

Application for Special Event Organizer Licence

Date Received:	Licence Number:						
A. Type of Licence: Special Event Organizer							
Individual Company							
B. Event Requirements							
APPLICATION , DOCUMENTS AND FEES MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO THE EVENT FOR PROCESSING							
The following original documents must be included with this application:							
Written permission from the Director of Recreation and Culture or his designate (Town Sponsored Special Event)							
□ Written permission from the charitable or not for profit organization (Community Event)							
List of Vendors (attached)							
For each Vendor:							
Certificate of General Liability Insurance in the amount of two million dollars (\$2,000,000)							
Certificate of Automobile Insurance in the amount of two million dollars (\$2,000,000.00) (if applicable)							
Fee							
C. Special Event Organizer Information							
Last name:	First name:	C	Compan	-			
Street address:				Unit number:	Lot/con:		
Municipality:	Postal code:	Province:	e-m	nail:			
Telephone number: ()	Fax ()			Cell number ()			
D. Special Event Information							
Event Name:	Event Date:			to			
Street address:							
Municipality:	Postal code:	Province:	e-m	e-mail:			
Day/Days of Event Contact Information	Name:			Cell number ()			
E. Declaration of Applicant							
Icertify that:							
1. The information contained in this application, and other attached documentation is true to the best of my knowledge.							
 I have authority to bind the corporation or partnership (if applicable). 							
Date Signature of Applicant							
F. Fees							
Special Event Licence Fee: \$78.00 per vendor							
For Office Use Only							
# of Vendors X \$fee per vendor = \$TOTAL special event licence fee							
Date:		Approved by:					
Account number:							

Legislative Services TOWN OF NEWMARKET 395 Mulock Drive P.O. Box 328 Newmarket, ON L3Y 4X7

www.newmarket.ca info@newmarket.ca 905-953-5300 ext. 2220

Vendor Name	Vendor Type	Owner/Operator Name	Contact Information
			Name:
			Phone:
			Name:
			Phone:
			Name:
			Phone:
			Name:
			Phone:
			Name:
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