

COMOX COMMUNITY CENTRE

PARK & FIELD USE APPLICATION/PERMIT Email your form to parks@comox.ca

		СОМ	OX PAR	KS 8	k FIELDS						
ORGANIZATION:				CONTACT PERSON:							
COMMERCIAL NON-PROFIT				COMMUNITY ORG				IN	INDIVIDUAL		
STREET ADDRESS:				CITY:							
DDOVINGE.	POSTAL CODE:				EMAIL:						
PROVINCE:	POSTAL	CODE.		E I™I.	AIL.						
CELL PHONE:	EVENT SITE PHONE:			DRIVERS LICENCE #							
CLLL THORIL.	EVERT SHETHOME.										
ALTERNATE CONTACT PERSON:			PRIMARY PHONE:								
EMAIL:				ALTERNATE PHONE:							
		EVI	ENT INF								
EVENT NAME:				TYPE OF EVENT:							
							1	1			
EVENT DATE(S):		MON	٦	ΓUE	WED	TH	U FRI	SAT	SUN		
EVENT TIMES:		SET-UP STA	RT			SET	SET-UP END				
		EVENT START				EVE	EVENT END				
PARK: LOCATION IN PA			N PARK:	K: (Attach map if applicable)							
MADINA DADI/.	UPPER GAZEBO Tim				Time:						
MARINA PARK: Note: Please inform us if there will be use of tents or stakes; due to the underground irrigation system.					OWER GAZEB		Time:				
			MARINA		K GREEN SPAC		Time:				
NUMBER OF PARTICIPANTS: SPECTATOR			TORS:				VOLUNTEERS/PERSONNEL:				
PURPOSE OF EVENT:						L					
EVENT DESCRIPTION: (use add	litional pa _l	per if necessa	ıry)								

WILL THE EVENT INCLUDE ANY O	F THE FOLL	OWING: (plea	se chec	k all applica	able and pro	ovide additional	l info if requi	red)
OPERATION OF AMPLIFICATION S	NO	YES						
DISCHARGE OF FIREARMS OR EXI	PLOSIVE MA	ATERIAL		NO	YES	Please describe		
POSTING, PAINTING OR DISTR	NO	YES	Provide copy					
SALE AND/OR CONSUMPTION	OF ALCOH	IOL		NO	YES	SOL licence required		
AMUSEMENT DEVICES (INFLAT	ABLE STR	UCTURES, R	IDES)	NO	YES	Operators must be licenced		
FOOD OR CONCESSION				NO	YES	Temporary Food Permit required		
REQUIRE SUBSTANTIAL ELECTRICAL CONNECTIONS					YES	Entertainment Permit may be required		
		FEES A	ND PR	OCEEDS				
ARE YOU CHARGING A PARTICI	NO	YES	Fee?					
ARE YOU CHARGING AN ADMIS				NO	YES	Fee?		
RELATED ITEMS TO BE SOLD A				NO	YES	Please attach list	of items.	
WHO RECEIVES PROCEEDS OF	THIS EVE							
		SAFETY	AND S	ECURITY	T			
ARE SECURITY PERSONNEL OF	N SITE?			NO	YES			
SECURITY CONTACT:		SECURITY				HOURS ON S		
FIRST AID ON SITE?	NO	YES				ENCY PLAN?	NO	YES
SAFE RIDE PLAN REQUIRED?	NO	YES		•	an if requir	ed.		
			TRAFFI				T T	
WILL THERE BE ANY ROAD CLO	SURES/CI	HANGES DUI	RING Y	OUR EVEN	IT?		NO	YES
If yes, please provide details:								
		TOW	N OF C	ОМОХ				
ARE YOU REQUIRING ASSISTANCE FROM THE TOWN OF COMOX?							NO	YES
If yes, please provide details:								
,, ,, ,								
		IN	SURAN	ICF				
Do you have a minimum of \$2 000 000 insurance with the town as an additional insured?							NO	YES
20 you have a minimum of \$2		isarance iii		201111 45 41	- daditiona		1,10	
I HEREBY CERTIFY THAT ALL IN	IFORMATI	ON PROVIDE	D FOR	THIS APP	LICATION I	S TRUE AND C	ORRECT	
Signature:			D.	ate:				
Signature:			D.	ale.				
APPROVAL – FOR OFFICE USE ON	Y							
Parks Superintendent:			D:	ate Issued:				
Parks Superintendent: Date Issued: Valid to:								
Rental Fee: Recreation Department:								
GST - #10912 5808								