

TOWN OF WOODSTOCK

824 Main Street | Woodstock, NB E7M 2E8

Tel: 506 325-4600 | Fax: 506 325-4308

www.town.woodstock.nb.ca



Application for Special Events

Special event applications must be submitted a minimum of sixty (60) working days prior to your event to allow for processing and approval by Woodstock Council. The Town of Woodstock ("Town") reserves the right to cancel an event up to and including the day of the event, or at any time during the event.

All applications must be completed in full and **include** the following:

- Signed copy of Insurance Release**
- Copy of insurance attached**
- Signed copy of Release of Liability, Waiver of Claims and Indemnity**
- Site Plan/ Safety Plan**
- Waste Management**

If applicable:

- Application - Transient Vendor's License**
- Application for Liquor Approval on Municipal Property**
- Application- Temporary Road Closure**
- Request for Extra Duty Officers-Woodstock Police Force**
- Building Permit for temporary structures greater than 108 ft²**
- Signage Permits**
- Fireworks-signed permission from Woodstock Fire Department**

Name of Event: _____

| | |
|---|--------------|
| Indicate the type of event you are proposing: | Festival |
| | Sport Event |
| | Parade |
| | Run/Walk |
| | Other: _____ |

| | |
|-------------------------------------|--|
| Location of Event on Town Property: | King Street Parking Lot |
| | King Street Gazebo/Waterfront |
| | Kierstead Court/ The Square |
| | Green Space-Corner of Main & Queen Streets |
| | NBCC Parking Lot/ Boat Launch |
| | Grand Stand/ Race Track Area |
| | AYR Motor Centre Parking Lot |
| | Connell Park Playground/Picnic Area |
| | Citizen Square-Chapel Street |
| | Other: _____ |

Event Information

| | | | |
|--------------------------------------|--|-----------------|--|
| Date of Event: | | TO | |
| Hours of Operation: | | TO | |
| Set-up Date: | | Take Down Date: | |
| Set-up Hours: | | | |
| Number of people expected to attend: | | | |

Contact Person

| | |
|------------------|--|
| Name: | |
| Mailing Address: | |
| Phone number: | |
| Email Address: | |

Emergency Contact Information* Day of Event

Name & number (i.e. cell) for on-site liaison (if different from contact above). This person must have the authority to shut down the event immediately in case of emergency or contravention of the terms and conditions of approval.

| | |
|---------------|--|
| Full Name: | |
| Phone Number: | |

Will the event include the following:

| | | |
|-------------------|------------------------------|-----------------------------|
| Food Preparation: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Food Sales: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**If yes Application - Transient Vendor's License must be submitted with copy of Food Vendors License*

| | | |
|---------------------------|------------------------------|-----------------------------|
| Require a Liquor License: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------------------|------------------------------|-----------------------------|

**If yes Application for Liquor Approval on Municipal Property must be submitted for approval*

| | | |
|---------------------------|------------------------------|-----------------------------|
| Require a Street Closure: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------------------|------------------------------|-----------------------------|

**If yes, Application- Temporary Road Closure*

| | | |
|---|------------------------------|-----------------------------|
| Require a Temporary Structure greater than 108 square ft: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

**If yes, Application- Building Permit*

| | | |
|--------------------|------------------------------|-----------------------------|
| Require a Signage: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--------------------|------------------------------|-----------------------------|

**If yes, Application- Signage permit*

| | | |
|-----------------------|------------------------------|-----------------------------|
| Have Amplified Sound: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------|------------------------------|-----------------------------|

If yes, review By-law #153 A By-law Respecting Nuisances Within the Town of Woodstock

- I have read By-Law 153 & will comply with this bylaw*

| | | |
|---------------------|------------------------------|-----------------------------|
| Have Entertainment: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------------|------------------------------|-----------------------------|

| | | |
|----------------------------|------------------------------|-----------------------------|
| Have a SOCAN Registration: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------------------------|------------------------------|-----------------------------|

If yes, it is recommended to contact SOCAN (Society of Composers, Authors, and Music Publishers of Canada) about licensing www.socan.com

| | | |
|-----------------------|------------------------------|-----------------------------|
| Have Amusement Rides: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------------|------------------------------|-----------------------------|

If yes, attached a copy of operator's certificate of insurance to application

| | | |
|----------------------|------------------------------|-----------------------------|
| Have an ATM on site: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------------------|------------------------------|-----------------------------|

| | | |
|------------------------|------------------------------|-----------------------------|
| Have portable toilets: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------|------------------------------|-----------------------------|

| | | |
|-------------------------|--|--|
| If yes, number on site: | | |
|-------------------------|--|--|

| | | |
|-----------------|------------------------------|-----------------------------|
| Have Fireworks: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----------------|------------------------------|-----------------------------|

If yes, signed permission from Woodstock Fire Department attached to application

| | | |
|--|------------------------------|-----------------------------|
| Request for Extra Duty Officers from Woodstock Police Force: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

If yes, Application for Request for Extra Duty Officers-Woodstock Police Force

Signature: _____

Date: _____