



**TOWN OF COMOX  
PARK USE APPLICATION/PERMIT**

1855 Noel Avenue, Comox, BC V9M 2H4 Telephone 250 339-2255

[info@comoxrecreation.com](mailto:info@comoxrecreation.com)

**APPLICANT INFORMATION**

COMPANY/SOCIETY/COMMUNITY/INDIVIDUAL:		COMPANY/SOCIETY/COMMUNITY/INDIVIDUAL REP:	
COMMERCIAL:	NON-PROFIT SOCIETY :	COMMUNITY ORG:	INDIVIDUAL:
MAILING ADDRESS:		CITY & PROVINCE:	POSTAL CODE:
BUSINESS PHONE:	FAX NUMBER:	EMAIL ADDRESS:	
CELL PHONE:	EVENT SITE PHONE (if different):	DRIVERS LICENCE #:	
ALTERNATE CONTACT PERSON:		BUSINESS PHONE:	FAX NUMBER:
CELL/HOME PHONE:	EMAIL ADDRESS:		

**EVENT INFORMATION**

EVENT NAME:		TYPE OF EVENT:	
EVENT DATE(S):		DAY(S) OF THE WEEK: Mon/Tues/Wed/Thurs/Fri/Sat/Sun	
PARK:	LOCATION IN PARK: (Attach map if applicable)		
MARINA PARK UPPER GAZEBO: YES NO	MARINA PARK LOWER GAZEBO: YES NO		
SET-UP TIMES: BEGIN:	AM/PM	DISMANTLE:	AM/PM
EVENT TIMES: START:	AM/PM	FINISH:	AM/PM
PURPOSE OF EVENT:			
NUMBER OF PARTICIPANTS:	SPECTATORS:	VOLUNTEERS/PERSONNEL:	
EVENT DESCRIPTION: (Use additional paper if necessary)			
WILL CLEAN UP OCCUR IMMEDIATELY AFTER THE EVENT? YES NO If NO, when will clean up occur?			
WILL THE EVENT INCLUDE THE OPERATION OF AN AMPLIFICATION SYSTEM OR LOUDSPEAKER? YES NO			
WILL THE EVENT INVOLVE THE DISCHARGE OF FIREARMS OR EXPLOSIVE MATERIAL? YES NO If YES, please describe.			
WILL THE EVENT INCLUDE THE POSTING, PAINTING OR DISTRIBUTION OF INFORMATION? YES NO If YES, please provide copy.			
WILL THE EVENT INCLUDE THE SALE AND/OR CONSUMPTION OF ALCOHOL: YES NO If YES, a SOL License is required.			
WILL THE EVENT INCLUDE AMUSEMENT DEVICES? i.e. Inflatable structures, rides YES NO If YES, operators must be licensed.			
WILL THE EVENT INCLUDE FOOD OR CONCESSION? YES NO If YES & using unlicensed vendors, a Temporary Food Permit is required.			
WILL THE EVENT REQUIRE SUBSTANTIAL ELECTRICAL CONNECTIONS? YES NO If YES, an Entertainment Permit may be required.			

**FEES AND PROCEEDS**

ARE YOU CHARGING A PARTICIPANT FEE?	YES	NO	IF YES, HOW MUCH PER PARTICIPANT?	\$
ARE YOU CHARGING AN ADMISSION FEE?	YES	NO	IF YES, WHAT IS THE ADMISSION FEE?	\$ WILL EVENT
RELATED ITEMS BE SOLD AT THIS EVENT?	YES	NO	IF YES, PLEASE ATTACH A LIST OF ITEMS TO BE SOLD.	
WHO RECEIVES THE PROCEEDS OF THIS EVENT?				

**SAFETY AND SECURITY**

ARE SECURITY PERSONNEL ON SITE?	YES	NO	IF YES, COMPANY NAME		
SECURITY CONTACT:		SECURITY PHONE NUMBER:			
HOURS WHEN SECURITY IS ON SITE:					
IS FIRST AID ON SITE?	YES	NO	DO YOU HAVE AN EMERGENCY PLAN?	YES	NO
SAFE RIDE HOME PLAN REQUIRED?	YES	NO	PLEASE ATTACH PLAN IF REQUIRED!		

**TRAFFIC**

WILL THERE BE ANY ROAD OR PARKING CLOSURES/CHANGES DURING YOUR EVENT?	YES	NO
IF YES, PLEASE PROVIDE DETAILS:		

**TOWN OF COMOX**

ARE YOU REQUIRING ASSISTANCE FROM THE TOWN OF COMOX?	YES	NO
IF YES, PLEASE PROVIDE DETAILS:		

**INSURANCE**

DO YOU HAVE A MINIMUM OF \$2,000,000 INSURANCE WITH THE TOWN AS AN ADDITIONAL INSURED?	YES	NO
--	-----	----

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED FOR THIS APPLICATION IS TRUE AND CORRECT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVAL - FOR OFFICE USE ONLY**

Parks Superintendent: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Valid From: \_\_\_\_\_ Valid To: \_\_\_\_\_

Rental fee: \_\_\_\_\_ Recreation Department: \_\_\_\_\_