

Festival and Event Application Form

Submission of this application constitutes a request to use County property for the purpose of a Special Event and does not guarantee event approval. To avoid any misunderstanding, please read the "Festival and Event Approval Process Guidelines."

Part 1: EVENT INFORMATION							
EVENT NAME: DUNNVILLE MUDCAT FESTIVAL/ FRIDAY BEER & WINE/CENTRAL PARK							
Name of Sponsor Organization: DUNNVILLE CHAMBER OF COMMERCE							
Type of Organi	zation:						
_	☐ Non-Profit ☐ Association ☐ Private ☐ Commercial ☐ Other (please specify):						
	Mailing Address: Street: 231 CHESTNUT ST. Town: DUNNVILLE Postal Code: N1A-2H2						
Website for ev	ent details: www.dunnvillem	nudcatfestiv	/al.ca				
Type of Event:							
□ Run/ □ Chari □ Othe	☐ Community or Holiday Celebration (1 day or less) ☐ Festival (multi day) ☐ Run/Walk/Ride ☐ Sporting Event ☐ Tournament ☐ For Profit ☐ Charitable – Proceeds to Benefit: ☐ Other (please specify): ☐ Other (please specify): ☐ No Admission Fees: ☐ Yes ☐ No						
-		years held:			per Entry	□ per At	
Event Date(s), Location(s), Time(s): Please specify each park you are requesting as well as the specific locations in each park. Please include set up and take from date(s) and time(s) if different from event dates.							
I		=		=			
Please include set	up and take from date(s) and time	=	t from event o	=	Time	Take [Down
Please include set Dates		e(s) if different	t from event o	dates.	Time End	Take [Start	Down End
Please include set	up and take from date(s) and time	e(s) if different Set	t from event o	Event Start		Start	
Please include set Dates	up and take from date(s) and time Park and Location	e(s) if different Set Start	t from event o	Event Start	End	Start	End
Please include set Dates	up and take from date(s) and time Park and Location	e(s) if different Set Start	t from event o	Event Start	End	Start	End
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Dates jun.8/18	Park and Location central park	Set Start 9:00am	t from event of Up End 11:00am	Event Start 11:00	8:00	Start 8:00pm	End
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Dates jun.8/18 In the event of	Park and Location central park	Set Start 9:00am	t from event of Up End 11:00am	Event Start 11:00	8:00	Start 8:00pm	End
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Brief description of event: I would like to add a micro brewery & VQA winery to Central Park for the Fri.				
Jun.8 only. I have food trucks, vendors & musicians playing in the park from 11:-8:00.				
For returning events, please lis	t changes in activities for	or this year's eve	ent:	
music in the band shell, ve	ndors & food trucks.			
, ,				
Part 2: APPLICANT INFORMAT	ION			
	Primary Ap	plicant	Alternate Applicant	
Name:		•		
	Carolyn Chymko		Sandy Passmore	
Position within sponsor	Frants Ossaulin ets	_	affice a desire	
organization:	Events Coordinato	or	office admin.	
Preferred Contact Number:			905-774-3183	
E-mail Address:			903-774-3103	
E man Address.			dunnvillecoc@rogers.com	
Can this information be shared	I □ Yes □	No E	□ Yes □ No	
with the public?	Li fes L	AI NO	LX fes LI No	
Part 3: DIGNITARY REQUEST:	On occasion, the Mayor	and Members o	f Council are invited to Opening	
	•		space for your request. Confirmation	
of the Mayor's attendance will	occur prior to the event	. Councillors wil	l respond as available.	
☐ Mayor Ken Hewitt	and Bartlan	□ \\\(\alpha\)	I 2. Constitute Freed Martine	
☐ Ward 1: Councillor Leroy Bartlett		☐ Ward 2: Councillor Fred Morison ☐ Ward 4: Councillor Tony Dalimonte		
☐ Ward 3: Councillor C	<u> </u>		d 6: Councillor Bernie Corbett	
☐ Ward 5: Councillor Rob Shirton		L Wait	ro. Councillor Berrile Corbett	
Date Requested:				
Time Requested:	<i>"</i>			
Requested Level of	(i.e.: Opening remarks,	parade)		
Participation:				

	Services			
Participation in Parade:	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	
Public Relations or Display:	□ Yes □ No	□ Yes □ _k No	☐ Yes ☐ No	
Additional Assistance – user fees	s or service changes may a	pply:		
Bike Medics	☐ Yes ☐ No			
Ambulance	□ Yes 🗔 No			
Paid Duty Officers			☐ Yes ☐ No	
			(request form required)	
Part 4: SAFETY PLAN				
How will event officials be ident	ified: RED T' SHIRTS M	vith EVENTS STAFF ON	J BACK	
	INED I OFFICE	VIUI E VEIVIO O I / VII I O I	V D/ (OIC	
Please identify the safety measu	res that will be in place fo	r the event:		
First Aid: Contisted First Aid	.:!!! :	l. O t. O		
Certified First Aid \	will be on site - Along wit	n Smart Serve		
Will additional first aid provision	ns be available:			
☐ St. John's Ambulance of site	certified first aid	lers on site		
Crowd Control: VOLUNTEE	RS			
Socurity				
Security: VOLUNTEERS				
Will an external security compa	any he on site: 🗆 Yes 🕒	ķNo		
If yes, please provide company i	-	1110		
Parking: SIDE STREETS				
SIDE STREETS				
Traffic Control: VOLUNTEERS				
Other (please specify):				

Emergency Medical

OPP

Fire Department

Part 5: EVENT DETAILS	
*Alcoholic Beverages (e.g. beer gardens, VIP tent, etc.)	☑ Yes
Please complete Municipally Significant Designation Request for Events with Alcohol	□ No
Required: AGCO Special Occasions Permit (SOP)	
Information regarding Special Occasion Permits, Municipally Significant Designation and the	
application for a Special Event Permit (SOP) can be found at the link below:	
http://www.agco.on.ca/forms/en/1575_a.pdf	
ittp://www.agco.on.ca/forms/en/1373 a.pui	
Please included a completed SOP application in your with your Festival and Event Application Form	
*Food (e.g. BBQ, potluck, pre-packaged snacks, bottled water, food vendors, etc.)	□X Yes
Required: Haldimand Norfolk Health Unit Event Organizer Form and Food Provider Form which can	□ No
be found at the following link:	LI INO
https://hnhu.org/health-topic/special-events-instructions-for-organizers-food-providers-and-exempt-	
groups/	
If yes, please describe: food trucks	
*Use of Outdoor Cooking Equipment	□ Yes
*Use of Outdoor Cooking Equipment Required: Special Event Fire Safety Requirements Form	☐ Yes
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*Temporary Structures (e.g. canopies, tents, stage, bleachers, climbing wall, portable washrooms, etc.) A building permit is required for a single tent or group of tents whose aggregate area exceeds 60 m² (646)	□ No
Required: Special Event Fire Safety Requirements Form If yes, please specify type, etc.: *Temporary Structures (e.g. canopies, tents, stage, bleachers, climbing wall, portable washrooms, etc.)	□ No
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*Live Entertainment	☐ Yes
If live or recorded music is included in the event activities, the Event Organizer is responsible for the SOCAN license fees. SOCAN is the Society of Composers, Authors and Music Publishers of Canada.	□ No
If yes, please specify type (e.g. musician, magician, etc.) musicians	
, , , madicialis	
*Amplified Sound (e.g. live or recorded music, announcements)	□ Yes
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If yes, please describe: professional sound	1
proressional sound	
	T
*Amusement (e.g. midway rides, bouncy castles, etc.)	☐ Yes
	☑ No
If yes, please describe:	
	T
*Temporary Road Closure (e.g. parade, soap box derby, etc.)	☐ Yes
Required: Traffic Control Plan for Special Events	□ No
If yes, please describe: Cedar St. between Broad & Lock St.	
Cedal St. between Bload & Lock St.	
*Use of County Roadways (e.g. walk, run, bike, etc.)	☐ Yes
Participants will be expected to follow the applicable "rules of the road."	□ No
If yes, please describe:	1
,, _F	

*Fireworks/Pyrotechnics Display		☐ Yes
Vendor must submit <i>required</i> paperwork to the Fire Department.		
If yes, please describe:		
*Games of Chance, Lotteries, Raffles, etc.		☐ Yes
Contact Haldimand County at 905 318 5932 ext. 6351 for requirements.	or information regarding licensing	□kNo
If yes, please describe:		
*Other (e.g. vehicle access in park, petting zoo, closure	of public amenities such as boat ramp, etc.)	□ Yes □ No
If yes, please describe:		
# of picnic tables requested: 24	# of garbage cans requested: 24	

Part 6: INSURANCE REQUIREMENTS:
Festival or Event Organizers must submit a Certificate of Insurance (COI) that shall be maintained in full force
and effect throughout the festival or event (including set up and tear down). Higher limits and different types
of insurance may be required depending on the nature of the event.
At a minimum, the COI shall contain the following requirements:
☐Commercial General Liability in the amount of not less than two million dollars (\$2,000,000)
☐Occurrence Based Coverage
☐ Cross Liability & Severability of Interest Clauses indicated as included under the CGL
☐ Haldimand County named as an Additional Insured
☐ Description of the event/activity for which the insurance applies
☐ Dates and Times of Events
☐30 days notice of cancellation or alteration
☐Policy number, policy period, name and address of Insurer
☐ Liquor Liability Coverage if the event involves the sale or serving of alcohol
☐Signature of Authorized Representative
Insurance Options:
Option 1:
☐ I/We will be securing insurance through our own insurance provider and providing a Certificate of Insurance
to the County for this Event which meets the mandatory requirements listed above.
*Please have your insurance representative review the checklist above prior to issuing the Certificate of
Insurance. If our insurance through the Chamber is not including events this year I will be going
Option 2: Haldimand County
County Talulmand County
🗖 I/We believe the Event meets the criteria listed below and wish to apply to be covered under the Haldimand
County Special Event Insurance Policy.

Festivals or Events that meet ALL the requirements listed below, may qualify for Haldimand County Special Event Insurance:

- The event is mostly, if not all, held on County owned property
- The event is sponsored by a volunteer, not-for-profit organization
- The event is held on an annual recurring basis
- The event is for the benefit of the general public, as opposed to a specific target audience
- The event contributes to community vibrancy and may encourage tourism
- The event is not for the purpose of fundraising
- The main event is free of admission charges
- Funding of the insurance for an event does not create an inconsistency with other similar events held on property not owned by the County

	icants applying for the Haldimand County Special Event Insurance Policy must complete the ng questions:
1. I	Insurance Period (include set up & tear down):
ĺ	Effective Date: <u>pxxxxi</u> Fri June 8-18 Time: <u>9:00</u> D AM D PM
i	Expiry Date: Fri. Jun8 -18 Time: 9:00 AM 🖫 PM
	Has the Event Organizer ever received a claim? ☐ Yes ☐ No If yes, please provide details:
3. 1	Name of Current or Previous Insurance Carrier: Duliban / Youngs Insurance
	Has any company denied or cancelled coverage: ☐ Yes ☐ No If yes, please provide details:
	Do you verify that all information provided in this Application is correct, to the best of your knowledge? ☑ Yes □ No
Insuran services	Note: It is the responsibility of the Festival or Event Organizer to collect a Certificate of acceptable which meets the mandatory requirements listed above, from each vendor that is providing at the event (such as food, entertainment, rides, fireworks) listing Haldimand County and the roganization as additional insured.

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

On behalf of the sponsoring organization, with its authorization, I shall indemnify and hold harmless Haldimand County, its Mayor, Councillors, officers, directors, employees, agents, representatives, successors and assigns, from and against any and all claims, causes of action, demands, losses, costs, charges, fees, expenses, duties, dues, accounts, covenants, or other proceedings of every kind or nature whatsoever at law or in equity brought against, suffered by or imposed on Haldimand County including reasonable legal fees, occasioned wholly or in part by any negligent acts or omissions by the Sponsoring Organization, their officers, agents, employees, volunteers or others for whom they are responsible at law, arising out of any cause whatsoever, either direct or indirect, through its use and/or operation of Municipal property in connection with the ___MUDCAT__________ Festival or Event.

	Primary Applicant	Alternate Applicant
Signature:		
Print Name:		
Position:		
Date:		

EVENT APPLICATION

I have read the terms and conditions as outlined in the guidelines and on this application and fully disclosed all details and components of the proposed event...

I will abide by all terms, conditions and regulations as indicated on the applications required.

I am aware that failure to comply as outlined could lead to cancellation of this application and/or my event at any time.

	Primary Applicant	Alternate Applicant
Signature:		
Print Name:		
Position:		
Date:		

Festival & Event Application Form Checklist:

A com	pleted Festival & Event Application includes:
	 □ A completed application □ A detailed map or site plan clearly and accurately identifying locations of tents, temporary structures, stages or bleachers, storage of propane, fuel or hazardous materials, emergency access, food vendors, Bavarian gardens, any enclosed fenced area, portable washrooms, fireworks displays, etc. □ Certificate of Insurance (COI) meeting the requirements herein □ Facility Rental Application □ Signed Indemnification/Hold Harmless Agreement □ Signed Event Application
And ac	lditional forms as required:
	 □ attached or □ submitted separately: HNHU Special Event Organizer Application Package □ attached or □ submitted separately: HNHU Special Event Food Provider Application Package □ copy of Special Occasion Permit Application required for events with alcohol □ Community Event Trailer Request □ Traffic Control Plan for Special Events □ Special Events Fire Safety Requirements Form □ Installation of Cross Road Banner Request □ Digital Reader Boards Announcement Request (if applicable) □ Tourism Free Listing Form (if applicable)
Please	return completed application packages to:
Attent 45 Mu	nand County ion Lynda Kissner, Supervisor Community Programs & Events nsee Street N, PO Box 400 a, ON NOA 1E0
For fur	ther information and assistance, contact Lynda Kissner:
By pho	ne: 905 318 5932 ext. 6134 or by email: lkissner@haldimandcounty.on.ca
All req	uired forms can be found on the Haldimand County website at:
Under Festiva	nandCounty.on.ca Residents Ils and Events