



# RED DEER COUNTY PUBLIC EVENTS APPLICATION

*NOTE: All applications for a permit shall be made in writing and submitted not less than **60 days** prior to the proposed event, where the proposed event is a Music Concert or Concert or will be held on, or involves the use of a highway in any manner; or not less than **30 days** prior to the proposed event, where the proposed event is not a Music Concert or Concert or does not involve the use of a highway. Acceptance of this application by Red Deer County's Protective Services department does NOT indicate or guarantee approval of the application or the dates requested. Each application will be reviewed. Additional information may be requested by County personnel for final consideration. No statement made by County staff or elected official shall obligate the County in any manner.*

## 1. EVENT DESCRIPTION

Name of Event: \_\_\_\_\_

Nature of Event:  Demonstration/Rally     March     Music Festival     Parade  
 Tournament/Athletic Event     Walk/Run/Cycle     Other

If other, please specify: \_\_\_\_\_

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

Location of Event: \_\_\_\_\_

## 2. EVENT ORGANIZER INFORMATION

Contact Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Organization Email: \_\_\_\_\_

On-Site Liaison Person available during the event: \_\_\_\_\_

On-Site Liaison Person Contact Number available during the event: \_\_\_\_\_

## 3. INDEMNIFICATION

On behalf of the above-named event organization, I hereby agree to indemnify and save harmless Red Deer County and RCMP from and against claims or demands arising from the event described in this application and I agree to obtain appropriate liability insurance that is satisfactory to Red Deer County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Applicants Name

\_\_\_\_\_  
Today's Date

## 4. EVENT DETAILS

EVENT DATE: \_\_\_\_\_ Hours: Start: \_\_\_\_\_ End: \_\_\_\_\_

Additional date: \_\_\_\_\_ Hours: Start: \_\_\_\_\_ End: \_\_\_\_\_

Additional date: \_\_\_\_\_ Hours: Start: \_\_\_\_\_ End: \_\_\_\_\_

Additional date: \_\_\_\_\_ Hours: Start: \_\_\_\_\_ End: \_\_\_\_\_

Estimated number of attendees:  Under 100  Over 100  
Estimated number of spectators:  Under 100  Over 100  
Estimated number of Volunteers/Personnel:  Under 100  Over 100

Has neighbour notification been completed?  Yes  No

If yes, method of notification:  Community Board  Flyer/Mail out  Phone

Email  Other *If other, specify:* \_\_\_\_\_

Description of the Property:  Public  Private

Is a road closure being requested?  Yes  No

List the roads that are being requested to be closed: \_\_\_\_\_

*\*NOTE: If a road closure is being requested, Public Place and Road Use Agreement MUST be completed.*

Has dust control been secured for the gravel roads in the vicinity of the event?

Yes  No

If so, Company/Representative Name: \_\_\_\_\_

#### 5. INSURANCE REQUIREMENTS

Sponsoring organization MUST provide an insurance certificate with Red Deer County shown as Additional Named Insured. Coverage MUST be a minimum of \$1,000,000.

Has Red Deer County been named as an additional insured in the event insurance?  Yes  No

#### 6. ACTIVITIES/FACILITIES INFORMATION – PLEASE CHECK WHERE APPLICABLE

##### VENDING

Food  Beverage  Goods  Beer Gardens/Liquor for Sale

If there is Beer Gardens/Liquor for sale at event, has a liquor license been issued?  Yes  No

##### ENTERTAINMENT

Live Music  DJ  Radio/CD  Performers  Dancing

Stage  Bleachers  Fireworks  Camping available on site

Amplified Sound  PA System

##### GAMES/RIDES

Adult Rides  Kiddie Rides  Games  Other

If featuring games/rides, please provide operator contact information

Carnival Operator Name: \_\_\_\_\_

Carnival Operator Phone: \_\_\_\_\_

Carnival Operator Address: \_\_\_\_\_

**SANITATION**

- Regular portable toilets: # \_\_\_\_\_
- Handicapped Accessible portable toilets: # \_\_\_\_\_
- Trash receptacles: # \_\_\_\_\_

**7. SECURITY, POLICING AND HEALTH SERVICES**

Has an Emergency Action Plan (EAP) been completed for this event:  Yes  No

Have event personnel been briefed on the EAP?  Yes  No

Number of Security Personnel: \_\_\_\_\_

How will they be identified? \_\_\_\_\_

Number of Parking/Traffic Personnel: \_\_\_\_\_

How will they be identified? \_\_\_\_\_

Has the  *Blackfalds*  *Innisfail*  *Olds*  *Sylvan Lake*  *Three Hills* RCMP Detachment responsible for policing the area been notified?  Yes  No

If YES, name of the person contacted: \_\_\_\_\_

Has a Health Officer been appointed by Alberta Health Services for a Music Concert or Concert event?

Yes  No

If YES, name of the person contacted: \_\_\_\_\_

**8. ENSURE THE FOLLOWING THAT PERTAIN TO YOUR EVENT HAVE BEEN ATTACHED**

- Public Event Fee
- Public Liability Insurance
- Copy of completed Emergency Action Plan (EAP)
- If applicable, as per 19 (g) of BYLAW No. 2015/24, the names and addresses of anyone contributing, investing or having a financial interest greater than five hundred dollars (\$500) in producing or holding a Music Concert or Concert
- Copy of Rental Agreement if event is held on private lands
- Public Place and Road Use Agreement

**THIS SECTION TO BE COMPLETED BY COUNTY STAFF AFTER APPLICATION IS RECEIVED**

**Comments by Police Department:**

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**Comments by Fire Department:**

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**Comments by Public Works:**

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Has Emergency Action Plan (EAP) been approved?  Yes  No

If requested, has Amplified Sound been approved?  Yes  No

**FOR OFFICE USE ONLY**

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

**Approved:** \_\_\_\_\_

**Disapproved/Reasons Why:**

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**APPLICATION NUMBER:** \_\_\_\_\_

Public Event Fee included with Application form?  Yes  No

Is this Event exempt from the Public Event fee?  Yes  No