A G E N D A THE NINTH MEETING OF THE SPECIAL EVENTS COMMITTEE

BY EMAIL

SEPTEMBER 21, 2018

PETITIONS AND COMMUNICATIONS

BBQ in the Park - Petrusia Hontar - September 23, 2018 Pages 2-7

The Gift of Baby Elena - Amanda Zielinski - October 13, 2018 Pages 8-15

UNFINISHED BUSINESS

Disposal of Grey Water at Special Events

Upcoming Events

- Fall Fair Central Community Health Centre October 26, 2018
- Remembrance Day Ceremony November 11, 2018
- Santa Claus Parade Optimist Club November 17, 2018
- Light the Night Sara Teare November 17, 2018 to January 6, 2019

NEW BUSINESS

Disposal of Grey Water at Special Events

ADJOURNMENT

SECTION 1: EVENT AND	ORGANIZER INFORMATION
Event Name:	BBQ in fue Park
Date(s):	Sept 23 2018
Start Time:	11.30 End Time: 2.30
Location(s):	Pinafore Park Lakeside Pavillion
Organizing Group:	Petrusia Hontar
Contact Name #1:	Petrisia Honter #2:
Street Address: 17	McIntyre St. Apt 2
	St. Thomas Province: ON Postal Code: NSR 2M2
Phone Number #1:	416 557 0299 #2: 228 778 6668
Email Address:	phontar@gmail.com
	Number of Event Personnel/Volunteers: 10
	f washrooms in place:
Location and Number of	of Parking Spaces:
4	
Number of Accessible \	Washrooms: Number of Accessible Parking Spots:
• •	pecific event. Attach additional sheets as necessary
open eve	nt for campaign. BBO/music.
SECTION 2: FOOD AND	BEVERAGE
	any kind be available at this event? Yes No No Southwestern Public Health at 519-631-9900 at least 2 weeks prior to the event.

SECTION 3: PERSONAL SERVICES

Will there be personal services of any kind offered to the public at this event If Yes, you must notify Southwestern Public Health at 519-631-9900 at least	? Yes 🗆 2 weeks prior to	No⊠ the event.
Personal services include but are not limited to barbering, manicures, pedicuplercing.	ures, esthetics, ta	ttooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as par	t of the event?	No
If Yes, please specify the number and size of tents.		
If the tents are larger than 60m^2 cumulatively, a building permit is required t Services. Please attach a copy of the Permit and provide the Permit Number	through Planning	& Building
Please note that Indoor or Tent covered areas for public assembly must comrequirements enforced by Southwestern Public Health. Please contact the Trinformation on how to meet these requirements.	nply with Smoke I obacco Enforcem	Free Ontario Act ent Officer for
SECTION 5: SERVING OF ALCOHOL		
Will alcohol be consumed at the event? If Yes, you must review and meet the requirements of the City's Alcohol Pol Rec and Property Management Department for Special Events taking place	Yes ☐ icy available thro on municipal pro	ugh the Parks,
You must also comply with the Alcohol and Gaming Commission of Ontario responsible to notify and provide any pertinent information required under obtaining a Special Occasion Permit. You must adhere to the Liquor Licence ensure access is given to the Police and AGCO Inspectors for the purposes of copy of the liquor permit with this application. If utilizing the services of a conforming date/time/location/services as well as a copy of the establishment.	the AGCO guidel Act and its Regul of inspections. Ple aterer with all the supply a letter fr	ines for ations and ase submit a e required om the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barrie is a no staking policy in all of the City's Parks, Recreation and Property Man	r/partition. Pleas agement facilitie	e note that theres.
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcohol and (AGCO), you must obtain a letter of approval from City Council, declaring you by submitting the request to the City Clerk's Department. Please note that weeks.	our event "munic	ipally significant
Will you be requesting that City Council declare your event a "Municipally S	Significant Event" Yes □	? No.⊠
SECTION 7: MUSIC / NOISE	· 🗀	
Will there be a concert or musical entertainment as part of the event?	Yes√	No 🗆

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

SECTION 8: ANIMALS

Will there be a Petting Zoo or Animals at the ealth Yes, the Southwestern Public Health must be are not permitted in the Animal Control By-La Law must be approved by City Council. Please Please note that such approval may take seven	e notified of the ever w 71-2011, an Applic attach a copy of the	ation for Tempo	orary Exemption	on to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FLOW	CHANGES			
Are you anticipating any road closures or traff	ic flow changes?		Yes 🗌	No 🗓
If Yes, please describe the road closure require of Way Occupancy Permit and City Council approval may take several weeks.	proval is required for	all road closure	s. Please note	
	and the P			
Please attach a copy of the Right of Way Occu	pancy Permit and pro			-
If the event is a Parade / Run / Walk / Pass the under the Special Events page on the City web				
Do you require traffic control? If Yes, please contact the St. Thomas Police Se	ervices at (519) 631-1	224 ext. 4177.	Yes 🗌	No√€
PLEASE NOTE: Marshalls, volunteers and spec can direct traffic pursuant to the Highway Tra Have you contacted the Env Services Departm	ffic Act.		ect traffic. Onl	y the police
mave you contacted the Enviservices Departm	Barricades No Parking Signs Detour Signing	Yes Yes Yes Yes	No 🗆 No 🗆 No 🗆	n/a ☑ n/a ☑ n/a ☑

SECTION 10: MUNICIPAL FACILITIES

For events taking place in Pinafore Park, organd Property Management staff once the S	ganizers will need to arra	nge an onsite	meeting with P	arks, Rec
Have you contacted Parks and Recreation s			No 🗆	N/A 🗌
Have you rented a pavilion/facility and sign			No 🗌	
If yes, please provide the location of the re-	ntal and attach a copy of	the permit	Alceside	
Do you require additional picnic tables or g and Property Management Dept and that d	arbage cans? Please note elivery/pick up is the res	availability is ponsibility of t	he event organ	on of the Parks, Rec Nizer.
		Yes 🗌	No 🖾	N/A 🗌
If Yes, how many are you requesting? # o	f Picnic Tables:	# of Garba	age Cans:	
Have you made arrangements with Enviror	mental Services staff for	recycling cont	ainers and coll	ection?
		Yes 🗌	No 🗍	N/A 🔀
Will you require municipal support for:	Water	Yes 🗌	No 🗌	N/A ⊠
	Hydro	Yes 🗌	No 🗀	N/A ☑
certification body under the Ontario Elect Authority. If required, please attach the I Number: If required, have you obtained a Hydrant C	Electrical Safety Authorit	y documentat	ion and provid	le the Permit N/A ☑ -
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your response Accessibility for Ontarians with Disability requirements to meet for accessibility. displayed throughout the event venue to washrooms and parking. Although not requirement to the Municipal Accessibility Advisor	les Act (AODA). Organize Please note that direct indicate the barrier-frequired, the Special Events	eations with a ctional signage e path of trave committee re	t least one er e needs to be el and location ecommends sul	nployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURCE	<u>s</u>			
Security: Has a privately licenced security If Yes, what company and how many security	firm been contacted/reta rity officers will be prese	ained? nt?	Yes 🗌	
First Aid: For events with an anticipated a required to be retained. Have you confirm	ed First Aid services?	Yes 🗖	No L	s are N/A△☑

Page 5 of 7

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Ambulance: Has Emergency Medical Services (Ambulance planned emergency access to the site?	Service) been contacted	regarding your Yes □	event and No⁄⁄⊠
Fireworks: Will there be fireworks as part of your event? If Yes, a permit for exhibition fireworks is required through	n the Fire Department.	Yes 🗌	NoJE
SECTION 13: SIGNATURE			
That the information contained in this application and are provided in support of the application, by myself, my againformation and will become part of the public record. As <i>Municipal Freedom of Information and Protection of Priva</i> City of St. Thomas making this application and its support including copying and disclosing the application and its sutheir request.	gents, consultants and so such, and in accordance cy Act, R.S.O. 1990, c.M.S ting documentation avail	licitors, constitutions, with the provises, I hereby constable to the general	utes public ions of the sent to the eral public,
A Romania de la companya della companya della companya de la companya de la companya della compa		20/18	
(Signature of Individual Completing this Application)	(Date con	npietea)	
Office Use Only: Application Received:	Committee Approval:		

SECTION 14: INSURANCE

STATEMENT OF INDEMNIFICATION

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

The provision of the completed and signed Statement of Indemnification below is also required.

(Event Name) organized by Petrusia Hontar

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

shall indemnify and save harmless The Corporation o law responsible from any and all liabilities, damages,	f the City of St. Thom costs, claims, suits o	nas and all persons for whom it is at ractions arising out of:
any damage to property including loss of use thereof death resulting at any time there from, occasioned by		
BBQ in the Park organized (Event Name)	1 by <u>Petrus</u>	(Organizing Group)
its officers, agents, servants, employees, contractors, the premises or any part thereof arising from or occa damage or injury is due to the act, default or negliger officers, agents, servants, employees, contractors, cu	sioned by any cause nce of The Corporation	whatsoever, except where such on of the City of St. Thomas, its
Witness: Mmapp	Signed:	
Name (Print): Mel Knapp	Name (Print):	Petrusia Hontar
V	Address:	17 Molntyre St
	Telephone:	416 557 0291
	Date:	Sept 20/2018
	Event Name:	BBQ in the Park
	Organizing Group:	Remisia Hontar
	Event Dates:	Sept 23/18

SECTION 1: EVENT AND ORGANIZER INFORMATION

Event Name:	The Gift of Baby Elena			
Date(s):	October 13, 2018			
Start Time:	8:300m End Time: 1:30pm			
Location(s):	Proofore Park			
Organizing Group:	N/A			
Contact Name #1:	Amondo Zielinski #2:			
Street Address:	1517 Major Line			
Town/City:	St Thomas Province: ON Postal Code: NSP 423			
Phone Number #1:	519-694-5246 #2:			
Email Address:	Azielinski7@hotmail.com			
Expected Attendance:	150 Number of Event Personnel/Volunteers: 25-30			
Location and number o	f washrooms in place:			
Location and Number of	of Parking Spaces:			
Number of Accessible \	Washrooms: OYK_ Number of Accessible Parking Spots: OYK			
Please describe your sp	pecific event. Attach additional sheets as necessary. October 15 is			
Infant Loss	Augreness Day. On August 23, 2018 my			
	dougher passed away as a result of			
SIDS. This en	vent is a 5k walk run to help raise money			
8 OWNTENESS	about infant loss. All monies earned will			
cover the cost of the event and go to supporting families section 2: FOOD AND BEVERAGE				
Will food/beverage of any kind be available at this event? Yes No Yes N				

SECTION 3: PERSONAL SERVICES

Will there be personal services of any kind offered to the public at this event? If Yes, you must notify Southwestern Public Health at 519-631-9900 at least 2 v	Yes □ weeks prior to tl	No No
Personal services include but are not limited to barbering, manicures, pedicure piercing.	es, esthetics, tat	tooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as part of	of the event? Yes 🗆	No DA
If Yes, please specify the number and size of tents.		
If the tents are larger than $60m^2$ cumulatively, a building permit is required three Services. Please attach a copy of the Permit and provide the Permit Number:		
Please note that Indoor or Tent covered areas for public assembly must comply requirements enforced by Southwestern Public Health. Please contact the Toba information on how to meet these requirements.	y with Smoke Fr acco Enforceme	ee Ontario Act Int Officer for
SECTION 5: SERVING OF ALCOHOL		
Will alcohol be consumed at the event? If Yes, you must review and meet the requirements of the City's Alcohol Policy Rec and Property Management Department for Special Events taking place on	Yes available througe municipal prope	No D gh the Parks, erty.
You must also comply with the Alcohol and Gaming Commission of Ontario (AC responsible to notify and provide any pertinent information required under the obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Ac ensure access is given to the Police and AGCO Inspectors for the purposes of in copy of the liquor permit with this application. If utilizing the services of a cate endorsements to provide off — premises beverage services, organizers shall sup confirming date/time/location/services as well as a copy of the establishments	e AGCO guidelin it and its Regula nspections. Pleas erer with all the pply a letter fro	nes for tions and se submit a required m the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barrier/p is a no staking policy in all of the City's Parks, Recreation and Property Manage		
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT		
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Will you be requesting that City Council declare your event a "Municipally Sign	nificant Event"? ′es □ N	10 X
SECTION 7: MUSIC / NOISE		10 DZ 10 DZ
Will there be a concert or musical entertainment as part of the event?	Yes □ N	lo [X]

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

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•				
SECTION 8: ANIMALS				
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SECTION 9: ROAD CLOSURES / TRAFFIC FLO	W CHANGES			
Are you anticipating any road closures or tra	affic flow changes?		Yes 🗆	No X
If Yes, please describe the road closure requof Way Occupancy Permit and City Council a approval may take several weeks.	approval is required for	all road closure	es. Please note	sure. A Right that —
Please attach a copy of the Right of Way Oc If the event is a Parade / Run / Walk / Pass t under the Special Events page on the City w	through Sporting Event	, please refer to	the city roads	map located
		301	917	
Do you require traffic control? If Yes, please contact the St. Thomas Police	Services at (519) 631-1	.224 ext. 4177.	Yes 🗌	NoX
PLEASE NOTE: Marshalls, volunteers and sp can direct traffic pursuant to the Highway T Have you contacted the Env Services Depart	raffic Act.		ect traffic. Onl	y the police
nave you contacted the Enviservices Depart	Barricades	Yes	No □	N/A N
	No Parking Signs	Yes 🔲	No □	N/A DEC
	Detour Signing	Yes 🗌	No □	N/A DA

SECTION 10: MUNICIPAL FACILITIES

For events taking place in Pinafore Park, and Property Management staff once the				Parks, Rec
Have you contacted Parks and Recreation			No □	N/A □
Have you rented a pavilion/facility and si	gned a permit?	Yes 🗖	No □	N/A □
If yes, please provide the location of the	rental and attach a copy	of the permit.	Centre pr	willion
Do you require additional picnic tables or and Property Management Dept and that				
and Property Management Dept and tha	t delivery/pick up is the	Yes 🗆		N/A TO
If Yes, how many are you requesting?	of Picnic Tables:	# of Gar	bage Cans:	
Have you made arrangements with Envir	onmental Services staff			lection?
		Yes 🗌	No 🗔	N/A X
Will you require municipal support for:	Water		No □ No □	N/A 🔯
	Hydro	Yes 🗌	No ∐	N/A LXL
If required, have you obtained a Hydrant If Yes, please attach a copy of the Permit			No 🗆	N/A 💢
SECTION 11: ACCESSIBILITTY	·			
As an event organizer, it is your response Accessibility for Ontarians with Disabil requirements to meet for accessibility displayed throughout the event venue to washrooms and parking. Although not replan to the Municipal Accessibility Advisor	ities Act (AODA). Organ r. Please note that dire to indicate the barrier-forganised equired, the Special Ever pry Committee for larger	nizations with ectional signag ree path of tra nts Committee I	at least one er ge needs to be vel and location recommends sul	mployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURCE	<u>CES</u>			
Security: Has a privately licenced security If Yes, what company and how many security			Yes 🗌	
First Aid: For events with an anticipated required to be retained. Have you confirm the property of the proper	med First Aid services?	Yes 🗆	No 🗆	are N/A TA

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Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted planned emergency access to the site?	ed regarding your Yes 🗌	event and	
Fireworks: Will there be fireworks as part of your event? If Yes, a permit for exhibition fireworks is required through the Fire Department.			
SECTION 13: SIGNATURE			
That the information contained in this application and any documentation, incluprovided in support of the application, by myself, my agents, consultants and information and will become part of the public record. As such, and in accordance Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.N. City of St. Thomas making this application and its supporting documentation avaincluding copying and disclosing the application and its supporting documentation their request.	solicitors, constit ce with the provis 1.56, I hereby con ailable to the gen	utes public ions of the sent to the eral public	
Septemb	9r 18, 2018		
(Signature of Individual Completing this Application) (Date of	ompleted)		
Office Use Only: Application Received: Sept 19, 2018 Committee Approval:			

SECTION 14: INSURANCE

STATEMENT OF INDEMNIFICATION

The.

A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. The Special Events Committee reserves the right to impose additional requirements and increased insurance coverage for large community events.

The provision of the completed and signed Statement of Indemnification below is also required.

Please note that an approved event may be cancelled should insurance coverage not be provided and may be altered or cancelled as a result of an emergency situation.

	k /rus ()
The Gift of Baby Elena organiz	
(Event Name)	(Organizing Group)
shall indemnify and save harmless The Corporation of law responsible from any and all liabilities, damages	of the City of St. Thomas and all persons for whom it is at , costs, claims, suits or actions arising out of:
any damage to property including loss of use thereo death resulting at any time there from, occasioned by	
Giff of Baby Elera 5 Lair / run organize (Event Name)	d by Q.Z.ieling (Organizing Group)
the premises or any part thereof arising from or occ	s, customers, invitees or licensees, or occurring in or on assioned by any cause whatsoever, except where such ence of The Corporation of the City of St. Thomas, its ustomers, invitees or licensees.
Witness:	Signed: Sieline!
Name (Print): Martin Prn	Name (Print): Amanda Zieliasti
	Address: 41517 Major Line
	Telephone: 519-694-5246
	Date: Sept. 19.2018
	Event Name: The Gift of Baby Flena
	Organizing Group: Amanda Ziclinski

Event Dates:

Oct. 13.2018



Special Events Liability

Certificate of insurance

Insurers subscribing: 100% Certain Underwriters at Lloyd's, London, UK through PAL Insurance Brokers Canada Ltd.
2 Norfolk St. South, Simcoe, On N3Y 2V9
UMR # B1506BAWBA180022

THIS POLICY CONTAINS A CLAUSE(S) THAT MAY LIMIT THE AMOUNT PAYABLE

Certificate #: CGLW13473

Type-Special Events

INSURED INFORMATION

Name of insured: AMANDA ZIELINSKI

Address: 41517 MAJOR LINE

City: ST. THOMAS

Province: ON

Postal Code: N5P 4L3

Additional insured: THE CITY OF ST. THOMAS, JAKE HAMM

Additional insured(s) have been added only with respect to liability arising out of the operations of the named insured and

excludes any liability that arises solely from acts or omissions of the additional insured.

EVENT INFORMATION

Event Type: WALK-A-THON

Effective date: OCTOBER 13, 2018 06:00 AM TO OCTOBER 13, 2018 23:59 PM

Number of attendees: 100

Name of event Location: PINAFORE PARK

Address: 95 ELM ST.

City: ST. THOMAS

Province: ON

Alcohol served: None

COVERAGE DETAILS

Limit of liability: \$ 5,000,000.00
Tenants Legal Liability: \$ 500,000.00
Liability Deductible: \$ 1,000.00
Liability Premium: \$ 182.00
TOTAL PREMIUM: \$ 182.00

per occurence and in the aggregate

COMMERCIAL GENERAL LIABILITY INCLUDING:

3rd party Bodily injury and property damage, Personal Injury, Tenants Legal Liability Medical payment (\$2 500.00 pp/ \$25 000.00 max), Non-Owned Auto, Products/ Completed operations (Food and beverages only), Cross Liability, Blanket Contractual Liability, Employees/ Volunteers as Additional Insured

Attached and forming part of: PAL Event Wording

Notwithstanding anything contained elsewhere on the policy to the contrary, it is understood and agreed that in the event of a cancellation, 30 days notice will be provided to the parties of the contract (if applicable).

RETAIL BROKER CONTACT

Brokerage: HMS INSURANCE

Address: 170 MAIN ST. BOX 130

City: AILSA CRAIG Phone: 519-293-3295 Province: ON

Postal Code: N0M1A0

Bol Mauro

Signature of authorized representative:

Per: PAL Insurance Brokers Ltd.