# APPENDIX F – EVENT APPLICATION FORM

IMPORTANT: Applications must be submitted at least 90 days before the event to allow for processing and approval by Town of Sussex Council.

If you are applying for:

Event Support Services: please complete sections 1, 2, 3, 5 and 6 of application form Funding Support: please complete sections 1, 2, 4 and 6 of application form Both Event Support Services and Funding: please complete all sections of application form

#### **SECTION 1: Basic Event Information**

Event Title: [text field]

Type of event: [text field]

Location(s) of event: [text field]

#### Dates and times of event:

Start Date: [date field] End Date: [date field]

Set-up time: [text field]

Start time: [text field] End time: [text field]

Dismantle: [text field]

Projected attendance: [text field, 30 characters] Volunteers (#): [text field, 30 characters]

#### SECTION 2: Request for support

\* Please detail your request for support from Sussex, the benefit to community, tentative program, proposed recognition of Sussex support, and any other information important to your event application.

[text field] [attachment]

You may attach a detailed letter here: [attachment]

Or you may complete the following on-line form:

A detailed description of your event (who, what and why), including, but not limited to:

- Tentative program of activities [text field]
- Registration, admission, or other participation fees: [text field]
- The benefit your event has to the community: [text field]

A list of event staff, volunteers, committee members or board of directors: [text field]

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Proposed recognition of Town of Sussex support: [text field] Your specific request for funding (amount) or equipment and services (a list of what you are requesting): [text field] Any other information important to your event application: [text field]

# **SECTION 3: Event Plan**

Site plan: [attachment]

List of vendors: [text field]

Public health permits for food vendors: [attachment]

Event route: [text field] [attachment] \* Required for all parade, marathon, duathlon, walk and run applications

**For parades**, please include line-up with a list of all floats and vehicles: [text field] [attachment]

#### Are you requesting a street closure? [yes/no]

**If yes**, describe your street closure request, including section of street for which closure is requested, date(s) and time(s) of closure [text field]

List any tents, inflatables or temporary structures: [text field]\*

\* include quantity, size, ownership, location & type of anchorage

Other: [text field]

#### **SECTION 4: Financial Information**

Event Budget: [attachment]

Financial Statements from previous event: [attachment]

**Corporate Financial Statements:** balance sheet, income statement, description of corporate structure and ownership, including letters patent and by-laws [attachment]

List of confirmed sponsors and amounts: [text field]

List of targeted sponsors: [text field]

Business Plan (if applicable): [attachment]

Marketing Plan (if applicable): [attachment] [text field]

# POLICY CS-21 SPECIAL EVENTS POLICY APPENDIX F SECTION 5: Safety Plan

### Have you hired a professional security company? [yes / no]

Name of company: [text field] Contact name: [text field] Phone Number: [text field] Number of guards hired: [text field]

### Have you requested RCMP assistance: [yes / no]

#### Will you have medical services (i.e. St John Ambulance) on site? [yes / no]

#### Will alcohol be served at the event? [yes/no]

If yes, have you applied for your liquor license? [text field]

#### Copy of Insurance: [attachment]

\* Proof of insurance is only required after the event is approved. Event organizers mustcarry no less than \$2million in general liability coverage for the event and designate the Town of Sussex as additional insured with respect to the event.

#### **SECTION 6: Contact Information**

Name of organization: [text field]

Mailing address: [text field]

City: [text field] Province: [text field] Postal Code: [text field]

Primary Contact

Name: [text field]

E-mail: [text field]

Primary telephone: [text field] Cell: [text field]

#### Secondary Contact

Name: [text field]

E-mail: [text field]

Primary telephone: [text field] Cell: [text field]

[check box] I have read and understand the Event Guidelines prior to completing my application