EVENT APPLICATION



(Simple Event, No Alcohol)

The Sunshine Coast Regional District (SCRD) appreciates your interest in holding your function at one of our community properties. If possible, please submit your application at least 30 days in advance of your event to ensure sufficient time for internal review and to ensure your desired location and dates are available.

Once your application is submitted, Recreation staff may be in contact with you to confirm details. Once approved, a permit will be issued with the information provided in this application and it will form part of the agreement.

The personal information you provide on this form is being collected under the authority of the Local Government Act for the purpose of preparing a facility use permit. Your personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Information and Privacy Coordinator at 604-885-6800, 1975 Field Road, Sechelt, BC V7Z 0A8.

| Event Name: | | | | | | | | |
|---|--------|--|-------------------|--|---------------------------------|--|--------|--|
| Event Date: | | | | | | | | |
| Facility: | | | | | | | | |
| Permit Number: To b | | be filled in by SCRD | | | | | | |
| | , | | | | | | | |
| EVENT ORGANIZ | ER CON | TACT INFORMATI | ON | | | | | |
| Contact Name: | | | | | | | | |
| Mailing Address with Postal Code: | | | | | | | | |
| Email: | | | Contact Phone: | | | | | |
| | | | | | | | | |
| EVENT INFORMA | TION | SCRD JUA (Please indicate age range of group:) | | | | | | |
| Event Description: (IMPORTANT: You will be issued your permit based on the activities described here. Please be clear and thorough.) | | | | | | | | |
| DATES AND ATTEN | DANCE | | | | | | | |
| | | Date(s) | Time(s) | | Age Range/Number of Participant | | ipants | |
| Set-up | | | | | | | | |
| Event | | | | | | | | |
| Take Down/Clean Up | | | | | | | | |
| | | | | | | | | |

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| INSURANCE |
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| Organizers must obtain, maintain, and pay for comprehensive general liability insurance naming the Sunshine Coast Regional District as additionally insured, with a minimum of \$2,000,000 liability coverage. Insurance is required to cover bodily injury and/or death to any one or more person including voluntary medical payments and property damage. |
| The <u>EventPolicy Portal</u> is a free service that allows users to obtain rental liability insurance 24/7 through any web browser or smart phone. Affordable rates for most activities are offered with limits up to \$5 million. |
| □I will provide my own insurance. (A copy must be provided to the Recreation representative prior to the event.) □I will purchase insurance through EventPolicy. (A copy of your policy will automatically be forwarded to the SCRD.) |
| |
| FOOD SERVICES |
| SCRD facilities do not include commercial kitchens and therefore should not be used as such. Food prep and basic service are the preferred uses for all kitchens. If food is being served at your event, a permit may need to be issued by Vancouver Coastal Health Authority (VCH). For all information on food service requirements please go to the VCH website . Once received, a copy of your food permit must be given to the SCRD prior to the event. If not received, the event will not be given approval. |
| Yes, there will be food at our event and we will apply for a permit. |
| No, there will not be food at our event. |
| |
| ADDITIONAL STRUCTURES |
| Notification of additional structures is imperative. Please provide thorough details of any structures (ie. tents, bouncy castles) that will be brought on the site. SCRD staff may require site inspections and further discussions with organizer. The organizer is responsible for providing and setting up their own structures. |
| Will you require power? Yes No |
| Will any structures be used on-site? Yes No |
| Will structures be on-site overnight? Yes No (Note: The organizer must take full responsibility for the protection of goods and equipment at their own expense.) |
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| DECLARATION |
| By checking this box , I hereby certify that the information given in this application is true and correct and I acknowledge that this information forms part of my permit to use the facility. |
| Printed Name: Date: |