

Outdoor Festival / Event Request



Community Services Department - Customer Service
 201 City Centre Drive, MISSISSAUGA ON L5B 2T4
 Phone: 905615-4100
 www.mississauga.ca

Personal information on this form is collected under the authority of the Municipal Act 2001, SO 2001.c.25 and will be used to process your application for an Outdoor Festival / Event. Questions about the collection of this information only should be directed to the Recreation Manager of Community Development, City of Mississauga, 201 City Centre Drive, Mississauga, Ontario, L5B 2T4, Telephone: 905-615-3200 ext. 2879.

ATTENTION APPLICANT

You may complete this form on your own, or arrange a meeting with your staff liaison for assistance. The information you provide will assist in determining the approvals or special requirements necessary for your event. Note that Outdoor Festival / Event contracts are not issued to non-residents or companies located outside of Mississauga.

To take advantage of one-stop-shopping, it is important that you submit your request as soon as possible to ensure sufficient time for you to

obtain all the necessary information to attach to your applications. Activities may be added or cancelled by notifying your staff liaison, in writing. Please keep in mind that adding activities less than eight (8) weeks prior to your event may not allow sufficient time to process the approval for that activity.

Based on the information you provide, your staff liaison will prepare a check-list to assist in your planning and provide all necessary City of Mississauga applications and City agency requirements. These requirements may

include special licenses, notice to other agencies such as Police, Health, AGCO, etc.

Once your liaison has received all required information and approvals by the specified dates, a signed contract will be issued to **confirm your Festival / Event and all approved activities.**

Thank you for booking your Festival / Event with the City of Mississauga.

ORGANIZATION

ORGANIZATION NAME		
Is your group affiliated with the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", name the non profit organization(s) that will receive the proceeds from this event:	
CONTACTS - Provide <u>two</u> contacts that we may communicate with for city approvals. <u>These contacts will be for internal city use only.</u>		
Contact 1 NAME:	Position with organization:	
Address:	City:	Postal Code:
Telephone (Residence):	Telephone (Business):	
FAX:	EMail:	
Contact 2 NAME:	Position with organization:	
Address:	City:	Postal Code:
Telephone (Residence):	Telephone (Business):	
FAX:	EMail:	

FESTIVAL / EVENT

Festival / Event Name		Location:	
Date(s) of Event	From: _____ To: _____	Dark booked: Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Number:
Day 1:	Time of Set up: From: _____ To: _____	Time of Operation:	From: _____ To: _____
Day 2: (if applicable)	Time of Set up: From: _____ To: _____	Time of Operation:	From: _____ To: _____
Day 3: (if applicable)	Time of Set up: From: _____ To: _____	Time of Operation:	From: _____ To: _____
Will the event be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated attendance per day: Day 1 _____ Day 2 _____ Day 3 _____	Estimated attendance in total for event: _____	

Festival / Event Description (Briefly describe what you are planning):

ACTIVITIES

For each activity or item, check either "yes" or "no" and provide additional information as required and appropriate

Admission/Activity Charge	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Fee \$:	<input type="checkbox"/> Per person: (if applicable)	<input type="checkbox"/> Per activity: (if applicable)
Advertising (Signs, Flyers, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alcohol served	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: From: To:	Time: From:	To:
Auction	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Banners	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location(s):		
Bingo/Raffles/Ticket Draws	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Carnival	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:		
		Company name:	Contact name:	Phone:
Commercial sales or display booths	<input type="checkbox"/> Yes <input type="checkbox"/> No	Charge for booths, if any: \$		
Community sales or display booths	<input type="checkbox"/> Yes <input type="checkbox"/> No	Charge for booths, if any: \$		
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	Date:	Time:
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, <input type="checkbox"/> Sold <input type="checkbox"/> Provided	<input type="checkbox"/> Participants bring own	
		If Yes to food sold, specify type of food and cost of items \$		
Games of Chance/ Gaming Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:		
Hot Air Balloon	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Open fires (other than household Bar-B-Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pony rides/Hay rides/ Petting Zoo/Inflatable Slides, Objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:		
Sound system	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entertainment	Date: From: To:	Time(s): To:
	<input type="checkbox"/> Announcements only		Date: From: To:	Time(s): To:
Tent(s)/Canopy	Yes No	Size(s):		
Walk-a-thon, Road Races (marathon, triathlon, bike race etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:		

Additional Activities List any additional activities planned or equipment required:

PROPERTY and EQUIPMENT REQUIREMENTS

For each type of property/equipment, check either "yes" or "no" and provide additional information as required and appropriate. Groups may be charged for rent, delivery, set-up and take-down of City equipment.

PROPERTY

Additional OUTDOOR FACILITIES required (such as a park, civic square, parking lot), excluding event location indicated on page one. (Available facilities are booked on first-come, first-served basis. You may reserve these facilities by calling 905-615-4100 Are outdoor facilities reserved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location Name(s): _____ _____ _____ _____
SPORTS FIELDS Sport fields are booked in accordance with the allocation policy/procedures, priority listing and fee structure. Detailed information will be provided to you. Are sports fields reserved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Field(s): _____ Location: _____ Date(s): _____ Time(s): _____ Use: <input type="checkbox"/> Exhibition <input type="checkbox"/> Tournament # of days used: _____ # of games: _____ <input type="checkbox"/> Other (City/area/league) teams are from: _____
INDOOR FACILITIES These facilities are booked on a first-come first-served basis. You may reserve facilities by calling 905-615-4100 Are indoor facilities reserved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility: _____ Room(s): _____ Date(s): _____ Time(s): _____
CITY or REGIONAL STREETS AND ROADS (LANE OR ROAD CLOSURES)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Street Name: _____ Date(s): _____

EQUIPMENT (based on availability)

: UghFencing.....	Yes	No	Footage:
Electrical Access (not available in all locations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Access (not available in all locations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8 i a dghf g (Large Events)	Yes	No	How many?
9 I fUPicnic Tables (maximum 18)	Yes	No	How many?
Extra Garbage Cans (maximum 20)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?
9 I fUFYWWj b[7 Ubg	Yes	No	How many?
Park Washroom Access (not available in all locations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PUBLIC CONTACTS

The City would like to be able to provide a contact from your organization for any public inquiries regarding your Festival / Event. Please provide one or two contact names. These contacts may or may not be the same contacts as listed on the first page of this form. *I understand and hereby consent to the disclosure and release to the public, of my name and telephone number by the City of Mississauga as a contact person in regard to the event named:*

NAME of Festival / Event	Location:
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CONTACT 1	<input type="checkbox"/> Same as City contact (sign and date only)	
Name:	Position with organization:	
Address:	City:	Postal Code:
Telephone (Residence):	Telephone (Business):	
FAX:	E-Mail:	
Signature:	Date:	
CONTACT 2	<input type="checkbox"/> Same as City contact (sign and date only)	
Name:	Position with organization:	
Address:	City:	Postal Code:
Telephone (Residence):	Telephone (Business):	
FAX:	E-Mail:	
Signature:	Date:	

FINAL AUTHORIZATIONS

LIABILITY INSURANCE

As the applicant, I understand that all Outdoor Festivals / Events require proof of liability insurance.

I understand that as the organizer, I will be required to provide a certificate of insurance evidencing coverage of a minimum of \$2,000,000 or \$5,000,000 liability insurance adding the City of Mississauga as an additional insured for the overall Festival / Event.

I also understand that as the organizer, **I must provide the certificate of liability insurance a minimum of eight (8) weeks prior to the event (large events are expected to provide the insurance much sooner as advised by the liaison) and that our event will not be processed without proof of insurance.**

I understand that it is the group's responsibility to meet all requirements of the City of Mississauga and outside regulatory agencies and only after all required information and approvals have been received by the liaison, will a signed contract be issued confirming approval of the Festival / Event and all approved activities.

I further acknowledge that all information contained on this request is, to the best of my ability, accurate.

Application completed by: (print name)	
Signature:	Date:

Internal use only

Original received by:	Date:
Revision received by:	Date: