



## ARTS & CULTURE INDOOR EVENT APPLICATION FORM

INSTRUCTIONS: Please complete all applicable fields.

APPLICATION DATE: \_\_\_\_\_

Minimum two weeks processing time required. Allow more time for complex applications.

Part 1: EVENT INFORMATION			
Event Address:		(Office Use Only) Main Address:	
Event Name:		Approved Capacity: The maximum # of persons (Occupant Load) allowed for an event at any given time must be approved by the Fire Dept. <i>(Maximum # of people includes all staff, volunteers, performers, patrons, etc.)</i>	
Event Date(s): <i>For event series approval, list up to 18 dates occurring in six months</i>		<input type="checkbox"/> <u>31-60 people</u> <input type="checkbox"/> <u>61-150 people</u> <input type="checkbox"/> <u>151-250 people</u> 2018 Fee:    \$26.00                      \$104.00                      \$156.00 <b>Up to three events per month will be issued under one licence</b>	
		Approved capacity:	
Event Hours	Start time:	End time:	Expected attendance:
Fit-Out	Start time:	End time:	Fit-Out Activities:
Move-Out	Start time:	End time:	Move-Out Activities:
Event description/activities:			
Have you held this type of event before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, what is the previous name of event: _____			
And previous location of event: _____			

Part 2: APPLICANT INFORMATION		
Organization Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit		
Organization Name:		BC Incorporation/ Limited/Society Certificate #:
Business Address:		Business Phone#:
Main (Applicant) Contact:		Secondary Contacts:
Name:	Name:	Name:
Position:	Position:	Position:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:

### Part 3: ADDITIONAL EVENT INFORMATION

1. Are you proposing any building alterations or renovations for this event?  YES  NO If YES, you should check if you need a Building Permit.

2. Will there be amplified sound/music?  YES  NO If YES, please indicate: Start Time: \_\_\_\_\_ am/pm & End Time: \_\_\_\_\_ am/pm

3. Will there be food service?  YES  NO If YES, please indicate:  Caterer  Food Truck  Other: \_\_\_\_\_

**Please Note:** *If you are serving food during the event, you must obtain a **Temporary Food Service Permit**. Please contact Vancouver Coastal Health Department at 604.675.3800 for further information.*

4. Will there be liquor services?  YES  NO If YES, please complete A-E. If NO, please complete only E.

A. Special Occasion License (SOL):  Private SOL  Public SOL

B. Hours of Liquor Service: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Serving It Right (SIR) Certificate #:

C. Sponsoring Registered Charity:

D. What PURPOSE will any funds raised from the sale of alcohol go to support?

E. Security on site:  YES  NO If YES, Name of Security Company: \_\_\_\_\_

**Please Note:** *For events with over 60 persons, the Vancouver Police Department will consult with the event organizer to determine if professional security services will be required.*

### ADDITIONAL DOCUMENTS SUBMISSION CHECKLIST:

YES

NO

1. Safety and Security Plan (Page 3 of *Event Site Management Kit*)

2. Emergency Evacuation Procedures (Page 4 of *Event Site Management Kit*)

3. Base Life Safety Requirements Checklist (Page 5 of *Event Site Management Kit*)

4. Event Contacts (Page 6 of *Event Site Management Kit*)

5. Neighbourhood Notification Letter may be required (Page 7 of *Event Site Management Kit*). City staff will advise if this the Neighbourhood Notification Letter is required prior to license issuance.

The *Event Site Management Kit* is downloadable from [vancouver.ca/files/cov/arts-event-site-management-kit.pdf](http://vancouver.ca/files/cov/arts-event-site-management-kit.pdf)

### APPLICANT STATEMENTS:

*I/we, the undersigned confirm that the above noted information and required documentation are correct and agree to comply with relevant provisions of all the applicable City By-laws.*

*I/we acknowledge that as the event organizer and/or applicant, I am/we are responsible for obtaining any insurance coverage as required by law and/or regulations or deemed necessary to protect against any third party claims arising out of the activities/events.*

*By signing this application form and in consideration of the issuance of the license pursuant to the License By-law, the applicant agrees, from and after the date the application is submitted to the City:*

- a) *to indemnify and save harmless the City from and against any and all injury, loss or damage incurred by the City in connection with, arising from, or in any way related to this application if such injury, loss or damage is directly caused by or as a result of:*
  - (i) *the willful misconduct or negligence of the applicant and/or the applicant's employees, officers, contractors or agents; or*
  - (ii) *the actions or inaction of the applicant and/or the applicant's employees, officers, contractors or agents; and*
- b) *to remise, release and forever discharge the City from any and all past, present or future actions, causes of action, claims, suits, debts, contracts, demands, damages, interest, costs, expenses and compensation of any kind which the applicant and/or the applicant's successors, assigns, employees, officers, contractors or agents now have or at any time hereafter can, shall or may have in respect of loss of life, personal injury, loss or damage to property or economic loss arising from or out of or in any way connected with the issuance of the license pursuant to the License By-law or the use and occupancy of the premises authorized by the license for the permitted event.*

Event Organizer/Applicant Signature:

Print Name

Signature

Date:

Representative Information & Signature:

*(If you are a representative, a Letter of Authorization is required to be submitted at the time of application)*

Print Name

Signature

Contact Phone #:

Date: