

OUTDOOR PUBLIC SPACE COMMUNITY EVENT APPLICATION

Application Date: _____

Event Name: _____

Event Organizer Name: _____

Organization Name: _____

Address: _____

Phone: _____

Email: _____

Alternate Contact and Phone Number: _____

Event Dates and Time (include set-up and take down): _____

Event Location and Alternate Location: _____

Approximate Number of Attendees: _____ Will this be an annual event? Y / N

Will you need to close roads? If yes, please specify road, dates and times of closure. Y / N

Brief Event Description:

Event Type:

Festival	Sport Event	Outdoor Performance	Social Cause	Music Event
Parade	Food Event	Arts & Culture	Music Event	Other _____

Event Activity:

Vendor Sales	Food Services	Performers/Entertainers	Age Restricted Area
Casino/Raffle	Liquor Sales	Face Painting	Bouncy Castles Temporary Tattoos
Fireworks	Petting Zoo	Kids Activities	Workshops/Demos Other _____

Location of Events:

Hemstock Park Main Street Heart of the Peace Park Community Centre (outdoors)
Kin Park Cummings Lake Rec Area Roadway or Other _____

Event Schedule:

Vendor List:

Town of Fairview Equipment Booked (Grant Available if Applicable):

Event Staff List (if applicable): Security, First Aid, Communications, Food Services, Gates, etc.

Application Checklist:

Please include the following in your application if applicable:

- AHS Special Event Permit
- AGLC Permit
- Site Map
- Parade Route
- Event Insurance (please make sure the Town of Fairview is listed as an additional insured)
- Emergency Response Plan

Considerations (to be reviewed with the Town of Fairview):

- All necessary permits/licenses
- Site visits
- Risk assessments
- Emergency Management Plan
- Weather Inclement Plan
- Crowd Management (vehicle, pedestrian, cyclist separations)
- Security (High Consequence)
- Staff Safety Training (tailgate meetings)
- Objectives (evac/SIP's)
- Distribution Control
- Meeting (planning) Amendments
- Closing Reports/ Debrief
- First Responder Notifications (Fire Dept, AHS EMS, RCMP, Emergency Management, Public Works)

Applicant Signature: _____

Date: _____

Administration Approval: _____

Signature: _____

Date: _____

Council Motion:

First Responder Information

RCMP: 780-835-4031

Alberta Health Services: 780-835-6100

Fairview Volunteer Fire Department: 780-835-4372

Town of Fairview Public Works: 780-835-1310