

Applicant Information

First Name Last Name

Corporate Name

Business Name

Street Address Unit #

City Province Postal Code

Phone # E-mail Address

Address Where Carnival To Be Held

Date(s) Carnival To Be Held Hours Carnival To Be Held

Attachments

- A sketch of the property on which the carnival is to be held showing the location of that property, and locations where structures/tents will be placed.
- Insurance Policy for (\$1 million), inclusive limits, naming the City of Pickering as an insured for loss or damage resulting from bodily injury to, or the death of one or more persons, and for loss or damage to property arising out of the activity or event to which the licence related.
- Letter of permission for the Carnival from owner of property.
- Copy of current Amusement Device Licence issued pursuant to the *Amusement Devices Act*, R.S.O. 1990, C.A.20, as amended.
- List of all Amusement devices to be operated at the proposed Carnival and a copy of the Amusement Device Permit issued pursuant to the *Amusement Devices Act*, R.S.O. 1990, C.A.20, as amended, for each amusement device.
- Letter of written consent from occupant of any residential property within 100m of the carnival.
- Security plan and security contract contact.
- Measurements and number of structures/tents to be erected.
- List of vendors, including food, wears, goods and merchandise.

- Total number and detailed description of animals attending.
- Provide a parking plan.
- Carnival Licence Fee (\$100.00 for the first day of operation and \$50.00 for each subsequent day of operation). Make cheque/money order payable to the City of Pickering.

Declaration

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief. (The making of false or deceptive statements herein may result in the revocation of the Licence for which you have applied). (Affix Corporate Seal over applicant signature if Corporate Applicant).

Date Fee (as per rates above) Receipt #

Applicant's Name (please print) _____

Position (please print) _____

Applicant's Signature _____

Office Use Only		
<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied	Date _____	By _____
Licence # _____	Date Issued _____	Issued By _____

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to process this application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.

Alternate formats available upon request at 905.683.7575.