

TOWN OF DRAYTON VALLEY

PO Box 6837, 5120-52 Street, Drayton Valley, AB T7A 1A1

Phone: 780-514-2200

Email: permitinfo@draytonvalley.ca

Special Event Per	rmit Application	
Organizer Name:	Phone Number:	
Name of Event Supervisor:	Phone Number:	
Mailing Address:	Postal Code:	
Email Address:		
Event Day On-Site Supervisor:	Cell Phone:	
Event Info	ormation	
Special Event Name:		
Special Event Date(s):		
Location (1 st Choice):		
Location (2 nd Choice):		
Event Start Time:	Event Finish Time:	
Set-up to begin on :	at	□ AM / □ PM
Takedown to end by:	at	
Number of Participants: Num	ber of Spectators:	
Event [Details	

Event Attribut	es	
Promotional Signs or Banners: Do you plan to use promotional signs or banners? If YES, please specify sign size, sign type and how many:	☐ YES	□NO
125) prease spearly sign size, sign type and now many.		
Amplified Council ()		
Amplified Sound: (must comply with the Community Standards Bylav Do you plan to use any device to amplify sound?	v) □ YES	□ NO
If YES, please specify what type:	☐ LIVE	☐ RECORDED
Will you require access to electrical power? If YES, please specify where, for what purpose, and the ampera	☐ YES	□ NO
Security:		
Will your event require security? If YES, please specify what security measures have been planne (ex. Overnight security provided by event volunteers, on-site RC company, etc.)		□ NO ested, or hiring of security
First Aid / Emergency Response Planning:		
Please outline your plan for first aid services and emergency res	sponse/evacuatio	on in case of an incident:

Vehicles:			
 There are no motorized vehicles permitted on Drayton Valley may consider granting vehicle a Organizer. 	•		of
Are you requesting permission to operate? vehicles on Drayton Valley parks or trails? If YES: Number of Vehicles:	☐ YES Type(s) of Vehicles:	□NO	
ii 123. Number of vehicles.	Type(s) of Verlicles.	-	
Fireworks and Pyrotechnic Displays:			
Will your event feature any pyrotechnic devices? If YES, please contact Drayton Valley and Brazeau Cou	☐ YES nty Fire Emergency Servio	☐ NO ces at 780-514-2200	
Special Considerations (ex. Horse Drawn Carriage) If YES, please specify details:	: □ YES	□NO	
Road/Street Closures: Will your event require the full or partial? closure of roads or streets? If YES, list the name of all roads/streets requested for Specify timeframe involved in closures:	☐ YES full or partial closure:	□NO	
 Attach a map of road closure locations, including Please note that road closure costs may apply Parking: Does your event require the use of a Town parking lot 		should be places □ NO	
If YES, name the parking lot or streets:	C. St. CC		

Anchoring:		
Will you be anchoring or affixing anything to the grounds more than 1 foot? If so, have you called Alberta First Call?	☐ YES ☐ YES	□ NO □ NO
Please outline details of what will be anchored below	23	
Thease outline details of what will be allehored below		
Route Map:		
If your event is a Run, Walk, Parade or other activity in which participants will be foll separate map of the proposed route. All proposed routes are subject to The Town of roads must be approved by The City. If you require a road closure, the cost incurred the applicant. Additionally, The Town of Drayton Valley is not responsible for any cosproposed route.	f Drayton Valley a for this service is t	oproval and use of any the responsibility of
Site Map: Please provide a site map that indicates the precise location of all sources of amplifice inflatables, portable toilets, dumpsters, fences, barricades and other structures, propand supply vehicles, location of alcohol, food and merchandise service. All site maps of Drayton Valley.	posed driving path	s for all equipment
Valid certificate of insurance, showing a minimum liability amount of \$2,000,000.00 Valley as an additional insured for the date(s) of the event. Large or high-risk events may be required to hold a \$5,000,000.00 liability insurance and will include The Tow insured.	s i.e. pyrotechnics	extreme sports, etc.
Emergency Response Plan: Please provide a plan of how you intend to deal with an emergency or the potential a template for planning your Emergency Response Plan, please call the Town office a		

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, actions, 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 authority 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, use and protection of this information, please contact the Special Event Permit Coordinator at 403-342-8190.

Failure to comply with the conditions herein could result in the permit being withdrawn, future applications being denied, and/or prosecution for breach of The Town of Drayton Valley bylaws.

For costs invoiced by any City departments: I/We the applicant understand payment is due 30 days from date of invoice, after which time unpaid invoice balances will be subject to a monthly interest charge of 1.5% (18% per annum).

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

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Authorized Signature	Authorized Signature

