

The Applicant must notify the HCA of any changes to the application in writing to [sarah.gauden@conservationhamilton.ca](mailto:sarah.gauden@conservationhamilton.ca). Any changes to the application may delay approval.

**Event Name:**

**Type of Event (E.g. sporting event, festival, concert, etc.):**

**Description of Event (please provide a brief description of the event providing information on what activities will take place):**

**Estimated Participation (Please estimate all that apply per day):**

\_\_\_\_\_ Attendees

\_\_\_\_\_ Staff

\_\_\_\_\_ Volunteers

\_\_\_\_\_ Performers/Bands/Artists

\_\_\_\_\_ Vendors

\_\_\_\_\_ Vehicles

**First Time Event?**     YES     NO

**Conservation Area Requested:**

**Specific Area/Pavilion:**

**Will this event require exclusive use of the conservation area?**     YES     NO

**EVENT TIMELINES:**

\*Please use MM/DD/YYYY format

Event Start Date:

Event End Date:

Setup Start Date:

Setup Start Time:

Takedown End Date:

Takedown End Time:

How Many Days is your event?

Please provide the start and end time for each day of your event: (E.g. Day 1: 7:00am – 3:00pm)

**CONTACT INFORMATION:**

Organization:

Contact Person:

Mailing Address:

City:

Province/State:

Postal Code/Zip:

Phone Number:

Alternate Phone Number:

Website:

Email Address:

**ALTERNATE CONTACT:**

Please provide an alternate name, phone number and email address for someone who can speak on the event’s behalf if you are not available:

<b>Alternate Contact Name:</b>
<b>Telephone Number:</b>
<b>Email Address:</b>

**LIABILITY INSURANCE REQUIREMENTS:**

For a small fee which is based on the number of estimated participants and nature of the event, the HCA offers third party liability insurance to eligible events through the HCA’s GAMEDAY insurance program. If you are interested in purchasing your liability insurance through the HCA’s GAMEDAY program, please select “yes” (below) so that we can book the insurance for you.

Would you like to purchase GAMEDAY liability insurance?      YES    NO

**EVENT COMPONENTS:**

Does your event include/involve any of the following:

<b>Alcohol:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Please describe:**

<b>Tents/Temporary Structures/Stages:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Please describe and include estimated sizes:**

<b>Inflatables/Amusement Rides:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Please provide details and name of supplier:**

<b>Sound Amplification:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Live Music:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Dates &amp; times of live music performances:</b>	
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<b>Lottery/Raffle/Draws:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Signs/Banners:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Please describe:</b>	
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<b>Merchandise/Craft Vendors:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Food Vendors/Food Trucks:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Access to Water Required (*fees apply):</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Access to Hydro/Power Required (*fees apply):</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Generators:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Access to Washrooms Required:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Please list any additional event components not listed above:</b>	
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**EVENT ACCESS & SAFETY:**

<b>Is your event open to the public?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Is your event for invited guests only?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Are you seeking approval to charge an admission fee?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Will you be hiring the Hamilton Police Service for your event?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Will you be hiring Ontario Provincial Police for your event?  YES  NO

Will you be hiring a paramedic or first aid service for your event?  YES  NO

Please list who will be providing this service:

Will you be hiring a security company for this event?  YES  NO

Please list who will be providing this service:

## WASTE REMOVAL & CONTROL

Depending on the size and nature of your event, the HCA may require you to provide a waste management plan and acquire your own private waste management service.

Will your event be contacting any private sector waste management service to provide the removal of garbage, organic waste and/or recyclables?  YES  NO

Do you require the use of HCA garbage bins/dumpsters?  YES  NO

Do you require grey water disposal bins?  YES  NO

Do you have any other garbage/recycling related requests?  YES  NO

## ACKNOWLEDGEMENT

I have read and understand the HCA Special Event Applications, Guidelines & Policies.  YES  NO

I have read and understood the HCA Special Event Application.  YES  NO

I acknowledge that all the information contained in this application is, to the best of my knowledge, correct.  YES  NO

Print Name:

Signature:

Submission Date:

### ***Please submit completed applications to:***

Hamilton Conservation Authority  
PO BOX 81067, 838 Mineral Springs Road  
Ancaster, ON L9G 4X1

Fax: 905-648-4622

Email: [sarah.gauden@conservationhamilton.ca](mailto:sarah.gauden@conservationhamilton.ca)

### OFFICE USE ONLY

Approved

Approved By:

ET Approval Required

Approved By ET

BOD/CAB Approval Required

Approved By BOD/CAB

Not Approved

Comments: