



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 No
- Will the event charge an admission fee? Yes No
- Will the event offer any raffles, lotteries or games of chance? Yes No
- Will the event offer food or beverage services or sales? Yes No
- If yes – has the event organizer notified Alberta Health Services? Yes No
- Will the event serve or sell alcoholic beverages? Yes No
- If yes – is the appropriate AGLC licensing in place? Yes No
- Will the event require any road closures? Yes No
- If yes – specific information is required for approval. Yes No
- Will the event recognize sponsors or partners? Yes No
- Will the event require access to power? Yes No
- Will the event include fireworks? Yes No
- If 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

Equipment	Cost	Number	Total	Deliver Charge
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

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/Venders

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

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.

Camping

Will your event host camping within the Municipality

Yes No

Amplification

The Event Organizer must ensure noise levels comply with the terms set out in the Municipality's Community Standards Bylaw No. 1045, 2020 restrictions Monday through Saturday 10 pm to 7 am and Sunday between 10 pm to 10 am.

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

Please list the locations & times of each area that amplification will be used:

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		
Chief Administrative Officer		