

This is an application/request only and does not guarantee a permit will be issued. To avoid any misunderstanding, please read the information provided in the FAQ Sheet.

Event Details

Date Requested	
Event Name	
Address of Event	
Organization Name	
Organization Phone	
Organization Fax	
E-Mail Address	
Set up Time:	
Event Start Time:	
Event End Time:	
Clean up Time:	
Expected Attendance	

Facility Requested (Conditions of use for specific facilities must be followed)

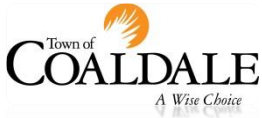
- | | |
|--|--|
| <input type="checkbox"/> Coaldale Arena | <input type="checkbox"/> Sports fields/Quads |
| <input type="checkbox"/> Coaldale Curling Rink | <input type="checkbox"/> Coaldale Community Centre |
| <input type="checkbox"/> Coaldale Kin Picnic Shelter | <input type="checkbox"/> Coaldale Park |
| <input type="checkbox"/> Coaldale Outdoor Pool | <input type="checkbox"/> Civic Square Atrium |

Coordinator/ Onsite Supervisor Contact Information

Name	
Street Address	
City	
Postal Code	
Event Day Phone	
E-Mail Address	

Event Description (Please attach site map)

Submit Application to: Town of Coaldale, Community Services Department
#200, 1801 20th Ave, Coaldale AB, T1M 1N1 Phone: (403)345-1324 Fax :(403)345-1311
kaitlyn.davis@coaldale.ca



Check all that apply to your event

- | | |
|--|--|
| <input type="checkbox"/> Run/Walk | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sporting Event |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Private Event |
| <input type="checkbox"/> Closure | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Indoor Event |
| <input type="checkbox"/> Ceremony | <input type="checkbox"/> Outdoor Event |
| <input type="checkbox"/> Exhibit | |

Is this event a fundraiser? Yes No

Equipment Requested

- | | |
|---|--|
| <input type="checkbox"/> # Barricades | <input type="checkbox"/> Electrical Access (May be subjected to fee) |
| <input type="checkbox"/> # Extra Garbage Cans | <input type="checkbox"/> Water Access (May be subjected to fee) |
| _____ Other | |

_____ Drop off Date & Time _____ Pick up Date & Time

Weather Contingency Plans:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Go ahead with full event | <input type="checkbox"/> Cancel |
| <input type="checkbox"/> Go ahead with modified event | <input type="checkbox"/> Reschedule |
| <input type="checkbox"/> Alternate Location | |

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Activities & Site Set Up:

Will your event **include** any of the following?

Amplified Sound (Note Noise Bylaw 523-R01-04)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Preparation (Alberta Health Services Special Events Package) https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-special-events-organizer-package.pdf	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food / Beverage Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Merchandise Sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Portable Toilets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entertainment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inflatable (Activity Bouncer or Promotional Aid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dunk Tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Petting Zoo or other similar types of activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beer Gardens (Alberta Liquor License Required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street Closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Escort	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flag Person to direct traffic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (describe)		

Other Requirements

Insurance Verification Attached (If applicable. See FAQ sheet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Route Map Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site Plan Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		

Our Policy

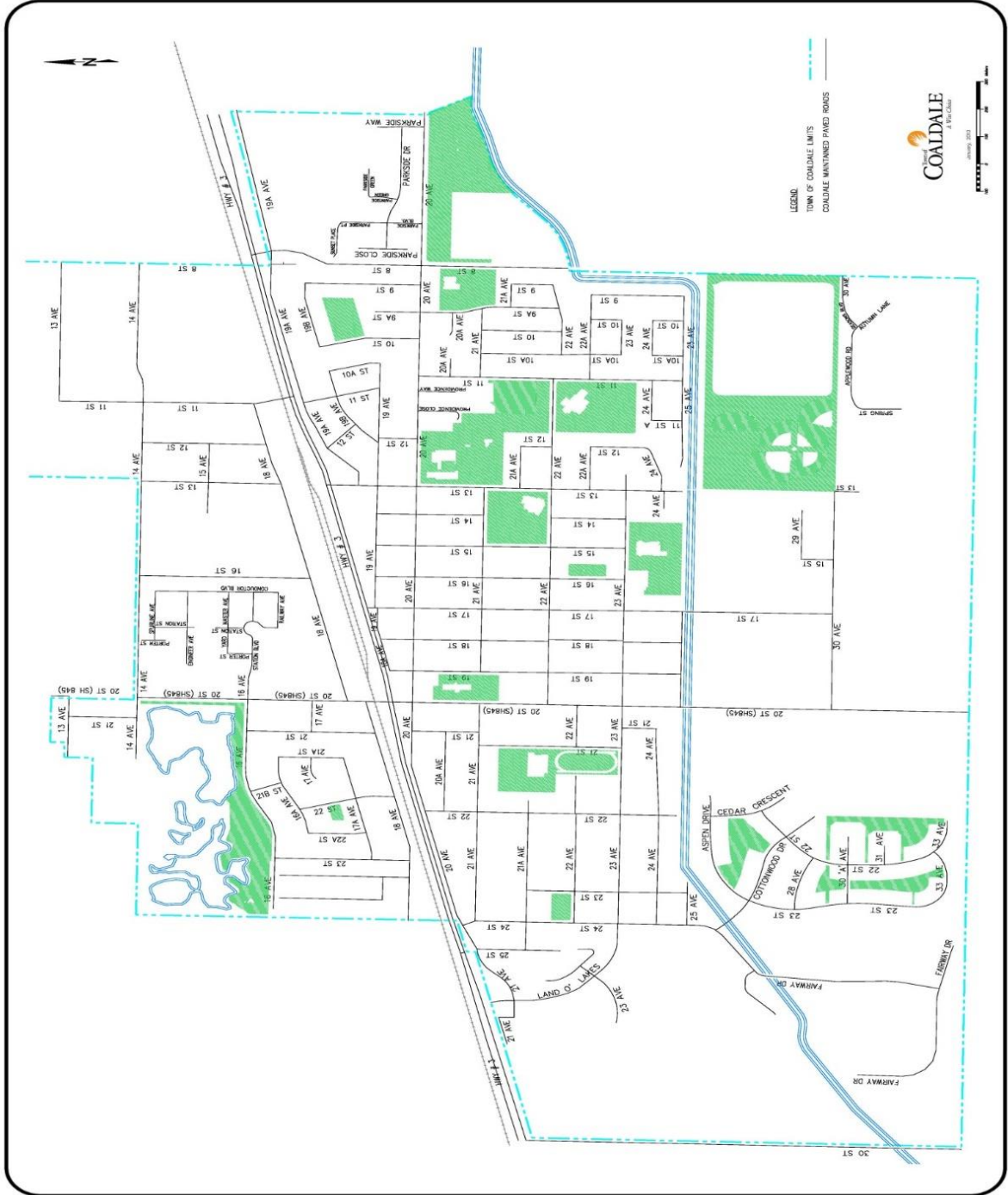
It is the policy of the Town of Coaldale to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The personal information requested on this form is collected for promotional and booking confirmation use, and will only be disclosed within the provisions of the Freedom of Information and Privacy Act. If you have any questions regarding the collections, use or disclosure of the information provided to the Town on this form, please contact (403)345-1324.

Applicants Signature:

Date:

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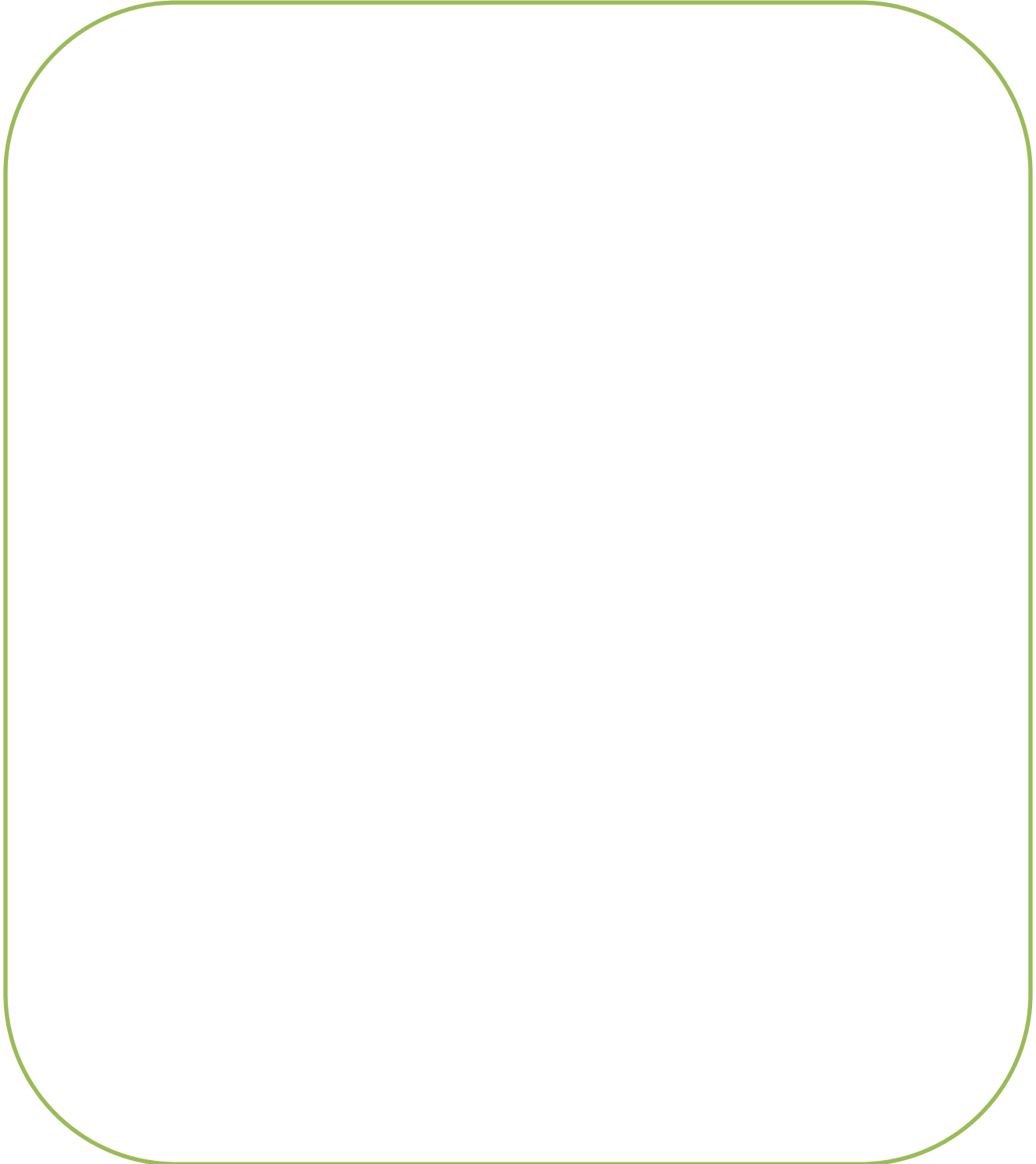
Map: Route Plan (please highlight your route if applicable)



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Map: Site Plan

This is an area for you to draw out how your event will be organized and where any stations, stages, tents, washrooms, hand washing stations, food, security and/or information booths will be.



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