybe: ☐

Under the Health Protection and Promotion Act, 1990, you **must** notify the health unit when food will be offered to the public at an event.

All organizers must complete a [Special Event/Market Application](#) form and submit it to the health unit at least 30 days before the event. All food vendors must complete a [Food Vendor Application form](#) and submit it to the health unit at least 30 days before the event.

If yes, will they be sold or served (free of charge)? Sold: ☐ Served: ☐ Not Sure: ☐

Will alcoholic beverages be available at your event? Yes: ☐ No: ☐ Maybe: ☐

Please contact the AGCO for regulations and requirements.

Please also review the [MUNICIPAL ALCOHOL POLICY](#).

If yes, will they be sold or served (free of charge)? Sold: ☐ Served: ☐ Not Sure: ☐

Goods and Merchandise:

Will goods or merchandise be sold? Yes: ☐ No: ☐ Maybe: ☐

Donations:

Will donations in any form be solicited and or accepted? Yes: ☐ No: ☐ Maybe: ☐

Installation of Structures:

Do you plan to install any structures? Yes: ☐ No: ☐ Maybe: ☐

Will all structures be freestanding? Yes: ☐ No: ☐ Maybe: ☐

Will any structure, sign, or other material be staked or pegged into the ground? Yes: ☐ No: ☐ Maybe: ☐

Tents or canopies? Yes: ☐ No: ☐ Maybe: ☐

If yes, how many? _____

Dimensions of each tent/canopy installation:

Stages or Riser? Yes: ☐ No: ☐ Maybe: ☐

If yes, how many? Please include the dimensions of each stage/riser _____

Are you looking to rent any of the following equipment?

Showmobile: ☐ Mobile Stage: ☐
Hydration Station: ☐ Fold N Go Bleachers: ☐

Inflatables? Yes: ☐ No: ☐ Maybe: ☐

If yes, how many? Please provide a detailed list of the inflatables you propose to install. This includes race start/finish lines: _____

Amusement Rides? Yes: ☐ No: ☐ Maybe: ☐

If yes, please provide a details list of the amusement park rides you propose to install in the park: _____

Will animals of any kind be involved in your event? Yes, domestic: ☐ Yes, exotic: ☐ No: ☐ Maybe: ☐

If Yes, please provide further details: _____

Portable Washrooms:

Do you plan to install portable washrooms? Yes: ☐ No: ☐ Maybe: ☐

If yes, how many and when would these be installed? _____

Delivery: Day: _____ Month: _____ Year: _____ Time: _____

Pick Up: Day: _____ Month: _____ Year: _____ Time: _____

1-40 persons	One (1)	Portable unit for each sex
40-140 persons	Two (2)	Portable unit for each sex
140-210 persons	Three (3)	Portable unit for each sex
210-270 persons	Four (4)	Portable unit for each sex
270-330 persons	Five (5)	Portable unit for each sex
330-450 persons	Six (6)	Portable unit for each sex
>450 persons	Seven (7)	Plus one additional portable unit for 50 persons of each sex

Sound Amplification:

City of Windsor Noise By-law information: <https://www.citywindsor.ca/cityhall/by-laws-online/pages/neighbourly-living.aspx>

Do you plan to use any device or mechanism to amplify sound? Yes: ☐ No: ☐ Maybe: ☐

If yes, please select all that apply: Announcements: ☐ Microphone: ☐

Acoustic: ☐ Drumming: ☐ Amplifier: ☐ Air Horn: ☐

Sound Technician/Engineer: ☐ Live Music (musicians/performers): ☐ Portable Generator: ☐

Portable Bluetooth Speaker: ☐ DJ (Turntables, digital, analog device): ☐ Megaphone/Bullhorn: ☐

Other: ☐ _____

Will you be using any device/mechanism that requires hydro? Yes: ☐ No: ☐ Maybe: ☐

If yes, please list what the usage will be for including date and time of usage: _____

Electrical Access, Portable Generators, and Water Access:

Will you request access to electrical power? Yes: ☐ No: ☐ Maybe: ☐

Will you be using a portable generator? Yes: ☐ No: ☐ Maybe: ☐

Will you request access to water? Yes: ☐ No: ☐ Maybe: ☐

Road Closures:

Does your event require a road closure?

Yes: ☐ No: ☐ Maybe: ☐

Roads Close: Day: _____ Month: _____ Year: _____ Time: _____

Re-Open: Day: _____ Month: _____ Year: _____ Time: _____

If you are requesting a road closure, describe below the requested route - please include a link to a google map if possible. Please include in your plan - a traffic and parking management plan that includes; expected number of vehicles, parking arrangements, management of traffic flow, and how it is to be coordinated.

Advertising in the Right of Way:

Do you intend to place lawn signs in the public Right of Way to advertise your event?

Yes: ☐ No: ☐ Maybe: ☐

Site Plan:

Please attach your site plan/map. If you do not have this yet - that is ok - once we have the details of your request we will confirm if the venue is available.

Administration:

Date Received: Day: _____ Month: _____ Year: _____

Received By: _____

Permit No. _____

Personal information contained on this form is collected pursuant to Section 10 of the Municipal Act for the exclusive use of the City of Windsor. Questions about this collection can be directed to Community Services, 2450 McDougall Street / Windsor, ON / N8X 3N6 or by telephone at 519-253-2300 or at specialevents@citywindsor.ca.

Notes:
