



Municipality of Crowsnest Pass Festival and Special Event Application

Event Information

Name and Date of Event:

Organization Name: _____

Address: _____

Organization Contact Name and Phone #: _____

Email Address: _____ **Website:** _____

Contact Name and Cell Number for day of event: _____

Is your organization registered as a Not for Profit? YES ☐ NO ☐

If YES, please provide number: _____

If NO, please list the recipient(s) of any event proceeds:

Location of Event:

Description of Event**Number of expected participants/attendees:** _____**Event Start Date:****Event End Date:**

Day 1 Start Time:

End Time:

Day 2 Start Time:

End Time:

Day 3 Start Time:

End Time:

Day 4 Start Time:

End Time:

Please check all that apply:

Will the event allow Vendors to sell, distribute or promote any goods or services? ☐ Yes ☐ NoWill the event charge an admission fee? ☐ Yes ☐ NoWill the event offer any raffles, lotteries or games of chance? ☐ Yes ☐ NoWill the event offer food or beverage services or sales? ☐ Yes ☐ NoIf yes – has the event organizer notified Alberta Health Services? ☐ Yes ☐ NoWill the event serve or sell alcoholic beverages? ☐ Yes ☐ NoIf yes – is the appropriate AGLC licensing in place? ☐ Yes ☐ NoWill the event require any road closures? ☐ Yes ☐ NoIf yes – specific information is required for approval. ☐ Yes ☐ NoWill the event recognize sponsors or partners? ☐ Yes ☐ NoWill the event require access to power? ☐ Yes ☐ NoWill the event include fireworks? ☐ Yes ☐ NoIf yes – has the required Fireworks Permit been issued? ☐ Yes ☐ No**Insurance**

General Liability Insurance is required for this event, in the amount of Five Million Dollars, naming the Municipality of Crowsnest Pass as an additional insured party. A copy of the Certificate of Insurance is required to be provided to the Community Services Office within 14 days of approval of the event. Events serving alcohol will be required to have Party Alcohol Liability Insurance in the amount of Five Million Dollars, naming the Municipality of Crowsnest Pass as an additional insured party. A copy of the Certificate of Insurance is required to be provided to the Community Services Office within 14 days of approval of the event.

Type of Insurance	Coverage	Provider
General Liability Insurance		
Party Alcohol Liability Insurance		
(Other)		

Alberta Lotteries

Please provide confirmation of approval:

Approval # _____

Rental equipment

The Municipality has rental equipment for COMMUNITY EVENTS, which is subject to availability and must be booked a minimum of 2 weeks prior to the event. Delivery charges are applicable. Site set-up and take-down is not included in the delivery charge. Event organizers must ensure that placement of event related equipment does not pose a hazard to event participants.

Equipment	Cost	Number	Total	Delivery Charge
Rectangular Tables (Damage Deposit required)	\$5.00 per table			\$65.00
Stacking Chairs (Damage Deposit required)	\$1.50 per table			\$65.00
Barricades (No rental charge but requires cost of replacement if damaged or lost)				\$65.00
Pylons (No rental charge but requires cost of replacement if damaged or lost)				\$65.00
No Parking Signs (No rental charge but requires cost of replacement if damaged or lost)				\$65.00
Portable Sound System (Damage Deposit of \$250.00 required)	\$75.00			Pick up from Community Services Office only

Portable Electrical Panel Board (No rental charge but requires cost of replacement if damaged or lost)				\$65.00	
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Power Requirements

Service charges are applicable relative to power requirements. Set-up and Tear-down charges are based on the amount of time estimated by the municipal electrician, at a rate of cost recovery. Provide a description of your event's electrical requirements and supply a map/drawing. It is the responsibility of the Event Organizer to ensure that the placement of electrical cords will not cause a hazard (i.e. extension cords across walkways, etc.).

Estimated Cost: _____

Electrician Notes:

Contractors/Vendors

The Event Organizer is responsible to ensure that any contractors or vendors participating in the event (i.e. market vendors, traffic flagging companies, etc.) carry adequate liability insurance coverage (\$5 million minimum), or that contractors and vendors are covered under the Event Organizer's insurance ("Blanket contractual liability").

Will you be using contractors? If yes, please list below.

☐ Yes ☐ No

Contractor Proof of Workers Compensation insurance coverage?

☐ Yes ☐ No

If no, will the event be providing coverage?

☐ Yes ☐ No

Do Vendors hold the appropriate food permit for food service?

☐ Yes ☐ No

Camping

Will your event host camping within the Municipality?

☐ Yes ☐ No

Road Closures

Does the event require the closure of any municipal roads? Please attach a map of the area, detailed description and times. It is the responsibility of the Event Organizer to notify local emergency medical and police departments.

Patrick Thomas, CAO

Amplification

The Event Organizer must ensure noise levels comply with the terms set out in the Municipality's Community Standards Bylaw No. 1045, 2020.

Please note: An Exemption for Noise Disturbance is required if amplification is used

Monday – Saturday before 7 am / after 10pm and Sundays before 10 am / after 10pm

Will the event have pre-recorded music?

☐ Yes ☐ No

Will the event have speeches?

☐ Yes ☐ No

Will the event have live bands?

☐ Yes ☐ No

Will the event have dancing?

☐ Yes ☐ No

List the locations & times of each area where amplification will be used:

Patrick Thomas, CAO

Entertainment Equipment

Please check all that apply:

Will a portable stage(s) be set up? ☐ Yes ☐ No

Is the stage engineered? ☐ Yes ☐ No

What is the size of the stages(s)? _____

Will a tent(s) be set up? If more than 1 tent, provide number: _____ ☐ Yes ☐ No

Is the tent(s) engineered? ☐ Yes ☐ No

Will the tent(s) be staked to the ground? ☐ Yes ☐ No

What is the size of the tent(s)? _____

Will portable washrooms be available? ☐ Yes ☐ No

If yes, how many portable washrooms will be available (Recommendation is 1 for every 25 people of the same gender: _____

MAP / SITE PLAN: Attach a map (hand drawn is acceptable) of all areas to be used outlining all proposed event features and locations.

Development Notes:

Emergency Services

Please check all that apply:

Will Paramedic Services be on-site?

☐ Yes ☐ No

Will certified First Aid Staff be available?

☐ Yes ☐ No

If yes, the number of staff: _____

What level of care will be provided? _____

Please provide contact numbers of persons providing this service

Has the local EMS been notified about the event?

☐ Yes ☐ No

Will trained security personnel be on-site during the event?

☐ Yes ☐ No

If yes, the number of personnel during a shift? _____

Has a road closure map been provided to the Local Fire Department, Police, EMS?

☐ Yes ☐ No

Has the Event Organizer met with the local fire department for approval of the event?

☐ Yes ☐ No

Signature of Event Organizer

Date:

Approvals

Please sign in order

Position	Date	Signature
Manager of Community Services		
Manager of Protective Services		
Manager of Pass Powderkeg		