

Community Services 4911-51 Avenue Olds, AB Phone: 403.507.4866

Email: facilitybookings@olds.ca

OFFICE USE ONLY
Submission Date: Received By: Permit Number:

| Tomic Name of the Control of the Con | | | | | | |
|--|----------|--------|--------------------|--|--|--|
| Special Event Permit Application | | | | | | |
| (Please Review the Special Event Permit Bylaw 2007-33 before completing this application) | | | | | | |
| APPLICANT INFORMATION | | | | | | |
| Organization Name: | | | Phone Number: | | | |
| Event Organizer: | | | Phone Number: | | | |
| Mailing Address: | | | Postal Code: | | | |
| Email Address: | | | | | | |
| On-Site Contact: | | | Mobile Number: | | | |
| | | | | | | |
| | EV | ENT II | NFORMATION | | | |
| Special Event | Name: | | | | | |
| Special Event | 5 · () | | | | | |
| Location (1st C | Choice): | | | | | |
| Location (2 nd (| Choice): | | | | | |
| Event Start Ti | me: | Eve | ent Finish Time: | | | |
| Set-up to beg | in on: | at | | | | |
| Tear Down to | | at | | | | |
| Number of Sta & Volunteers: | этт | | mber of tators: | | | |
| DESCRIPTION OF EVENT | | | | | | |
| DESCRIPTION OF EVENT | | | | | | |
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Community Services 3501 70 Ave. Olds, AB Phone: 403.507.4866

Yes

Live

Yes

Yes

No

No

No

Recorded

Email: facilitybookings@olds.ca

EVENT ELEMENTS

All events are subject to approval by the Town of Olds. Certain event elements may require a separate permit from the Town of Olds – Planning and Development, Alberta Health Services, Fire Inspector and / or the Province of Alberta.

Will your event include any of the following? Yes Food or Non-alcoholic Beverages: No Alcoholic Beverages: Yes No Tents and Canopies: Yes No Inflatables (Bounce Houses, Interactive Games, Slides, etc): Yes No Stages, Fences, Barricades: Yes No Dumpsters, Portable Toilets: Yes No Fireworks or Pyrotechnic Displays: Yes No Road or Street Closure (full or part): Yes No

Amplified Sound:

Security:

Will you set up promotional signs or banners in the Town of Olds?

| o you require: | | | | | | | | |
|--|-------|---------|----|---------|-----------------------|----------|--|--|
| Garbage Bins; \$10.00/bin | Yes | | No | | Ho Ma | w ny? | | |
| Recycle Bins: \$10.00/bin | Yes | | No | | Ho Ma | w ny? | | |
| Barricades: \$10.00/barricade | Yes | | No | | Ho ^s Ma | w ny? | | |
| Detour Signs: \$10.00/sign | Yes | | No | | Ho ^s Ma | w ny? | | |
| Electricity: Weekdays 7:30 am -3:30 pm \$25.00/hr After hours or weekends \$75.00/hr | Yes | | No | | Tim | ne | | |
| Bathroom Cleaning: After hours or weekends \$75.00/hr | Befor | e Event | | After E | vent | | | |
| Street Sweeping: \$300.00/hr | Befor | e Event | | After E | vent | | | |



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Depending on the options chosen, and/or the Event requested, the Town of Olds may require additional information such as, but not inclusive, to the following:

(these documents can be found on olds.ca/special events)

| Route | Map |
|-------|-----|
|-------|-----|

Temporary Road Closure Application

Site Map

Proof of Insurance

Emergency Response Plan

Temporary Sign Application

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, 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 authorities 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 of this information, please contact the Town of Olds at 403-556-6981.

Failure to comply with the conditions herein could result in the permit being withdrawn, future application being denied, and/or prosecution for breach of Town of Olds Bylaws.

For costs invoiced by any Town departments, I/We the applicant understand payment is due 30 days from the date of the invoice, after which time unpaid invoice will be subject to a monthly interest charge of 2% per month.

I do solemnly swear (or affirm) I am 18 years of age or older and all answers given in statements made on this application are full and true to the best of my knowledge. I have read the terms and conditions outlined in this document and the Town of Olds bylaws and agree to abide by them.

| Signature of this document indicates your acknowledgement of the above requirements. | | | | |
|--|------------------------|--|--|--|
| | | | | |
| Name of Applicant | Signature of Applicant | | | |

Please submit your completed Special Event Permit application by:

Email: facilitybookings@olds.ca In Person or by Mail: 4512 46 St. Olds, AB T4H 1J9