# A G E N D A THE FIRST MEETING OF THE SPECIAL EVENTS COMMITTEE

COMMITTEE ROOM 304
CITY HALL

3:00 P.M.

**FEBRUARY 6, 2019** 

### **MINUTES**

Confirmation of the minutes of the meeting held on October 3, 2018.

# PETITIONS AND COMMUNICATIONS

Coldest Night of the Year - Elgin County YFC - February 23, 2019 Pages 2-7

Shamrock Shuffle - Shamrock Shuffle Organization Committee - March 16, 2019 Pages 8-13

Big Bike Heart and Stroke - Heart and Stroke Foundation - May 28 and 29, 2019 Pages 14-19

Walk for Alzheimers - Alzheimer Society - May 11, 2019 Pages 20-26

Father's Day Car Show - Lions Club - June 16, 2019 Pages 27-32

Respect Life Walk-a-Thon - St. Thomas & District Right to Life - April 27, 2019 Pages 33-39

Easter Egg Hunt - St. Thomas Kinsmen - April 20, 2019 Pages 40-48

St. Anne's Community Festival - June 5-8, 2019 Pages 49-55

Walk with the Cross - St. Thomas Pentecostal Assembly - April 19, 2019 Pages 56-63

Wellkin Run for Children's Mental Wellness - June 1, 2019 Pages 64-69

Nostalgia Nights - Downtown Development Board - July 6, 2019 Pages 70-77

# <u>UNFINISHED BUSINESS</u>

Disposal of Grey Water at Special Events

Upcoming Events

NEW BUSINESS

**ADJOURNMENT** 

# **SECTION 1: EVENT AND ORGANIZER INFORMATION**

NOV 2 6 2018

Event Name:	Coldest Night of the Year City Clerks Dept.
Date(s):	February 23 2019
Start Time:	4pm End Time: 10pm
Location(s):	21 Edward St. Plus route they Lout aily downtown
Organizing Group:	Elgin County YEC/ Youth Unlimited
Contact Name #1:	Kyle Rolph #2: Ractel Deboer
Street Address: 2\	Edward St.
Town/City:	St. Thomas Province: ON Postal Code: NSP 143
Phone Number #1:	579 633 6538 #2: 226 378 6538
Email Address:	1.1 - 0 1.7 . 1
Expected Attendance:	Number of Event Personnel/Volunteers: 40
Location and number	of washrooms in place: 2 wash 100 n S @ Start
	ms @ 80 curtic st. rest stop
Location and Number	of Parking Spaces: 15 parking Lot several roud
space S	
Number of Accessible	Washrooms: Number of Accessible Parking Spots:
Please describe your	specific event. Attach additional sheets as necessary.
Family-Frien	dly walk that raises money and awareness
	charities serving the hungry homeless and
	our community 2km, 5km, 10km rowles
	IKS that loop through downtown.

# **SECTION 2: FOOD AND BEVERAGE**

Will food/beverage of any kind be available at this event?

Yes No 
If Yes, you must notify 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 2 w		No 🔀 the event.
Personal services include but are not limited to barbering, manicures, pedicure piercing.	s, esthetics, t	attooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as part of	f the event?	No 🔀
If Yes, please specify the number and size of tents.		
If the tents are larger than 60m <sup>2</sup> cumulatively, a building permit is required thro 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.	with Smoke acco Enforcer	Free Ontario Act ment 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 I	Yes  available thro municipal pro	ough the Parks,
You must also comply with the Alcohol and Gaming Commission of Ontario (AG responsible to notify and provide any pertinent information required under the obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act 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 cater endorsements to provide off — premises beverage services, organizers shall supconfirming date/time/location/services as well as a copy of the establishments	e AGCO guide t and its Regu spections. Ple rer with all th oply a letter fr	lines for plations and ease submit a se required from the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barrier/pairs a no staking policy in all of the City's Parks, Recreation and Property Manage		
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcohol and G (AGCO), you must obtain a letter of approval from City Council, declaring your by submitting the request to the City Clerk's Department. Please note that such weeks.	event "munic	ipally significant"
Will you be requesting that City Council declare your event a "Municipally Signi	ificant Event" es 🔲	'? No <b>]</b> ∑ĺ
SECTION 7: MUSIC / NOISE		•
Will there be a concert or musical entertainment as part of the event?	'es □	No 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.

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.

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SECTION 6. AIMMALS				
Will there be a Petting Zoo or Animals at the If Yes, the Southwestern Public Health must are not permitted in the Animal Control By-L Law must be approved by City Council. Pleas Please note that such approval may take sev	be notified of the ever aw 71-2011, an Applic e attach a copy of the	ation for Tempo	rary Exemption	on to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FLO	W CHANGES			
Are you anticipating any road closures or tra	iffic flow changes?		Yes 🗌	No IX
If Yes, please describe the road closure requof Way Occupancy Permit and City Council a approval may take several weeks.	pproval is required for	all road closure	s. Please note	sure. A Right that —
Please attach a copy of the Right of Way Occ				
If the event is a Parade / Run / Walk / Pass t under the Special Events page on the City w	hrough Sporting Event, ebsite. Describe the ev	, please refer to ent and attach a	the city roads map or sketo	map located th.
Do you require traffic control? If Yes, please contact the St. Thomas Police	Services at (519) 631-1	.224 ext. 4177.	Yes 🗍	No X
PLEASE NOTE: Marshalls, volunteers and specan direct traffic pursuant to the Highway T	raffic Act.		ect traffic. Onl	y the police
Have you contacted the Env Services Depart	ment - Roads and Trar Barricades No Parking Signs Detour Signing	Yes  Yes  Yes  Yes  Yes	No □ No □ No □	N/A.XI N/A.XI N/A XI
	Page 4 of 7			7

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# **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, or and Property Management staff once the				
Have you contacted Parks and Recreation			No □	N/A <b>X</b>
Have you rented a pavilion/facility and signed a permit?		Yes 🗌	No 🗀	N/A 🎘
If yes, please provide the location of the I	rental and attach a copy of	f the permit.		
Do you require additional picnic tables or				
and Property Management Dept and that	delivery/pick up is the re	Yes	No 🗌	. 🚅
If Yes, how many are you requesting?	of Picnic Tables:	# of Garl	bage Cans:	
Have you made arrangements with Enviro	onmental Services staff for	r recycling co	ntainers and col	lection?
, -		Yes 🔲	No 🗌	N/A <b>)</b> ⊠́
Will you require municipal support for:	Water	Yes 🗌	No □ No □	N/A X
	Hydro	Yes 🗌	No 🗌	N/A X
Authority. If required, please attach the Number:  If required, have you obtained a Hydrant			No 🗆	
If Yes, please attach a copy of the Permit	and provide the Permit N	umber:		_
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your responded as an event organizer, it is your responded as a constitution of the control of th	ties Act (AODA). Organiz . Please note that direct o indicate the barrier-free quired, the Special Events	ations with a tional signage path of trav Committee r	at least one ended to be detected to	mployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURCE	<u>ES</u>			
Security: Has a privately licenced security If Yes, what company and how many secu			Yes 🗆	No X
First Aid: For events with an anticipated required to be retained. Have you confirm If Yes, please attach documentation provides the second sec	ned First Aid services?	Yes 🔲	No 🗆	are N/A

- (0 -

Ambulance: Has Emergency Medical Services (Ambulance Service) been planned emergency access to the site?	contacted 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 Depar	Yes 🔲 tment.	No X
SECTION 13: SIGNATURE		
That the information contained in this application and any documentation provided in support of the application, by myself, my agents, consultar information and will become part of the public record. As such, and in accommodate of the public record. As such as a such accommodate of the public record. As such as a such accommodate of the public record. As such as a such as a such as a such accommodate of the public record. As a such	nts and solicitors, constite cordance with the provisions 1990, c.M.56, I hereby contains 1990, available to the gen	utes public sions of the sent to the eral public,
(Signature of Individual Completing this Application)	(Date completed)	
Office Use Only: Application Received: Nov 26, 2018. Committee Ap	pproval:	

#### **SECTION 14: INSURANCE**

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.

aftered or cancelled as a result of an emergency situ	ation.	
STATEMENT OF INDEMNIFICATION		
Coldest Night of the Year organize (Event Name)	ed by Elgin Cou	Organizing Group)  Philanthropy
shall indemnify and save harmless The Corporation law responsible from any and all liabilities, damages		
any damage to property including loss of use thereo death resulting at any time there from, occasioned by	by any act or omiss	ions of
(Event Name) organize	d by Elginloun	MYFC/Youthlimited   Blow Lea (Organizing Group) Philanthropy
its officers, agents, servants, employees, contractors the premises or any part thereof arising from or occ damage or injury is due to the act, default or neglige officers, agents, servants, employees, contractors, c	s, customers, invite asioned by any cau ence of The Corpor	es or licensees, or occurring in or on use whatsoever, except where such ation of the City of St. Thomas, its
Witness: Manapp	Signed:	14/8/
Name (Print): <u>Mel Knapp</u>	Name (Print):	Kyle Rolph
	Address:	21 Edward St.
	Telephone:	579433 4538
	Date:	11/26/2018
	Event Name:	Coidest Night of the Year
	Organizing Grou	p: Elgin County YFC/Youth Unlimited
	Event Dates:	Feb 23 2019

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# SECTION 1: EVENT AND ORGANIZER INFORMATION

Event Name:	Shamrock Shuffle		- : <u>-</u>	
Date(s):	March 16, 2019		<u> </u>	
Start Time:	09:00		11:00	·
Location(s):	Central United Church,	, St Thomas [start and end poi	ints]	
Organizing Group:	Shamrock Shuffle Orga	anization Committee		<u> </u>
Contact Name #1:	Amy McWhirter	#2:Sandy	Varin	^
Street Address:	31 Woodhaven Crt			
Town/City:	St Thomas	Province: ON	_ Postal Code:	N5P3Z2
Phone Number #1:	519-200-4017	#2:	34-2495	
Email Address:	TheShamrockShuffle@	gmail.com		<u> </u>
Expected Attendance	e: 300 Nur	mber of Event Personnel/Vo	olunteers:50	
Location and numbe	or of washrooms in place:	Inside Central United C	Church [male and fe	emale/accessible]
	er of Parking Spaces:			
Number of Accessib	le Washrooms:	2 Number of Accessit		-
Please describe your	specific event. Attach ad	lditional sheets as pecessary	/	
The event is the 7t	h Annual Fundraiser walk/ru	un for Inn Out of the Cold. The	ere will be a same ro	eception at the start
and end of the walk/r	run located at Central United	d Church. The routes to be util	lized for the walk/ru	n are included in
this package				
		1,000		<del></del>
— W	- Su.			
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### **SECTION 2: FOOD AND BEVERAGE**

Will food of any kind be available at this event? Yes ₹ No 1 If Yes, you must notify Elgin St. Thomas Public Health at www.elginbealth.on.ca

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### **SECTION 3: TENTS**

Will there be an indoor or tent covered area used for public assembly as part of the event?  Yes  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 through Planning & Building 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 with Smoke Free Ontario Act requirements enforced by Elgin St Thomas Public Health. Please contact the Tobacco Enforcement Officer for information on how to meet these requirements.
SECTION 4: 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 available through the Parks and Recreation Department for Special Events taking place on municipal property.
You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Pennit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off – premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement.
The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a no staking policy in all of the City's Parks and Recreation facilities.
SECTION 5: MUNICIPALLY SIGNIFICANT EVENT
If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.
Will you be requesting that City Council declare your event a "Municipally Significant Event"?

**SECTION 6: MUSIC / NOISE** 

Will there be a concert or musical entertainment as part of the event? Yes : No Lk

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.

Yes □

No LX

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.

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# **SECTION 7: ANIMALS**

Will there be a Petting Zoo or Animals at the event? If Yes, the Elgin-St. Thomas Public Flealth must be notified of the animals are not permitted in the Animal Control By-Law 71-2011, Exemption to the By-Law must be approved by City Council. Pleathis permit application. Please note that such approval may take se	an Applicati se attach a coveral weeks.	s two weeks ion for Temp opy of the ap	огагу
SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANG	<u>PES</u>		
Are you anticipating any road closures or traffic flow changes?	Yes	U N	√o ⊭
If Yes, please describe the road closure requirement and attach a manifest of Way Occupancy Permit and City Council approval is required that approval may take several weeks.	uired for all 1		
Please attach a copy of the Right of Way Occupancy Permit and p	rovide the pe	ermit #:	
If the event is a Parade / Run / Walk / Pass through Sporting Even located under the Special Events page on the City website. Describ			
Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631	Yes -1224 ext. 14	_	Ňo X:
PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.	not allowed	to direct trai	ffic. Only the
Have you contacted the Public Works Department for:			
Barricades	Yes □	No 🗆	N/A 🖸
No Parking Signs	Yes ⊔	No ⊔	N/A L¥ N/A Tx
Detour Signing	Yes □	No 🛘	IN/A I X
SECTION 9: MUNICIPAL FACILITIES			
For events taking place in Pinafore Park, organizers will need to a and Recreation staff once the Special Events Permit Application h			with Parks
Have you contacted Parks and Recreation staff about your event?		No 🗆	N/A k
Have you rented a pavilion/facility and signed a permit?  If yes, please provide the location of the rental and attach a copy of	Yes II of the permit.	No □	N/A 🛪

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Do you require picnic tables or garbage ( Recreation Department and that delivery)	pick up is the respon	sibility of the eve	nt organizer.	
If Yes, how many are you requesting?		es ☐ No ————————————————————————————————————		·
llave you made arrangements with Envi	ronmental Services s	taff for recycling Yes □		collection? N/A [X
Will you require municipal support for:	Water Hydro		No 1x	N/A ∏ N/A □
Please note that all equipment and ex accredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:	Ontario Electrical Splease attach the El	Safety Code or h	ave been inspe	ected by the
If required, have you obtained a Hydran If Yes, please attach a copy of the Permi				
SECTION 10: ACCESSIBILITTY				
Accessibility for Ontarians with Disability requirements to meet for accessibility displayed throughout the event venue to washrooms and parking. Although not r site plan to the Municipal Accessibility as SECTION 11: OTHER SERVICES/R	Please note that do indicate the barrier- equired, the Special Advisory Committee	irectional signage free path of trave Events Committe	e needs to be I and location of recommends	prominently of accessible submitting a
Security: Has a privately licenced securi If Yes, what company and how many se				
First Aid: For events with an anticipal required to be retained. Have you confir If Ycs, please attach documentation provided to the confirmation of the confirmation	med First Aid service viding proof that Firs	es? Yes wi at Aid services have	No ∏ ve been retaince	N/A (** d.
Ambulance: Has Emergency Medical So and planned emergency access to the sit		Service) been con	Yes IX	No L
Fireworks: Will there be fireworks as pa If Yes, a permit for exhibition fireworks	_	the Fire Departmo	Yes	No 🗖
SECTION 12: SIGNATURE				
(Signature of Individual Completing this	s Application)	_	(Date comple	etcd)
Office Use Only: Application Received:		Committee Approva	l:	

# SECTION 13: INSURANCE

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.

<u>STATEMENT OF INDEMNIFICATION</u>		
The Shamrock Shuffle organ	iized by	he Shamrock Shuffle Organizing Committee
(Event Name)	-	(Organizing Group)
shall indemnify and save hannless The Corporation is at law responsible from any and all liabilities, da	_	· · · · · · · · · · · · · · · · · · ·
any damage to property including loss of use thered death resulting at any time there from, occasioned l		
The Shamrock Shuffle	zed by The	e Shamrock Shuffle Organizing Committee
(Event Name)	<u> </u>	(Organizing Group)
such damage or injury is due to the act, default or no Thomas, its officers, agents, servants, employees, of Witness:	~ ~	customers, invitees or licensees.
Name (Print):	Name (Pri	int): 'Amy'McWhirter
	Address:	31 Woodhaven Crt, St Thomas
	Telephone	519-200-4017
	Date:	
	Event Nar	me: The Shamrock Shuffle
	Organizin	g Group: The Shamrock Shuffle Organizing Con
	Event Dat	es: March 16.2019

St. Thomas, ON   Control   St. Thomas, ON   Co	เรเย	CERTIFICAT	EUF	-IABILI I	TINSURANCE			
In out of the Cold 45 Tailot Street Cris 95 St. Thomas, ON St. Tho	This certificate is issued as a matter. This c	er of information only and confers certificate does not amend, extend	or alter the c	overage afforde	d by the policies below.	on the insure	r.	
Color   Station   Color   Station   Color   Station	1. CERTIFICATE HOLDER - NAME AND MAIL	NG ADDRESS	2	(ESURED'S FULL	NAME AND MAILING ADDRESS	<b>BENEFIT</b>	Apply D. D. B.	
St Thomas, ON    Control NSP 277   Control NSP 2	The City of St. Thomas		ln	n out of the C	old			
COMMERCIAL CRITERIAL LABILITY  COMMERCIAL MARIETY  COMMERCIAL MARI	545 Talbot Street		C	O 98 Centre S	St			
perations usual to named insured. With respect to the Shamrock Shuffle taking place March 16, 2019.  Converged to the Control of the place of the place of the shame taking place by with pages to the operations of the place of	St Thomas, ON		St	Thomas, ON				
Diversion of the product of instance island below have been laused to the Shamrock Shuffle taking place March 16, 2019.  The is certify that is pricing a law general or other document with respect to which the certificate may be laused or may pricing. The instance whereif by the product document with respect to which the certificate may be laused or may pricing.    The is certify that is pricing a law general or other document with respect to which the certificate may be laused or may pricing. The instance whereif by the product document with respect to which the certificate may be laused or may pricing.    LIMIT'S SHOWN MAY TAKE SEEN REQUISED BY PAID CLAIMS		POSTAL N51	2 3V7			POSTA	N5R 2Z7	
The is contributed the poides of construction and solve the treated framed above for the purpley period believed of many periods. The insurance allowed by the policies described herein is unapped to all terms, and above mere the insurance and above to the purpley period. The insurance allowed by the policies described herein is unapped to all terms, and above mere construction and the purpley period. The insurance allowed by the policies described herein is unapped to all terms, and above mere constructions and period on any periods. The insurance allowed by the policies described herein is unapped to all terms, and above mere constructions.  LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS  LIMITS SHOWN MAY H	1. DESCRIPTION OF OPERATIONS LOCATIO	NS/AUTOMOBILES/SPECIAL ITEMS TO WE	ІСВ тив севт	ECATE APPLIES (NO	t only with respect to the operations of the	· Named Institut)	James Miller Line	
This is outly had the pickes of insurance lated blook have been stand of the Navard canada done for the pickey period indicated constructions and any consider of the common with the insurance and the picket.    LILITES SHOWN MAY HAVE BEEFN REDUCED BY PAID CLAIMS	Operations usual to named in	sured. With respect to the	Shamrock	Shuffle taking	place March 16, 2019.			
and conditions and symbol sections and comments with respect to which his surplets which the surplets which	4 GOVERAGES			ar in the same				
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AL OWNED AUTOMOBILES    EASED AUTOMOBILES     AL AUTOMOBILES     EASED AUTOMOBILES     AUTOMOB		20000000 0011 001						
LEASED AUTOMOBILES "   SOULY INJURY (PER ACCIDENT)   PROPERTY DAMAGE   PROPERTY DA	<u> </u>		25)		BOOLY INJURY (PER PERSON)			
PROPERTY DAMAGE EXCESS LIABILITY    UMBRELIA FORM   EACH OCCURRENCE     OTHER LIABILITY (SPECIFY)     OTHER LIABILITY (SPECIFY	1				BODILY INJURY (PER ACCIDENT)			
EACH OCCURRENCE    UNBRELLA FORM   AGGREGATE   AGGREGATE	30 DAYS WHERE THE INSURED IS REQUIRED				PROPERTY DAMAGE		1 = 700 100 = 1	
AGGREGATE  ADGREGATE				100000	EACH OCCURRENCE			
OTHER LIABILITY (SPECIFY)  C. CARCELLATION  Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.  Report Agency Fuel base and Rabiko Apopess  7. Additional Haused Name also Marking apopess  Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  462 Talbot Street  St Thomas, ON  POSTAL NSP 1B9  BROKER CLIENT ID: INNOUTO-01  Company will endeavor to mail 30 days written notice to the certificate holder named beautiful apoptess or representatives.  7. Additional Haused Name and Marking apoptess  7. Additional Haused Name and Marking apoptess  8. BEOSTAL NSP 1B9  BROKER CLIENT ID: INNOUTO-01  Company will endeavor to mail 30 days written notice to the certificate holder named beautiful apoptess  7. Additional Haused Name and Marking apoptess  8. BEOSTAL NSP 1B9  BROKER CLIENT ID: INNOUTO-01  Company will endeavor to mail 30 days written notice to the certificate holder named beautiful apoptess  7. Additional Haused Name and Marking apoptess  8. BEOSTAL NSP 1B9  BROKER CLIENT ID: INNOUTO-01  COMPACT RUMBER(S)  TYPE FAX NO (519) 631-3862  TYPE FAX NO (519) 631-3862					AGGREGATE			
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30_days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.  BECKERAGE/AGE/KOY FULL HAVE AND PARLED ADDRESS  Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  462 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  CENTIFICIATE AUTIKRIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  COMTACT NUMBER(S) TYPE Phone NO. (519) 631-3862  TYPE FAX NO (519) 631-0386					Modreonie			
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Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.  8. BROKERAGE AGENOVE LLL HAME AND MALLED ADDRESS  7. ADDRESS TO MALLED ADDRESS  Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  462 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  8. CERTIFICATE AUTHORIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  COMPACT NUMBER(S) TYPE Phone NO. (519) 631-3862  TYPE FAX NO (519) 631-0386					-			
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.  7. Abornoval visuates NAME AND MALING ADORESS  Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  462 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  S. CERTIFICATE AUTHORIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  CONTACT NUMBER(8) TYPE Phone NO. (519) 631-3862  TYPE Fax NO(519) 631-0386								
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.  8. BEOKERAGE/AGENOY FULL BAME AND MARING ADORESS  7. ADORTON ALL HIS LIED NAME AND MARING ADORESS  Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  462 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  8. CERTIFICATE AUTRORIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  CONTACT NUMBER(S) TYPE Phone No. (519) 631-3862  TYPE FAX NO(519) 631-0386			OF THE STATE OF	2016/04/2015			100000000000000000000000000000000000000	
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Reith & Associates insurance and Financial Services Limited  462 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  SI CERTIFICATE AUTHORIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  545 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  CONTACT NUMBER(S)  TYPE Phone NO. (519) 631-3862  TYPE Fax NO (519) 631-0386	certificate holder named above, but fa	illure to mail such notice shall impo	se no obligati	on or liability of a	ny kind upon the company, its age	ents or represe	ntatives.	
Reith & Associates Insurance and Financial Services Limited  462 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  EXERTIFICATE AUTHORIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  City of St. Thomas  545 Talbot Street  St Thomas, ON  POSTAL N5P 1B9  CONTACT NUMBER(S)  TYPE Phone NO. (519) 631-3862  TYPE Fax NO (519) 631-0386	6. BROKERAGE/AGENOY FUEL BAME AND	MAKING ADORESS	S1318(5.00)	7. ADDITIONAL INS	SURED NAME AND MAILING ADDRESS  In the operations of the Named Insured)			
462 Talbot Street  St Thomas, ON  St Thomas, ON  POSTAL N5P 1B9  BROKER CLIENT ID: INNOUTO-01  S CERTIFICATE AUTICIDATE AUTICAL AUTICIDATE AUTICAL	Reith & Associates Insurance	and Financial Services Limit	ed C	ity of St. Tho	mas			
BROKER CLIENT ID: INNOUTO-01  6. CERTIFICATE AUTI-KIRIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  CONTACT NUMBER(S) TYPE Phone NO. (519) 631-3862  TYPE FAX NO (519) 631-0386	462 Talbot Street			45 Talbot Stre	et	1,0		
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6. CERTIFICATE AUTIFORIZATION  ISSUER Reith & Associates Insurance and Financial Services Limited  TYPE Phone No. (519) 631-3862  TYPE Fax No. (519) 631-0386	BROKER CLIENT ID: INNOUTO-01	1000					POSTAL NEP 3V7	
ISSUER Reith & Associates Insurance and Financial Services Limited  TYPE Phone NO. (519) 631-3862  TYPE Fax NO.(519) 631-0386			SECTION SEC			-		
TYPE PHONE NO. (319) 631-3662 TIPE PAX NO. (319) 631-0366		nce and Financial Services Lim	ited	CONTACT NUMBER(S)	(F40) 024 2505	Eau	E40) 624 0206	
AUTHORIZED REPRESENTATIVE TYPE NO. 1TPE NO.				TYPE Phone	NO. (519) 631-3862 TYPE NO. TYPE	Fax No.	5 13) 631-U366	
SIGNATURE OF DATE 2019/1/22 EMAIL ADDRESS  AUTHORIZED REPRESENTATIVE Paint Holder		siden		DATE 2019/	1/22 EMAIL ADDRESS		////	

<u>SECTION 1: EVENT AF</u>	ND ORGANIZER INFORMATION
Event Name:	Big Bike Heat and Stroke
Date(s):	Big Bike Head and Stroke  May 28 and 29. 2879  12:00pm End Time: 8:00 pm
Start Time:	12:00 pm End Time: 8:00 pm
Location(s):	Back Alley Bar + Grill 18 Princes Ave
Organizing Group:	Heart and Stroke Foundation.
Contact Name #1:	Dajana Dragicevic #2: Jennifer Hassan
Street Address:	180 - 633 colborne St.
Town/City:	London Province: ON Postal Code: NBB2V3
Phone Number #1:	519 679 0641 X 3311 #2: 519 679 0641 X 4263
Email Address:	dajana.dragicevic@ heartandstroke.ca
Expected Attendance	e: 150 Number of Event Personnel/Volunteers: 6
Location and number	r of washrooms in place: 2 inside Back Alley.
Location and Numbe	r of Parking Spaces: 26 Side of building.
Number of Accessibl	e Washrooms: Number of Accessible Parking Spots: & .
Please describe your	specific event. Attach additional sheets as necessary.
Every 1/	2 hour teams of 29 pide the
Big Bike	around a 2 km route to
raise ma	around a 2 km route to
SECTION 2: FOOD A	ND BEVERAGE
Will food/beverage	of any kind be available at this event?  Yes  No  Yes  No  No  No  No  No  No  No  No  No  No
IT YES VALUMUST BALL	As 20HIUMSZIGIU KIIDIIC LIGGICII OL 372-037-3300 OLICOSLY ALCOVA BUOL 45 ALCOVA

SECTION 3: PERSONAL SERVICES
Will there be personal services of any kind offered to the public at this event? Yes No
Personal services include but are not limited to barbering, manicures, pedicures, esthetics, tattooing and piercing.
SECTION 4: TENTS
Will there be an indoor or tent covered area used for public assembly as part of the event?  Yes □  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 through Planning & Building 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 with Smoke Free Ontario Act requirements enforced by Southwestern Public Health. Please contact the Tobacco Enforcement Officer for information on how to meet these requirements.
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 available through the Parks, Rec and Property Management Department for Special Events taking place on municipal property.
You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off — premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement.
The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a no staking policy in all of the City's Parks, Recreation and Property Management facilities.
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT
If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Cierk's Department. Please note that such approval may take several weeks.
Will you be requesting that City Council declare your event a "Municipally Significant Event"?  Yes □ No ☑
SECTION 7: MUSIC / NOISE

Will there be a concert or musical entertainment as part of the event? Yes □

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 elf 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 event w 71-2011, an Applica attach a copy of the a	itlon for Tempo	rary Exemptic	n to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FLOW	CHANGES			
Are you anticipating any road closures or traff	ic flow changes?		Yes 🗌	No 戊¼
If Yes, please describe the road closure requir of Way Occupancy Permit and City Council ap approval may take several weeks.	proval is required for	all road closure	s. Please note	sure. A Right that 
	28			
			2° A1/a	<u> </u>
Please attach a copy of the Right of Way Occu				
If the event is a Parade / Run / Walk / Pass th under the Special Events page on the City we	rough Sporting Event, bsite. Describe the eve	please refer to ent and attach	the city roads a map or sketo	map located th.
#	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u>-</u>	
Do you require traffic control?  If Yes, please contact the St. Thomas Police S	ervices at (519) 631-1	224 ext. 4177.	Yes 🗌	No D
PLEASE NOTE: Marshalls, volunteers and specan direct traffic pursuant to the Highway Tra	affic Act.		ect traffic. Onl	y the police
Have you contacted the Env Services Department	nent - Roads and Tran Barricades No Parking Signs Detour Signing	sporation for: Yes  Yes  Yes  Yes  Yes	No 🔲 No 🗀 No 🗀	n/a 🔀 n/a 🛱 n/a 🌣

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### **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, o and Property Management staff once the					
Have you contacted Parks and Recreation			es 🔲 🕆	. No □	N/A 🔀
Have you rented a pavilion/facility and sig	ned a permit?	Ye	es 🗌	No 🗌	N/AE
If yes, please provide the location of the re	ental and attach a co	py of the	permit	M	<u> </u>
Do you require additional picnic tables or ( and Property Management Dept and that		ne respon			
If Yes, how many are you requesting? #	of Picnic Tables:/	VA-	# of Garba	nge Cans:	NA
Have you made arrangements with Enviro	nmental Services sta		ycling cont	ainers and c	ollection? N/A\\\
Will you require municipal support for:	Water Hydro		es 🗌	No 区 风 oN	N/A □ N/A □
Please note that all equipment and extens certification body under the Ontario Electric Authority. If required, please attach the Number:	trical Safety Code o	r have be	een inspec	ted by the I	Electrical Safety
If required, have you obtained a Hydrant (	Connection Permit?	Ye	es 🗀	No 🗀	N/A 152/
If Yes, please attach a copy of the Permit a	and provide the Perm	nit Numb	er: <u>/</u>	/A-	<u> </u>
SECTION 11: ACCESSIBILITTY					
As an event organizer, it is your respons Accessibility for Ontarians with Disability requirements to meet for accessibility. displayed throughout the event venue to washrooms and parking. Although not require to the Municipal Accessibility Advisor	ies Act (AODA). Or Please note that o indicate the barrie juired, the Special Ev	ganization directiona r-free pat ents Con	ns with at al signage th of trave nmittee rec	least one needs to land location to the least to	employee have be prominently on of accessible
SECTION 12: OTHER SERVICES/RESOURCE	<u>s</u>				
Security: Has a privately licenced security if Yes, what company and how many secur				Yes 🗆	No No
First Aid: For events with an anticipated a required to be retained. Have you confirm If Yes, please attach documentation provid	ed First Aid services	? Y	′es □	No 🗌	es are N/A

-18-

Ambulance: Has Emergency Medical Services (Ambulance Service) be planned emergency access to the site?	en contacted regarding your Yes □	event and No <b>次</b>
Fireworks: Will there be fireworks as part of your event?  If Yes, a permit for exhibition fireworks is required through the Fire De	Yes 🗀 partment.	No [34
SECTION 13: SIGNATURE		
That the information contained in this application and any document provided in support of the application, by myself, my agents, consumon information and will become part of the public record. As such, and in Municipal Freedom of Information and Protection of Privacy Act, R.S.C. City of St. Thomas making this application and its supporting docume including copying and disclosing the application and its supporting dottheir request.	Itants and solicitors, constituted and accordance with the provise D. 1990, c.M.56, I hereby constitution available to the generation available to the generation.	utes public ions of the sent to the eral public,
(Signature of Individual Completing this Application)	Jan 11, 201 (Date completed)	9
Office Use Only: Application Received: Ton 11 2019 Committee	e Approval:	

#### **SECTION 14: INSURANCE**

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.

STATEMENT OF INDEMNIFICATION	
Big Bike organize (Event Name)	ed by Heart and Stroke (Organizing Group)
	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 thereof death resulting at any time there from, occasioned b	
Big Bike organize	by Hear and Stroke (Organizing Group)
(Event Name)	(Organizing Group)
Witness:	Signed:
Name (Print): Patricia Silego	Name (Print): Dajara Dragicevic
	Address: 180-633 (alborne St
	Telephone: <u>519 679 6641 83311</u>
	Date: 5an 11, 2018
	Event Name: Big Bixe
	Organizing Group: Hert and Stroke
	Date: San 11, 2018  Event Name: Big Bike  Organizing Group: Heart and Stroke  Event Dates: May 28 + 29.

	-2(1)	Received
SECTION 1: EVENT A	ND ORGANIZER INFORMATION	JAN 1 6 2019
Event Name:	WALK FOR ALZHEIMERS	City Clerks Dept.
Date(s):	SATURDAY, MAY 11, 2019	<del> </del>
Start Time:	9.00 A.M. End Time: 11.30 A.M.	
Location(s):	PINAFORE PARK	
Organizing Group:	ALZHEIMER SOLIETY, ELBIN-ST. 7	HOMAS
Contact Name #1:	SHARON LECHNER #2:	
	D 450 SUNSET DRIVE, SWITE à	
	ST. THOMAS Province: DN Postal Code: NS	w ·
Phone Number #1:	519) 633-7028 #2: (519) 280-6	289
Email Address:	Sharonlechner & rogers, com	
Expected Attendance	e: <u>200</u> Number of Event Personnel/Volunteers:	
Location and numbe	r of washrooms in place:	
Location and Number	er of Parking Spaces: 10	
Number of Accessible	e Washrooms: Number of Accessible Parking Spots:	
Please describe your	specific event. Attach additional sheets as necessary	
ANNUAL PARK.	FUNDRAISING WALK WITHIN	

# **SECTION 2: FOOD AND BEVERAGE**

No 🗌 Will food/beverage of any kind be available at this event? If Yes, you must notify Southwestern Public Health at 519-631-9900 at least 2 weeks prior to the event.

# **SECTION 3: PERSONAL SERVICES**

	, 13	
SECTION 3: PERSONAL SERVICES  CHAIR M	A53445	
SECTION 3: PERSONAL SERVICES  CHAIR M  Will there be personal services of any kind offered to the public at this even  If Yes, you must notify Southwestern Public Health at 519-631-9900 at least	t? Yes 2 2 weeks prior to	No□ the event.
Personal services include but are not limited to barbering, manicures, pedic piercing.	ures, esthetics, t	attooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as par	rt of the event?	No 🖸
if Yes, please specify the number and size of tents.		
If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required services. Please attach a copy of the Permit and provide the Permit Numbe		
Please note that Indoor or Tent covered areas for public assembly must con requirements enforced by Southwestern Public Health. Please contact the Tinformation on how to meet these requirements.		
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		
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 calendorsements to provide off — premises beverage services, organizers shall confirming date/time/location/services as well as a copy of the establishme	the AGCO guide Act and its Regu f inspections. Pleaterer with all th supply a letter fr	lines for lations and ease submit a e required rom the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barries is a <b>no staking policy</b> in all of the City's Parks, Recreation and Property Mana	•	
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 sweeks.	ur event "munic	ipally significant",
Will you be requesting that City Council declare your event a "Municipally Si	ignificant Event" Yes □	? No Œ
SECTION 7: MUSIC / NOISE	103 []	
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 event? If Yes, the Southwestern Public Health must be notif are not permitted in the Animal Control By-Law 71-2 Law must be approved by City Council. Please attach Please note that such approval may take several we	2011, an Applicati a copy of the ap	ion for Tempor	ary Exemption t	o the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FLOW CHAM	NGES			
Are you anticipating any road closures or traffic flow	/ changes?		Yes 🗌	No 🖸
If Yes, please describe the road closure requirement of Way Occupancy Permit and City Council approval approval may take several weeks.	is required for al	l road closures.	Please note tha	
				_
Please attach a copy of the Right of Way Occupancy  If the event is a Parade / Run / Walk / Pass through !				
under the Special Events page on the City website.				
Do you require traffic control?  If Yes, please contact the St. Thomas Police Services	at (519) 631-122	4 ext. 4177.	Yes 🗌	 No 🗓
PLEASE NOTE: Marshalls, volunteers and special eve can direct traffic pursuant to the Highway Traffic Act Have you contacted the Env Services Department - F	t.		traffic. Only the	e police
Barrio No Pa	ades Irking Signs	Yes	No 🗆 No 🗆	N/A D N/A D

# **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, of and Property Management staff once the				rks, Rec
Have you contacted Parks and Recreation				N/A 🗌
Have you rented a pavilion/facility and sign			No 🗌	
If yes, please provide the location of the	rental and attach a copy of	the permit. $D$	ANCE P	AVILION
Do you require additional picnic tables or and Property Management Dept and that / If Yes, how many are you requesting?	garbage cans? Please note	e availability is a ponsibility of the	t the discretion le event organiz	of the Parks, Rec
If Yes, how many are you requesting?	of Picnic Tables:	# of Garbag	ge Cans:	<del></del>
Have you made arrangements with Enviro	onmental Services staff for	recycling conta Yes	iners and collec	etion? N/A □
Will you require municipal support for:	Water Hydro	Yes 🗍 Yes	No ☑ No ☐	N/A □ N/A □
Please note that all equipment and extencertification body under the Ontario Ele Authority. If required, please attach the Number:	ectrical Safety Code or hav	e been inspect	ed by the Elect	rical Safety
If required, have you obtained a Hydrant	Connection Permit?	Yes 🗌	No 🗌	N/A 🗀
If Yes, please attach a copy of the Permit	and provide the Permit Nu	mber:		
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your respondencessibility for Ontarians with Disability 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). Organiza Please note that direct in indicate the barrier-free equired, the Special Events	ations with at ional signage path of travel Committee reco	least one emp needs to be p and location o ommends subm	loyee have prominently f accessible
SECTION 12: OTHER SERVICES/RESOURCE	<del></del>		/	
Security: Has a privately licenced security If Yes, what company and how many secu	r firm been contacted/retai urity officers will be presen	ned? t? <u>0                                   </u>	Yes Du	BOLILE
First Aid: For events with an anticipated required to be retained. Have you confirm If Yes, please attach documentation provides	ned First Aid services?	Yes 🔃	No □ I	re N/A 🗆

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Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted planned emergency access to the site?	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.	Yes 🗌	No 🗹

#### **SECTION 13: SIGNATURE**

That the information contained in this application and any documentation, including reports, and drawings, provided in support of the application, by myself, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, I hereby consent to the City of St. Thomas making this application and its supporting documentation available to the general public, including copying and disclosing the application and its supporting documentation to any third parties upon their request.

(Signature of Individual Completing this Application)

1/16/2019 (Date completed)

Office Use Only: Application Received:

\_ Committee Approval: \_

#### **SECTION 14: INSURANCE**

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.

STATEMENT OF INDEMNIFICATION
IG WEALTH MANAGE HENT
WALK FOR ALZHEINERS organized by ALZHEINER SOCIETY ELGIN-ST. HOHAS
(Organizing Group)

shall indemnify and save harmless The Corporation law responsible from any and all liabilities, damage:	of the City of St. Thomas and all persons for whom it is at s, costs, claims, suits or actions arising out of:
death resulting at any time there from, occasioned	of, and any injury to any person or persons, including by any act or omissions of ed by ALTHEIMEL SOCIETY ELGIN ST. THORAS (Organizing Group)
the premises or any part thereof arising from or occ	rs, customers, invitees or licensees, or occurring in or on casioned by any cause whatsoever, except where such ence of The Corporation of the City of St. Thomas, its customers, invitees or licensees.  Signed:
Name (Print): HELYATT LECHNER	Name (Print): SHARON LECHNEN
	Address: 450 SUNSET DR
	Telephone: $(5/9)280-6289$
	Date: JAN. 16/2019
	Event Name: WALK FOR ALZHEIMENS
	Organizing Group: EIGIN ST THOMAN
	Event Dates: MAY //, 20/9



CSIO	CER	TIFICAT	TE O	F L	_IABILI1	TY INSURANCE		
This certificate is issued as a mat						te holder and imposes no liability ad by the policies below.	y on the insu	rec.
1. CERTIFICATE HOLDER - NAME AND MAI			arenos ha	-		L NAME AND MAILING ADDRESS		
City of St. Thomas				Al	zheimer Soc	iety of		
545 Talbot Street	Ibot Street 229-450 Sunset Dr.							
St. Thomas, ON St.Thomas, ON								
		POSTAL N2F	3V7		-160	18 F. A. W. W. W. W. W. W. W.	POST	TAL N5R 5V1
3. DESCRIPTION OF OPERATIONS/LOCATION	ONSVAUTOMOBILES/SPE	CIAL ITEMS TO WH	OCH THIS C	ERTIF	PCATE APPLIES (bi	ut only with respect to the operations of ti	e Named Insure	d)
Operations usual to Named In 2019 at Pinafore Park.	sured. With res	pect to the I	Investo	rs G	roup Wealth	Management Walk for Alz	heimer's d	on May 11,
4. COVERAGES				18-4	MARKET OF THE		1198-019-019	
-	document with respect to		may be issue	ed or n	nay pertain. The insu	d indicated notwithstanding any requirements trance afforded by the policies described here EN REDUCED BY PAID CLAIMS		11111
			EFFEC	1000	EXPRY	LIMITS OF LIAE	SILITY	
TYPE OF INSURANCE	INSURANCE AND POLICY	and the first of t	DAT	E	DATE	(Canadian dollars unless inc	7 - 7	AMOUNT OF
			YYYYAV	MADO	YYYY/MM/DD	COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE
COMMERCIAL GENERAL LIABILITY						BODILY HUURY AND PROPERTY DAMAGE		5,000,000
CLAIMS MADE OR OCCURRENCE						GENERAL AGGREGATE - EACH OCCURRENCE		5,000,000
PRODUCTS AND / OR COMPLETED OPERATIONS  EMPLOYER'S LIABILITY	Aviva Canada		2018/	10/6	2019/10/6	PRODUCTS AND COMPLETED OPERATIONS		5,000,000
CROSS LIABILITY	S1329768			2010110		AGGREGATE  PERSONAL INLERY LIABILITY		
			İ			OR PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000
					5	MEDICAL PAYMENTS		25,000
TENANTS LEGAL LIABILITY						TENANTS LEGAL LIABILITY	1,000	500,000
POLLUTION LIABILITY EXTENSION	1					POLLUTION LIABILITY EXTENSION		
NON-OWNED AUTOMOBILES HIRRED AUTOMOBILES	Aviva Canada		2018/	10/6	2019/10/6	NON OWNED AUTOMOBILE		5,000,000
AUTOMOBILE LIABILITY	\$1329768					BODILY INJURY AND PROPERTY		
DESCRIBED AUTOMOBILES						DAMAGE COMBINED		
ALL OWNED AUTOMOBILES						BODILY INJURY (PER PERSON)		
LEASED AUTOMOBILES ** **ALL AUTOMOBILES LEASED IN EXCESS OF						BODILY INJURY (PER ACCIDENT)		
10 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE DISURANCE	-		-			PROPERTY DAMAGE		
EXCESS LIABILITY						EACH OCCURRENCE		
UMBRELLA FORM						AGGREGATE		
OTHER LIABILITY (SPECIFY)								
			-				-	
5. CANCELLATION								
Should any of the above described pol								tten notice to the
certificate holder named above, but fai		ice shall Impos	gildo on e	-	T	ry kind upon the company, its age URED NAME AND MAILING ADDRESS	nts or represe	entatives.
6. BROKERAGE/AGENCY FULL NAME AND	MAILING ADDRESS			7.		to the operations of the Hamed Insured)		
Reith & Associates Insurance a	nd Financial Ser	vices Limited	<b>d</b>	Cit	ty of St. Thon	nas		
62 Talbot Street				54	5 Talbot Stree	et		
St Thomas, ON				St	Thomas, ON			
		POSTAL N5P 1E	39					
ROKER CLIENT ID: ALZHSOC-01								POSTAL N5P 3V7
8. CERTIFICATE AUTHORIZATION								
ISSUER Reith & Associates Insuran	ce and Financial S	iervices Limite	ed	1	ONTACT NUMBER(S)	ю. <b>(519) 631-3862</b> түре	Fax No.(	519) 631-0386
AUTHORIZED REPRESENTATIVE				7		10. (319) 031-3002 TYPE	NO.	J 13/ UJ 1-UJ00
SIGNATURE OF	lderi	C-021 11	777555	L D4	ATE 2019/1	/16 EMAIL ADDRESS		- 10
ALTHUMORED DEDOCCENTATING & DUTING TO				200				

<b>SECTION 1: EVENT AND</b>	D ORGANIZER INFORMATION JAN 17	2019
Event Name:	Lions Club Fathers Day Car Show City Clerks De	
Date(s):	June 16th. 2019	
Start Time:	7AM End Time: 4PM	
Location(s):	Pinafore Park. St Thomas	
Organizing Group:	Lions Club of St. Thomas	
Contact Name #1:	Wayne Cudney #2: Hans Van Vorren	
Street Address:	33 Leger Ave	
Town/City:	St. Thomas Ont. Postal Code: N5R 5M8	
Phone Number #1:	5196312148 #2: 5196732148	
Email Address:	wcudney@sympatico.ca	
Expected Attendance:	400-500 Number of Event Personnel/Volunteers: 20	
	of washrooms in place: Profere Park	
Location and Number	of Parking Spaces: Pinatoro Park	
Number of Accessible	Washrooms: Number of Accessible Parking Spots:	
Please describe your sp	pecific event. Attach additional sheets as necessary	
-		
	<u></u>	
SECTION 2: FOOD AND	D BEVERAGE	

Will food/beverage of any kind be available at this event? Yes ✓ No ☐ If Yes, you must notify 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 even		No □
If Yes, you must notify Southwestern Public Health at 519-631-9900 at least	2 weeks prior to th	ne event.
Personal services include but are not limited to barbering, manicures, pediciples.	ures, esthetics, tati	tooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as par	rt of the event? Yes 🗌	No 🗹
If Yes, please specify the number and size of tents		
If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required to Services. Please attach a copy of the Permit and provide the Permit Numbe		
Please note that Indoor or Tent covered areas for public assembly must com requirements enforced by Southwestern Public Health. Please contact the Tinformation on how to meet these requirements.		
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 Poli Rec and Property Management Department for Special Events taking place o		
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 o copy of the liquor permit with this application. If utilizing the services of a calendorsements to provide off — premises beverage services, organizers shall confirming date/time/location/services as well as a copy of the establishme	the AGCO guidelin Act and its Regulat finspections. Pleas aterer with all the r supply a letter fror	es for ions and se submit a required
The area where alcohol is being served has to have a 36" (0.9m) high barrien is a no staking policy in all of the City's Parks, Recreation and Property Man		note that there
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 yo by submitting the request to the City Clerk's Department. Please note that sweeks.	ur event "municipa	ally significant"
Will you be requesting that City Council declare your event a "Municipally Si	_	o 🗹
SECTION 7: MUSIC / NOISE	162 🗀 (A:	∪ <u>(</u>
Will there be a concert or musical entertainment as part of the event?	Yes 🗹 N	o 🗆

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 If Yes, the Southwestern Public Health must are not permitted in the Animal Control By-Law must be approved by City Council. Pleas Please note that such approval may take sev	be notified of the eve aw 71-2011, an Appli e attach a copy of the	cation for Temp	orary Exempti	on to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FLO	W CHANGES			
Are you anticipating any road closures or tra	ffic flow changes?		Yes 🗌	No 🗹
If Yes, please describe the road closure requor of Way Occupancy Permit and City Council a approval may take several weeks.	pproval is required fo	r all road closur	es. Please note	
Please attach a copy of the Right of Way Occ  If the event is a Parade / Run / Walk / Pass the				
under the Special Events page on the City we	ebsite. Describe the e	vent and attach	a map or sketo	ch.
Do you require traffic control? If Yes, please contact the St. Thomas Police S	Services at (519) 631-2	1224 ext. 4177.	Yes 🗌	—— No ☑
PLEASE NOTE: Marshalls, volunteers and spe can direct traffic pursuant to the Highway Tr Have you contacted the Env Services Departs	affic Act.		ect traffic. Onl	y the police
There you contacted the this services bepare	Barricades	Yes 🗆	No 🗹	N/A 🗐
	No Parking Signs	Yes 🗌	No 🗹	N/A 📵
	Detour Signing	Yes 🗌	No 🗹	N/A 🗍

# **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, or and Property Management staff once the				
Have you contacted Parks and Recreation			No 🗌	N/A 🗌
Have you rented a pavilion/facility and sig	ned a permit?	Yes 🗹	No 🗌	N/A □
If yes, please provide the location of the r	ental and attach a copy of	f the permit. <u> </u>	North Shelter and Ma	rshall shelter
Do you require additional picnic tables or and Property Management Dept and that		sponsibility of	the event orga	nizer.
		Yes 🗹	No 🗌	N/A □
If Yes, how many are you requesting? #	of Picnic Tables:	# of Garl	page Cans: 6	
Have you made arrangements with Enviro	onmental Services staff for	r recycling cor	ntainers and col	lection?
,		Yes 🗌	No 🗹	N/A □
Will you require municipal support for:	Water	Yes 🗌	No 🗌	N/A ☑
,	Hydro	Yes 🗌	No 🗌	N/A 🗹
Number:  If required, have you obtained a Hydrant  If Yes, please attach a copy of the Permit		Yes	No 🗌	N/A ☑
if tes, please attach a copy of the Fernite	and provide the Fermic W	umber	<u> </u>	-
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your respon Accessibility for Ontarians with Disability requirements to meet for accessibility. displayed throughout the event venue to washrooms and parking. Although not replan to the Municipal Accessibility Advisor	ties Act (AODA). Organize Please note that direct of indicate the barrier-free quired, the Special Events	ations with a tional signag e path of trav Committee r	at least one en e needs to be vel and location ecommends sul	mployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURCE	<u>ES</u>			
Security: Has a privately licenced security If Yes, what company and how many secu			Yes 🗌	No 🗹
First Aid: For events with an anticipated a				- A-1-1-1-1 E-1-1-1-1
required to be retained. Have you confirm		Yes 🗹	No 🗌	N/A <sup>7</sup>

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Ambulance: Has Emergency Medical Services (Ambulance splanned 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	Yes 🗌	No 🗹	
SECTION 13: SIGNATURE			
That the information contained in this application and any provided in support of the application, by myself, my age information and will become part of the public record. As a Municipal Freedom of Information and Protection of Privacy City of St. Thomas making this application and its supportion including copying and disclosing the application and its suptheir request.	ents, consultants and solutions and in accordance by Act, R.S.O. 1990, c.M.S and documentation available.	licitors, constitu with the provis 6, I hereby cons able to the gene	utes public ions of the sent to the eral public,
(A)	Jan. 15tl	ո. 2019	
(Signature of Individual Completing this Application)	(Date com	pleted)	
Office Use Only: Application Received: \(\sum_{O} \) \(\text{RO} \)	Committee Approval:		

#### **SECTION 14: INSURANCE**

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.

STATEMENT	OF INDE	<b>EMNIFIC</b>	ATION

Lions Fathers Day Car Show organized by Lions Club of St. Thomas

(Event Name)

(Organizing Group)

shall indemnify and save harmless The Corporation of the City of St. Thomas and all persons for whom it is at law responsible from any and all liabilities, damages, costs, claims, suits or actions arising out of:

any damage to property including loss of use thereof, and any injury to any person or persons, including death resulting at any time there from, occasioned by any act or omissions of

Lions fathers Day car Show organized by Lions Club of St. Thomas

(Event Name)

(Organizing Group)

its officers, agents, servants, employees, contractors, customers, invitees or licensees, or occurring in or on the premises or any part thereof arising from or occasioned by any cause whatsoever, except where such damage or injury is due to the act, default or negligence of The Corporation of the City of St. Thomas, its officers, agents, servants, employees, contractors, customers, invitees or licensees.

Witness:

Signed:

Name (Print): /

Name (Print):

Wayne Cudney

Address:

33 Leger Ave.

Telephone:

5196312148

Date:

Jan.15th. 2019

Event Name:

Fathers Day Car Show

Lions Club of St. Thomas

Organizing Group:

June 16th. 2019

**Event Dates:** 

<u>SECTION 1: EVENT AN</u>	D ORGANIZER INFORMATION	<u>N</u>						
Event Name:	St. Thomas Res	spect Life W	/alk-a-Thon	_				
Date(s):	April 27, 2019		<u> </u>					
Start Time:	9:30 A.M.	End Time:	12:00 P.M.					
Location(s):	Starting at Knig	hts Of Colu	mbus Hall					
Organizing Group:	St. Thomas & D	St. Thomas & District Right to Life						
Contact Name #1:	Charlie DiMaria	<sub>#2:</sub> Joh	ın Van Eyk					
Street Address: Mai	ling Address: 46	8 Talbot St.						
Town/City:	St. Thomas			5P 1C2				
Phone Number #1:	519-633-5433							
Email Address:	stthomasrti@be	llnet.ca						
Expected Attendance:	50 Number of	of Event Personnel/\	Volunteers: 7					
Location and number	of washrooms in place:	5 Wellingto	n St.					
Men and Wo	omens Washroor	ns						
Location and Number	of Parking Spaces: 265 \	Nellington S	St.					
30	orranking spaces.							
Number of Accessible	Washrooms:	_ Number of Access	ible Parking Spots:	15.				
	specific event. Attach addition							
	the Knights of Columbus			ignated				
	ack for approxima							
	ed route sheet)							
(Oco attaone	<del>54 10410 011001</del>	<u> </u>						
SECTION 2: FOOD AN	D BEVERAGE							
		ayant?	Yes <b>⊘</b>	No l				
	f any kind be available at this v Southwestern Public Health		<del>_</del>	-				

# **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	? Yes 🗌 ! weeks prior to	No ✓ the event.
Personal services include but are not limited to barbering, manicures, pedicu piercing.	res, esthetics, t	attooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as part	of the event?	No ☑
If Yes, please specify the number and size of tents.		
If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required the 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 comprequirements enforced by Southwestern Public Health. Please contact the Toinformation on how to meet these requirements.	ply with Smoke bacco Enforcen	Free Ontario Act nent 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 Police Rec and Property Management Department for Special Events taking place or	Yes cy available thro n municipal pro	No ☑ ough the Parks, perty.
You must also comply with the Alcohol and Gaming Commission of Ontario (a responsible to notify and provide any pertinent information required under to obtaining a Special Occasion Permit. You must adhere to the Liquor Licence A 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 carendorsements to provide off — premises beverage services, organizers shall standard time/location/services as well as a copy of the establishment	the AGCO guide Act and its Regu inspections. Ple terer with all th supply a letter fr	lines for lations and ease submit a e required om the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barrier, is a no staking policy in all of the City's Parks, Recreation and Property Mana	/partition. Pleas gement facilitie	e note that there s.
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 su weeks.	ır event "munic	ipally significant",
Will you be requesting that City Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare your event a "Municipally Signature of the Council declare of the Coun	gnificant Event" Yes □	? No ☑
SECTION 7: MUSIC / NOISE	169 [_]	
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 ell 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 seve	e notified of the even w 71-2011, an Applica attach a copy of the a	ation for Tempo	rary 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 <b></b> ✓
If Yes, please describe the road closure requir of Way Occupancy Permit and City Council ap approval may take several weeks.	proval is required for	all road closure	owing the clo s. Please note	sure. A Right that —
	manay Dormit and pro	wide the normi	- #•	
Please attach a copy of the Right of Way Occu				
If the event is a Parade / Run / Walk / Pass the under the Special Events page on the City well Walk will start at the Knights of Colum	osite. Describe the eve	ent and attach a	map or sketo	:h.
route and back for approx	imately five	kilometer	s.	
(See attached route sheet	t)			
Do you require traffic control? If Yes, please contact the St. Thomas Police Se	ervices at (519) 631-12	224 ext. 4177.	Yes 🗔	No 🗹
PLEASE NOTE: Marshalls, volunteers and spectrand direct traffic pursuant to the Highway Tra Have you contacted the Env Services Department	ffic Act.		ect traffic. Onl	y the police
nave you contacted the Enviservices Departi	Barricades  No Parking Signs  Detour Signing	Yes  Yes  Yes  Yes  Yes  Yes	No □ No □ No □	n/a ☑ n/a ☑ n/a ☑

Page 4 of 7

# **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, on The Broperty Management staff once the				
Have you contacted Parks and Recreation			No □	N/A □
Have you rented a pavilion/facility and sig	ned a permit?	Yes 🔲	No 🗆	N/A □
If yes, please provide the location of the r	ental and attach a copy of	f the permit.		
Do you require additional picnic tables or	garbage cans? Please not	e availability	is at the discreti	on of the Parks, Rec
and Property Management Dept and that	delivery/pick up is the re	Yes	No 🗌	M/A ☑
If Yes, how many are you requesting? #	of Picnic Tables:	# of Gar	bage Cans:	
Have you made arrangements with Enviro	onmental Services staff fo	r recycling co	ntainers and col	lection?
		Yes 🗌	No 🗔	N/A 🗹
Will you require municipal support for:	Water	Yes 🗌	No 🗆	N/A ☑
, , , , , ,	Hydro	Yes 🗌	No 🗆	N/A ☑
Please note that all equipment and extencertification body under the Ontario Ele Authority. If required, please attach the Number:	ctrical Safety Code or ha Electrical Safety Authori	ve been insp	ected by the El ation and provi	ectrical Safety
If Yes, please attach a copy of the Permit	and provide the Permit N	umber:		_
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your respon Accessibility for Ontarians with Disability requirements to meet for accessibility displayed throughout the event venue to washrooms and parking. Although not re- plan to the Municipal Accessibility Adviso	ties Act (AODA). Organiz Please note that direct indicate the barrier-frequired, the Special Events	ations with tional signage e path of tra Committee i	at least one e ge needs to be vel and location recommends su	mployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURC	<u>es</u>			
Security: Has a privately licenced security If Yes, what company and how many secu			Yes 🗆	No [ <b>Z</b> ]
First Aid: For events with an anticipated a required to be retained. Have you confirm If Yes, please attach documentation provi	ned First Aid services?	Yes 🗆	No 🗆	s are N/A ☑

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Ambulance: Has Emergency Medical Services (Ambulance planned emergency access to the site?	Service) been contacted	regarding you	r event and No 🗹
Fireworks: Will there be fireworks as part of your event? If Yes, a permit for exhibition fireworks is required through	the Fire Department.	Yes 🗋	No 🗹
SECTION 13: SIGNATURE			
That the information contained in this application and an provided in support of the application, by myself, my aginformation and will become part of the public record. As <i>Municipal Freedom of Information and Protection of Privac</i> City of St. Thomas making this application and its support including copying and disclosing the application and its su their request.	ents, consultants and soli such, and in accordance w by Act, R.S.O. 1990, c.M.56 ing documentation availab	citors, constitutions that the provision in the provision in the general contract to the general contr	utes public lions of the sent to the
Karlo De Morio	January 21	1, 2019	
(Signature of Individual Completing this Application)	(Date comp	leted)	
Office Use Only: Application Received: 10019	_Committee Approval:	5 580	

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### **SECTION 14: INSURANCE**

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.

(Event Name)	organized by	nas & District Right to Life (Organizing Group)
nall indemnify and save harmless The C w responsible from any and all liabiliti	Corporation of the City of St. These, damages, costs, claims, suit	nomas and all persons for whom it is
ny damage to property including loss of eath resulting at any time there from, or	of use thereof, and any injury to occasioned by any act or omiss	any person or persons, including
it. Thomas Respect Life Walk-a-Tho	on organized by St. Thoma	as & District Right to Life
(Event Name)		(Organizing Group)
e premises or any part thereof arising mage or injury is due to the act, defau ficers, agents, servants, employees, co	from or occasioned by any cauself or negligence of The Corporal intractors, customers, invitees of the corporal intractors.	se whatsoever, except where such
officers, agents, servants, employees, e premises or any part thereof arising image or injury is due to the act, defau ficers, agents, servants, employees, continess:	from or occasioned by any cauself or negligence of The Corporal intractors, customers, invitees of Signed:	ise whatsoever, except where such ation of the City of St. Thomas, its on licensees.
mage or injury is due to the act, defau icers, agents, servants, employees, continues:	from or occasioned by any cauself or negligence of The Corporal Intractors, customers, invitees of Signed:  Name (Print):	se whatspever, except where such
mage or injury is due to the act, defau icers, agents, servants, employees, continues:	from or occasioned by any cauself or negligence of The Corporal intractors, customers, invitees of Signed:	charlie DiMaria
mage or injury is due to the act, defau icers, agents, servants, employees, continues:	from or occasioned by any cause it or negligence of The Corporal intractors, customers, invitees of Signed:  Name (Print):  Address:	charlie DiMaria  23 Rosemount Cres
mage or Injury is due to the act, defaulicers, agents, servants, employees, continues:	from or occasioned by any cauself or negligence of The Corporal Intractors, customers, invitees of Signed:  Name (Print):  Address:  Telephone:	charlie DiMaria  23 Rosemount Cres  519-633-2322
e premises or any part thereof arising image or injury is due to the act, defau ficers, agents, servants, employees, co	from or occasioned by any cauself or negligence of The Corporal Intractors, customers, invitees of Signed:  Name (Print):  Address:  Telephone:  Date:	Charlie DiMaria 23 Rosemount Cres 519-633-2322  January 21, 2019  St. Thomas & Dietrict Biolet to Life

Walk 4.6 km, 57 min

Columbus Club to 265 Wellington St. St. Thomas, ON N5R 2S6 Google Maps

TD Canada Trus 39 Collegiate Institut YMCA of St Thomas - Elgin Describentation of the constant of the constan Geerlinks Home & Hardware Building 200 m L LCBO St. Thomas Map data ©2018 Google St. Thomas Timken Community Centre Pierra Elifott Trudeau F.I McDonald's 🐿 Elgin County Railway Museum Fifth Av St. Thomas Roadhouse Soogle Myrtfa St Legends Tavern St. Thomas Public Library wikson Ave IS nigla Pi suizaored Scott St Si George St

### **SECTION 1: EVENT AND ORGANIZER INFORMATION**

Event Name:	ST THORAS KINSMEN EASTER E	66 HUNT
Date(s):	APRIL 20 2019	
Start Time:	8:00 setup 10:00 amend Time: 1:00 p	arn
Location(s):	PINAFORE PARK	A A- 111011188
Organizing Group:	ST THOMAS KINSDEN CLUB	JAN 2 2 2010
	PAUL TRITTLER #2:	
Street Address:	11792 NORTH ST	
Town/City:	ST 17-101) AS Province: OVT Postal Co	ide: NSP 4L7
Phone Number #1:	(519) 637-3042 #2:	
Email Address:	TRITTLER @ HOT MAIL. COM	55 - 54 <u></u> 0
Expected Attendance	e: Number of Event Personnel/Volunteers:	20-25
Location and number	r of washrooms in place: PARK WASHROOMS	<u> </u>
Location and Numbe	er of Parking Spaces:	
Number of Accessible	e Washrooms: Number of Accessible Parking Sp	oots:3
Please describe your	specific event. Attach additional sheets as necessary	
EASTE	ER EGG HUNT THREE AGE GROUP	0 1-45-8
9-12;	Set .	
SECTION 2: FOOD AI	ND BEVERAGE	
Will food/beverage of	of any kind be available at this event?	Yes ⊠ No □

If Yes, you must notify 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 even If Yes, you must notify Southwestern Public Health at 519-631-9900 at least	t? Yes 🔼 2 weeks prior to	No ☐ the event.
Personal services include but are not limited to barbering, manicures, pediciples of the personal services include but are not limited to barbering, manicures, pediciples of the personal services include but are not limited to barbering, manicures, pediciples of the personal services include but are not limited to barbering, manicures, pediciples of the personal services include but are not limited to barbering, manicures, pediciples of the personal services include but are not limited to barbering, manicures, pediciples of the personal services include but are not limited to barbering.	ures, esthetics, ta )ら吹	attooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as par	rt of the event? Yes 🛐	No 🗌
If Yes, please specify the number and size of tents. PAUILLION		
If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required Services. Please attach a copy of the Permit and provide the Permit Numbe	through Planning	& Building
Please note that Indoor or Tent covered areas for public assembly must conrequirements enforced by Southwestern Public Health. Please contact the Tinformation on how to meet these requirements.	nply with Smoke obacco Enforcen	Free Ontario Act nent 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  licy available thro on municipal pro	No 교 ough the Parks, perty.
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 copy of the liquor permit with this application. If utilizing the services of a confirming date/time/location/services as well as a copy of the establishment	the AGCO guide Act and its Regu of inspections. Ple aterer with all th supply a letter fr	lines for lations and ease submit a e required om the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barries is a no staking policy in all of the City's Parks, Recreation and Property Mar	er/partition. Pleas nagement facilitie	e note that theres.
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcohol ar (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? ボカザメ Page 3 of 7	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 If Yes, the Southwestern Public Health mare not permitted in the Animal Control E Law must be approved by City Council. Please note that such approval may take	ust be notified of the eve By-Law 71-2011, an Appli ease attach a copy of the	cat <mark>ion for Te</mark> mp	orary Exempti	on to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC F	LOW CHANGES			
Are you anticipating any road closures or	traffic flow changes?		Yes 🗌	No 🏹
If Yes, please describe the road closure re of Way Occupancy Permit and City Counc approval may take several weeks.	cil approval is required fo	r all road closur	es. Please note	
Please attach a copy of the Right of Way		rovide the perm		- 1
If the event is a Parade / Run / Walk / Pas under the Special Events page on the City				
		V		
Do you require traffic control?  If Yes, please contact the St. Thomas Poli	ce Services at (519) 631-	1224 ext. 4177.	Yes 🗌	No 🏻
PLEASE NOTE: Marshalls, volunteers and can direct traffic pursuant to the Highway Have you contacted the Env Services Dep	y Traffic Act.		ect traffic. Onl	y the police
nave you contacted the chy services Dep	Barricades  No Parking Signs  Detour Signing	Yes  Yes  Yes  Yes  Yes  Yes	No 🗌 No 📋 No 📋	N/A □ N/A □ N/A □

Page 4 of 7

### **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, org and Property Management staff once the Sp	anizers will need to arra	nge an onsite i lication has be	meeting with P en approved.	arks, Rec
Have you contacted Parks and Recreation st		Yes 🔀	No 🗌	N/A 🗌
Have you rented a pavilion/facility and sign	ed a permit?	Yes 🗹	No 🗌	N/A 🗆
If yes, please provide the location of the rer	ntal and attach a copy of	the permit. <u> </u>	IAIN PAU	ILLION
Do you require additional picnic tables or ga and Property Management Dept and that d	arbage cans? Please note	availability is a	at the discretion	n of the Parks, Rec izer.
und Hoperty Management Dept and mate	500 J. (p. 100 J. (p.	Yes 🗵	No 🗌	N/A 🗌
If Yes, how many are you requesting? # o	f Picnic Tables:	# of Garba	ge Cans: <del>C</del>	<u> </u>
Have you made arrangements with Environ	mental Services staff for	recycling cont	ainers and colle	ection?
		Yes 🗌	No 🗹	N/A 🗆
Will you require municipal support for:	Water Hydro	Yes ☑ Yes ☑		N/A □ N/A □
Please note that all equipment and extension certification body under the Ontario Elect Authority. If required, please attach the Elect Number:  If required, have you obtained a Hydrant Contact of the Elect Authority.	rical Safety Code or hav lectrical Safety Authorit onnection Permit?	e been inspec y documentati Yes 🗌	ted by the Ele on and provid No	ctrical Safety
If Yes, please attach a copy of the Permit ar	nd provide the Permit Nu	imber:	<u>.</u>	
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your responsi Accessibility for Ontarians with Disabilities requirements to meet for accessibility. displayed throughout the event venue to washrooms and parking. Although not requiplen to the Municipal Accessibility Advisory	es Act (AODA). Organiz Please note that direct indicate the barrier-free uired, the Special Events of Committee for larger ex	ations with at tional signage e path of trave Committee re	least one en needs to be I and location commends sub	nployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURCES	2			
Security: Has a privately licenced security for If Yes, what company and how many security			Yes 🗆	No 🖸
First Aid: For events with an anticipated at required to be retained. Have you confirmed to be retained.	ed First Aid services?	Yes 🗀	No 🗆	are N/A ☑

Page 5 of 7

-44-

Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted planned emergency access to the site?	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.	Yes 🗌	No ሺ
SECTION 13: SIGNATURE		
That the information contained in this application and any documentation, included provided in support of the application, by myself, my agents, consultants and so 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.M.S. City of St. Thomas making this application and its supporting documentation available including copying and disclosing the application and its supporting documentation their request.	olicitors, constitutions with the provisions of the provisions of the general provisions of the	utes public ions of the sent to the eral public
(Signature of Individual Completing this Application)  (Date con	/2019 inpleted)	
Office Use Only: Application Received: 500 00, 0019 Committee Approval:		

### **SECTION 14: INSURANCE**

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.

### STATEMENT OF INDEMNIFICATION

KINSTEN EASTER ESS HUT organized by ST THONAS KINSTEN CLUB (Event Name) (Organizing Group)

shall indemnify and save harmless The Corporation of the City of St. Thomas and all persons for whom it is at law responsible from any and all liabilities, damages, costs, claims, suits or actions arising out of:

any damage to property including loss of use thereof, and any injury to any person or persons, including death resulting at any time there from, occasioned by any act or omissions of

(Event Name) organized by ST THONAS KINSTEN CLUB

its officers, agents, servants, employees, contractors, customers, invitees or licensees, or occurring in or on the premises or any part thereof arising from or occasioned by any cause whatsoever, except where such damage or injury is due to the act, default or negligence of The Corporation of the City of St. Thomas, its officers, agents, servants, employees, contractors, customers, invitees or licensees.

Witness:

Signed: Paul autilles

Name (Print): Mel Knapp

Name (Print): PAUL TRITTER

Address: 41792 NORTH ST

Telephone: 519 637 7042

Date: 22/01/2019

Event Name: ST THOMAS KINSHEN HASTER ECG HUNT

Organizing Group: ST THOMAS KINSTIN CLUB

Event Dates: APRIL 20/2019

CER	TIFIC	CATE OF IN	SURANC	E -40	_	ISSUE DATE (MM 01/17/201	<b>/DD/Y</b> 19	Y)
BROKER		-		This certificat	e is issued a	s a matter of information only holder. This certificate does n	and co	nfers no
HUB International HKMB Limited 595 Bay Street, Ste 900		or alter the co	verage affor	ded by the policies below.	ot ame	nu,extenu		
	Torontó, ON M6G 2E3 PHONE: 416-597-0008 FAX: 416-597-2313		Company A	Ecclesiastic	Ecclesiastical Insurance			
HUB				Company B				
INSURED'S FULL NAME AND MA	AILING	ADDRESS		Company				
Kin Canada 1920 Rogers Drive Cambridge, ON N3H 5C8				Company				
				Company				
			COVERA		<u> </u>			
This is to certify that the policies of	insura	nce listed below have	been issued to th	ne insured name	d above for ti	ne policy period indicated, not	withsta	anding any
requirement, term or condition of a	ny conf	ract or other docume	ent with respect to	which this certifi	cate may be	issued or may pertain. The in:	surance	afforded
by the policies described herein is		to all the terms, excl	usions and condit		CIES. LIMITS S	nown may have been reduced LIMITS OF LIAE	i by pai	a ciaims.
TYPE OF INSURANCE	CO	POLICY NUMBER	DATE (MM/DD/Y		M/DD/YY)	(Canadian dollars unless in		otherwise)
COMMERCIAL GENERAL LIABILITY	A	0112507NPT001	02/01/2019		1/2020	EACH OCCURRENCE	\$	5,000,000
CLAIMS MADE	^		020172010	523	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GENERAL AGGREGATE	\$	20,000,000
X OCCURRENCE X PRODUCTS AND/OR						PRODUCTS - COMP/OP AGGREGATE	s	5,000,000
COMPLETED OPERATIONS						PERSONAL INJURY	S	5,000,000
X  PERSONAL INJURY				1		EMPLOYER'S LIABILITY	S	1,000,000
X EMPLOYER'S LIABILITY						TENANT'S LEGAL LIABILITY	\$	1,000,000
X TENANT'S LEGAL LIABILITY						NON-OWNED AUTOMOBILE	\$	5,000,000
						HIRED AUTOMOBILE	\$	50,000
NON-OWNED AUTOMOBILE								
X HIRED AUTOMOBILE						PODILY IN ILIBY		
AUTOMOBILE LIABILITY  DESCRIBED AUTOMOBILES						BODILY INJURY PROPERTY DAMAGE COMBINED	s	
ALL OWNED AUTOMOBILES						BODILY INJURY	s	
LEASED AUTOMOBILES **						(Per person)	3	
GARAGE LIABILITY						BODILY INJURY	s	
"ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO						(Per accident) PROPERTY DAMAGE	s	
PROVIDE INSURANCE EXCESS LIABILITY						EACH OCCURRENCE	s	
│						AGGREGATE		
			· · · · · · · · · · · · · · · · · · ·				S	
OTHER (SPECIFY)							\$	
	1						s	
							s	
							s	
DESCRIPTION OF OPERA					EMS/ AD	DITIONAL INSURED		
General Liability Policy Excludes: A	\musen	nent Rides and the D	etonation of Firew	vorks.				
Corporation of the City of St. Thorn					al Liability D	aliou but only incofer ac their l	anal lia	hility arises
vicariously, out of operations perform Club will be distributing chocolate expected attendees: 1500 Date: April 20, 2019.	rmed by	v. or on behalf of. Kin	Canada for Even	it: Annual Easter	Ega Hunt			
Club Name: St. Thomas Kinsmen								
*Third party entertainers are not co	vered							
CERTIFICATE HOLDER				CANCELLATIO	N			
			D/ TC SI	ATE THEREOF, THE O THE CERTIFICATE HALL IMPOSE NO OF	ISSUING COMP. HOLDER NAME BLIGATION OR L	IBED POLICIES BE CANCELLED BEF ANY WILL ENDEAVOUR TO MAIL 30 ID TO THE LEFT, BUT FAILURE TO M IABILITY OF ANY KIND UPON THE C	DAYS WI AIL SUCI	RITTEN NOTICE HNOTICE
				R REPRESENTATIVE AUTHORIZED F		ATIVE		
Corporation of the City of St. TI	nomas				1 .	. •		
545 Talbot Street St. Thomas, ON N5P 3V7				Per:	1.6	upe_		
,				Page 1 of 1				

Mailing Address:
Parks and Recreation
P.O. Box 520
545 Talbot Street
St. Thomas, Ontario
N5P 3V7



Office Location:
Joe Thornton
Community Centre
75 Caso Crossing
St. Thomas, Ontario
N5R 0G7

## City of St. Thomas Parks, Recreation & Property Management Department Outdoor Facility Permit

- The undersigned agrees to leave the property and its contents in the same condition and location in which it
  was found, and agrees to pay the cost of any damage to the building and/or loss or damage to any equipment
  belonging to or being used with the consent of the Corporation of the City of St. Thomas
- Wedding Receptions / Ceremonies booked in the park pavilions require a \$500,00 damage deposit at time of booking. Either a post dated chq (for date of event), cash, visa, MasterCard or debit will be refunded after the event provided there are no damages and that the property including picnic tables are in the same condition in which the property was found. The intent is to ensure that picnic tables will be returned where they were found by the user.
- 3. The undersigned covenants to save harmless and keep indemnified the Corporation of the City of St. Thomas and the Parks and Recreation Department, its servants and agents, against any legal liability for losses, damages, claims, action demands; suits and cost arising directly or indirectly by virtue of this rental agreement.
- 4. It is the responsibility of the applicant to acquire \$5,000,000 liability insurance (naming the City of St. Thomas as additional insured), the appropriate licenses and pay any applicable tariffs for their event. The individual that will obtain the Special Occasions Permit (if required) must review, sign and adhere to conditions set out in the Municipal Alcohol Policy. Parks and Recreation will assist with this process if needed.
- 5. No live coals permitted on any outdoor municipal property, CSA-approved propane barbecue ONLY.
- 6. Staking of any sorts (tents, signs, canopies,) is not permitted on outdoor municipal property.
- 7. All posted rules throughout the parks must be adhered to at all times.
- 8. PAVILION/BANDSHELL FEES ARE NON-REFUNDABLE.
- 9. Cancellation Policy for facilities other than pavilions/bandshell shall be 14 days notice. There will be no refund if cancelled within 14 days.
- 10. The Parks and Recreation Department reserves the right to cancel or after the time or fees specified in this permit, due to change of policy or availability of facilities.
- 11. Unless otherwise noted, the invoice will be mailed to the person who has signed the facility permit. Please be sure to advise Parks and Recreation if the invoice is to be sent to another person.
- 12. The picnic pavilion permit fee shall include only the use of a pavilion, hydro, and water. Any additional use of facility space (e.g. hydro pedestals) must be requested and a separate fee will be associated on your facility permit.
- 13. The permit-holder acknowledges that the City has sole responsibility for booking any outdoor facilities. The permit-holder does not have the right to assign this permit or any related facilities associated with this permit to another group or individual.

- 14. Continued use of facilities named in this permit is dependent on all the permit-holder's accounts with the City of St. Thomas remaining in current and good standing.
- 15. The permit is subject to revocation at any time by the City for failure to comply with any of the above conditions.
- 16. The City of St. Thomas By-law 111-2008 prohibits the use of tobacco within thirty (30) metres/90 feet of playground equipment, splash pads and players benches.
- 17. Consumption of alcoholic beverages is strictly prohibited outside of the designated/pre-approved licensed area in the facilities pertaining to this permit.
- 18. The permit holder will be financially responsible for in addition to the damage deposit for any grounds restoration such as grass replacement as a result of foot traffic, incumbent weather or vehicles parking in unauthorized areas.

This permit covers the time period specifi	ed below:	
Apr	1 20, 2019	
l acknowledge and accept all of the pro	eceding terms and conditions. Signed and	accepted by:
メ PAUL TRITTLER Name (please print) User Group	L Paul ontillo	Group Name
Name (please print) City of St. Thomas	Signature	Date 21/19
Invoice #(s)	904	

Payment Terms: Due at the time of booking.



# St. Anne's Community Festival

"Serving those in need since 1972"

20 Morrison Drive, St. Thomas, Ontario N5R 5Z4
Telephone 519-631-3640 Fax 519-631-7938
Email stannesparish@dol.ca

January 21, 2019

City of St. Thomas

JAN 2 4 2019

City Clerks Dept

Ms. Melanie Knapp, Secretary, Special Events Committee City of St. Thomas, City Clerk's Department 545 Talbot Street St. Thomas, ON N5P 3V7

Dear Ms. Knapp:

The 48<sup>th</sup> Annual St. Anne's Community Festival is to take place on June 5, 6, 7, & 8, 2019 on the grounds of St. Anne's Church.

The Festival features the renowned World's Finest Shows Midway. There is something for everyone at St. Anne's Community Festival, including:

Home-style meals served in The Centre every evening
St. Anne's Bingo
Restaurant Tent
Bake Sale
Outdoor Beverage Patio
Games of Chance
Blackjack Night
Festival Auction

Please find attached our completed application for your permission to host a Special Event.

Thank you for your support of this Parish endeavour every year!

Sincerely,

Rev. Graham Keep

Pastor

Rev. John Johnson Associate Pastor

/mmcl Encl.

### **SECTION 1: EVENT AND ORGANIZER INFORMATION** St. Anne's Community Festival Event Name: June 5, 6, 7 & 8, 2019 Date(s): 12 am June 5&6-4pm; June 7&8-12pm **End Time:** Start Time: 20 Morrison Drive, St. Thomas, ON N5R 4S6 Location(s): St. Anne's Parish Organizing Group: <sub>#2</sub>. Len Parkins Mike McLaughlin Contact Name #1: Street Address: 20 Morrison Drive Province: ON Postal Code: N5R 4S6 St. Thomas Town/City: 519-631-3640 #2: Phone Number #1: stannesparish@dol.ca **Email Address:** Number of Event Personnel/Volunteers: 100 per day Expected Attendance: 100's per day Location and number of washrooms in place: 8 regular & 1 Special portable units and washroom at St. Anne's Centre Location and Number of Parking Spaces: St. Anne's School, 100 parking spots Number of Accessible Washrooms: 2 Number of Accessible Parking Spots: 12 Please describe your specific event. Attach additional sheets as necessary. Midway with great selection of rides, games of chance, Nightly Diners, Restaurant Tent. Bingo, Bake Sale, Silent & Live Auction, Free Live Entertainment, Free Admission, Free parking, 4 Days of Fun for the Whole Family St. Anne's Festival supports various charitable organizations in St. Thomas/Elgin County and various missions projects overseas

### **SECTION 2: FOOD AND BEVERAGE**

Will food/beverage of any kind be available at this event?

Yes ✓ No ☐

If Yes, you must notify 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 even If Yes, you must notify Southwestern Public Health at 519-631-9900 at least		
Personal services include but are not limited to barbering, manicures, pedic piercing.	ures, esthetics,	tattooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as pa	rt of the event? Yes 🗸	No □
If Yes, please specify the number and size of tents. 1 tent - 30' x 60'	res 🔽	
If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required Services. Please attach a copy of the Permit and provide the Permit Number	_	g & Building
Please note that Indoor or Tent covered areas for public assembly must conrequirements enforced by Southwestern Public Health. Please contact the Tinformation on how to meet these requirements.		
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		ough 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 copy of the liquor permit with this application. If utilizing the services of a cendorsements to provide off — premises beverage services, organizers shall confirming date/time/location/services as well as a copy of the establishment.	the AGCO guide Act and its Rego of inspections. Pl aterer with all the supply a letter f	elines for ulations and lease submit a ne required from 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		
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcohol an (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 "muni	cipally significant'
Will you be requesting that City Council declare your event a "Municipally S	Significant Event Yes ☑	"? No □
SECTION 7: MUSIC / NOISE	163 F.	140 []
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.

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• •	·			
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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 ✓
If Yes, please describe the road closure requ of Way Occupancy Permit and City Council a approval may take several weeks.	pproval is required for	r all road closure	s. Please note	sure. A Right that
Please attach a copy of the Right of Way Occ If the event is a Parade / Run / Walk / Pass t under the Special Events page on the City w	hrough Sporting Event	, please refer to	the city roads	map located
Do you require traffic control? If Yes, please contact the St. Thomas Police	Services at (519) 631-1	1224 ext. 4177.	Yes 🗆	 No
PLEASE NOTE: Marshalls, volunteers and special direct traffic pursuant to the Highway The Have you contacted the Env Services Depart	raffic Act. tment - Roads and Trai	nsporation for:	_	
	Barricades No Parking Signs	Yes ☑ Yes □	No □ No □	N/A ☐ N/A ☑

**Detour Signing** 

Yes 🗌

No 🗌

N/A 🔽

### **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, and Property Management staff once the	-			
Have you contacted Parks and Recreation			No 🗆	N/A ✓
Have you rented a pavilion/facility and s	igned a permit?	Yes 🔲	No 🗔	N/A ☑
If yes, please provide the location of the	rental and attach a copy of	the permit.		<del></del>
Do you require additional picnic tables o and Property Management Dept and tha		ponsibility of	f the event orga	nizer.
		Yes 🗀	No 🗌	N/A ☑
If Yes, how many are you requesting?	# of Picnic Tables:	# of Gar	bage Cans:	
Have you made arrangements with Envi	ronmental Services staff for	recycling co	ntainers and col	lection?
,		Yes 🔲	No 🗌	N/A ☑
Will you require municipal support for:	Water	Yes 🗌	No 🗀	N/A ☑
viiii jou luquiu illumanee sapperees.	Hydro	Yes 🗌	_	N/A ☑
Number:  If required, have you obtained a Hydran  If Yes, please attach a copy of the Permi			No 🗆	N/A ☑
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your responsable to the Accessibility for Ontarians with Disable requirements to meet for accessibility displayed throughout the event venue washrooms and parking. Although not replan to the Municipal Accessibility Advisory	ilities Act (AODA). Organiz y. Please note that direc to indicate the barrier-free required, the Special Events	ations with tional signage path of tra Committee i	at least one el ge needs to be vel and location recommends su	mployee have e prominently n of accessible
SECTION 12: OTHER SERVICES/RESOUR	CES			
Security: Has a privately licenced security If Yes, what company and how many sec			Yes 🗸	No □ 
First Aid: For events with an anticipated required to be retained. Have you confid If Yes, please attach documentation pro	rmed First Aid services?	Yes ☑	No 🗆	s are N/A □

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Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted planned emergency access to the site?	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 the Fire Department.	Yes 🗌	No 🗹
SECTION 13: SIGNATURE		
That the information contained in this application and any documentation, included provided in support of the application, by myself, my agents, consultants and so 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.M. City of St. Thomas making this application and its supporting documentation available including copying and disclosing the application and its supporting documentation their request.	with the provis 56, I hereby con able to the gene	ions of the sent to the eral public,
Musiam M Laughlin (Dan (Bate continuous)	muly 15/	19
Office Use Only: Application Received: 500 05, 009 Committee Approval:		<u></u>

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### **SECTION 14: INSURANCE**

STATEMENT OF INDEMNIFICATION

St. Anne's Community Festival

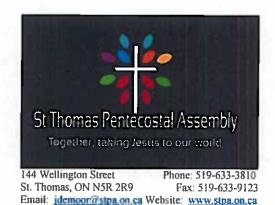
A Certificate of Insurance is required providing proof of \$5,000,000 in insurance coverage, including the naming of the City of St. Thomas as an Additional Insured under the corresponding policies. A copy of the required insurance MUST be submitted a minimum of two weeks prior to the start of the event. 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.

organized by St. Anne's Parish

(Event Name)		(Organizing Group)	
shall indemnify and save harmless The Corporatio law responsible from any and all liabilities, damag			
any damage to property including loss of use there death resulting at any time there from, occasioned			
St. Anne's Community Festival organi	zed by St. Anne's	Parish	
(Event Name)	,	(Organizing Group)	
its officers, agents, servants, employees, contractor the premises or any part thereof arising from or o damage or injury is due to the act, default or negliofficers, agents, servants, employees, contractors.  Witness:	ccasioned by any cause gence of The Corporation	whatsoever, except where such on of the City of St. Thomas, its licensees.	
Name (Print): Rev. Graham Keep	Name (Print):	Michael McLaughlin	
	Address:	20 Morrison Drive, St. Thomas, ON	
	Telephone:	519-631-3640	
	Date:	January 15, 2019	
	Event Name:	St. Anne's Community Festival	
	Organizing Group:	St. Anne's Parish	
	Event Dates:	June 5, 6, 7 & 8, 2019	



City of St. Thomas Received

JAN 2 5 2019

City Clerks Dept.

January 14, 2019

Dear City of St. Thomas: RE: Special Events request

I am writing to inform you of a special event that St. Thomas Pentecostal Assembly will be involved in on April 19<sup>th</sup>. It is our <u>Annual Walk with the Cross.</u>

We would like to conduct a parade at 11:00 am down Talbot Street, leaving the church at 144 Wellington Street and arriving at City Hall then having a 20 minute performance on the steps of City Hall from approximately 11:45 am – 12:30 pm. In order for us to do this performance we are requesting the use of the electricity at City Hall for our sound equipment.

We thank you so much for your cooperation and support over the many years that we have been involved in this event.

Sincerely,

Janice DeMoor

Secretary/Treasurer

anice De-Moro

St. Thomas Pentecostal Assembly

<b>SECTION 1: EVENT AN</b>	D ORGANIZER INFORMATION
Event Name:	Walk with the cross
Date(s):	April 19, 2019
Start Time:	11:00 am
Location(s):	Parade from church on Wellington St. to City Hall
Organizing Group:	St. Thomas Pentecostal Assembly
Contact Name #1:	Rev. Peter Cusick Janice DeMoor
Street Address: 144	Wellington Street
Town/City:	St. Thomas Province: ON Postal Code: N5R 2R9
Phone Number #1:	519-633-3810 #2: 519-494-5014
Email Address:	jdemoor@stap.on.ca
Expected Attendance:	100-125 Number of Event Personnel/Volunteers: 12
Location and Number	of washrooms in place: N/A of Parking Spaces: N/A
Number of Accessible	Annual of Vision of the state o
E AND UK MARKET IN THE	pecific event. Attach additional sheets as necessary
	Assembly @ 144 Wellington Street to City Hall.
Once we arrive	e at City Hall a short 30 minute performance will be
held on the ste	ps. Music and dramas will be performed, testimonies
given. Music	will be played during the parade.
	Western Allegas ev at 1 Section 11 Rest ent
SECTION 2: FOOD AND	) BEVERAGE
	any kind be available at this event?  Yes  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 ever If Yes, you must notify Southwestern Public Health at 519-631-9900 at least		No ☑ the event.
Personal services include but are not limited to barbering, manicures, pedie piercing.	cures, esthetics, t	attooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as pa		Na., (*7)
If Yes, please specify the number and size of tents.	Yes 🗌	No ☑ 
If the tents are larger than $60m^2$ cumulatively, a building permit is required Services. Please attach a copy of the Permit and provide the Permit Number	through Planning	g & Building
Please note that Indoor or Tent covered areas for public assembly must correquirements enforced by Southwestern Public Health. Please contact the Tinformation on how to meet these requirements.		
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		
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 copy of the liquor permit with this application. If utilizing the services of a cendorsements to provide off – premises beverage services, organizers shall confirming 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 fro	ines for lations and lase 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		
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcohol an (AGCO), you must obtain a letter of approval from City Council, declaring yo by submitting the request to the City Clerk's Department. Please note that sweeks.	ur event "munici	pally significant",
Will you be requesting that City Council declare your event a "Municipally S	1000	
SECTION 7: MUSIC / NOISE	Yes 🗌	No 🗸
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 t If Yes, the Southwestern Public Health mu are not permitted in the Animal Control By Law must be approved by City Council. Ple Please note that such approval may take s	st be notified of the even y-Law 71-2011, an Applic ase attach a copy of the	ation for Temp	orary Exemption	n to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FL	OW CHANGES	L 101 1 1		
Are you anticipating any road closures or t	raffic flow changes?		Yes 🗸	No □
If Yes, please describe the road closure red of Way Occupancy Permit and City Counci approval may take several weeks. When we	l approval is required for	all road closure	es. Please note	
destination of City Hall. No road clos	sures required. One p	olice escort	at the event t	ime.
A THE SHART ANSWER WHEN	Si ospinia de mineso			<u>PERSON</u> ANCIAN
DOUBLE BANK THOSE	The Trible	offine 1261 s	THE INTO	
Please attach a copy of the Right of Way O	Occupancy Permit and pro	vide the perm	it #:	
If the event is a Parade / Run / Walk / Pass under the Special Events page on the City	website. Describe the evo	ent and attach	a map or sketc	h.
Leave church on Wellingto	on St. at 11:00 a	ım - turn (	onto Ross	St.
then left onto Talbot St.	all the way to	City Hall	wy cracolitano	
Arrive at approximately	11:30 am - 11	:45 am		
Do you require traffic control?  If Yes, please contact the St. Thomas Police	e Services at (519) 631-12		Yes 🗸	No 🗌
PLEASE NOTE: Marshalls, volunteers and s can direct traffic pursuant to the Highway Have you contacted the Env Services Depa	Traffic Act.		ect traffic. Only	the police
	Barricades No Parking Signs	Yes □ Yes □	No □ No □	N/A ☑ N/A ☑
	Detour Signing	Yes 🗌	No 🗌	N/A ☑



Rec

### **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, and Property Management staff once th	<del>-</del>	•		
Have you contacted Parks and Recreation			No 🗌	N/A ✓
Have you rented a pavilion/facility and s	igned a permit?	Yes 🗌	No 🗌	N/A 🗹
If yes, please provide the location of the	rental and attach a copy of	the permit.		
Do you require additional picnic tables o and Property Management Dept and tha	r garbage cans? Please note it delivery/pick up is the res	e availability is sponsibility of Yes	is at the discreti f the event orga No []	ion of the Parks anizer. N/A 🗹
If Yes, how many are you requesting?	# of Picnic Tables:	# of Gar	page Cans:	<del></del>
Have you made arrangements with Envi	ronmental Services staff for	recycling co	ntainers and col No 🗌	llection? N/A □
Will you require municipal support for:	Water Hydro	Yes □ Yes □	No ⊄ No ✓	N/A □ N/A □
Please note that all equipment and externation body under the Ontario Electrification body under the Ontario Electrification body under the Ontario Electrification between the Number:	ectrical Safety Code or hav	e been inspe	ected by the Ele	ectrical Safety
If required, have you obtained a Hydrant	Connection Permit?	Yes 🗌	No 🗌	N/A 🔽
If Yes, please attach a copy of the Permit	and provide the Permit Nu	ımber:		_
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 washrooms and parking. Although not replan to the Municipal Accessibility Advisor	ities Act (AODA). Organiza Delease note that direct to indicate the barrier-free equired, the Special Events	ations with a ional signag path of trav Committee re	at least one er e needs to be rel and location ecommends sul	mployee have prominently of accessible
SECTION 12: OTHER SERVICES/RESOURC	CES			
Security: Has a privately licenced security If Yes, what company and how many sec			Yes 🗌	No ✓
First Aid: For events with an anticipated required to be retained. Have you confire lf Yes, please attach documentation prov	med First Aid services?	Yes 🗀	No 🗆	are N/A ☑

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Ambulance: Has Emergency Medical Services (Ambulance Soplanned emergency access to the site?	ervice) been contacted regarding your event and Yes \( \Boxed{1} \) No \( \Boxed{1}
Fireworks: Will there be fireworks as part of your event? If Yes, a permit for exhibition fireworks is required through the second seco	Yes  No  No  No  No  No  No  No  No  No  N
SECTION 13: SIGNATURE	
That the information contained in this application and any provided in support of the application, by myself, my ager information and will become part of the public record. As su Municipal Freedom of Information and Protection of Privacy City of St. Thomas making this application and its supporting including copying and disclosing the application and its supporting their request.	nts, consultants and solicitors, constitutes public uch, and in accordance with the provisions of the Act, R.S.O. 1990, c.M.56, I hereby consent to the g documentation available to the general public,
Danice De Moor	January 14, 2019
(Signature of Individual Completing this Application)	(Date completed)
Office Use Only: Application Received: Tan 85, 8019	Committee Approval:

### **SECTION 14: INSURANCE**

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.

STATEMENT OF INDEMNIFICATION		
Walk with the Cross organiz (Event Name)	ed by St. T	homas Pentecostal Assembly (Organizing Group)
shall indemnify and save harmless The Corporation law responsible from any and all liabilities, damages		
any damage to property including loss of use thereo death resulting at any time there from, occasioned l		
(Event Name) organize	d by <u>St. Yh</u>	Organizing Group)
its officers, agents, servants, employees, contractors the premises or any part thereof arising from or occudamage or injury is due to the act, default or neglige officers, agents, servants, employees, contractors, conficers.	asioned by any once of The Corp	cause whatsoever, except where such oration of the City of St. Thomas, its
Witness: Sanice De Mood	Signed:	Ma
Name (Print): Janice De Moor	Name (Print):	Peter W. Cusick
	Address:	144 Wellington St.
	Telephone:	519-633-3810
	Date:	January 15, 2019
	Event Name:	Walkwiththe Cross
	Organizing Gro	oup: St. thomas Pentocostal Assombly
		1-11-10 2 10

**Event Dates:** 



### **CERTIFICATE OF INSURANCE**

This is to certify to:

The City of St. Thomas

545 Talbot Street St. Thomas, Ontario

N5P 3V7

That policies of Insurance as herein described have been issued to the insured named below and are in force at this date.

Name of Insured:

St. Thomas Pentecostal Assembly, Trustees of

Address of Insured:

144 Wellington Street

St-Thomas, Ontario

N5R 2R8

Insurer:

THE SOVEREIGN GENERAL INSURANCE COMPANY

Location and Operations to which this Certificate applies:

RE: "The Cross Walk" Parade traveling to and from St. Thomas Pentecostal Assembly to City

Hall with a performance on the steps of City Hall on April 19, 2019.

KIND OF POLICY	LIMITS OF LIABILITY	POLICY NUMBER	EXPIRY DATE
(EXCEPT AUTOMOBILE) INCLUDING: PRODUCTS/COMPLETED OPERATIONS NON-OWNED AUTOMOBILE LIABILITY PERSONAL INJURY LIABILITY CROSS LIABILITY/SEPARATION OF INSUREDS	\$5,000,000.  INCLUSIVE LIMIT PER OCCURRENCE/ANNUAL AGGREGATE BODILY INJURY AND PROPERTY DAMAGE COMBINED	CPP981504	June 18, 2019
OTHER	N/A		

**ADDITIONAL INSURED:** The following name is added to the policy as an Additional Insured, but only with respect to the above noted location and arising out of the Named Insured's operations. The policy limits are not increased by the addition of such Additional Insured beyond those stated in this Certificate.

### THE CITY OF ST. THOMAS

NOTE: The insurance afforded is subject to the terms, conditions and exclusions of the applicable policy. This certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. The insurer will endeavor to mail to the holder of this certificate 15 days written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

ROBERTSON HALL INSURANCE INC.		
per		
(AUTHORIZED DE RESENTATIVE)	Date	January 16, 2019

Attn: Janice DeMoor

Email: jdemoor@stpa.on.ca

# -64 (formerly OECYC)

Will food/beverage of any kind be available at this event?

Yes No 
If Yes, you must notify Southwestern Public Health at 519-631-9900 at least 2 weeks prior to the event.

CONTROL O. DEDUCATE CEDVICES
SECTION 3: PERSONAL SERVICES
Will there be personal services of any kind offered to the public at this event? Yes \( \square\) No \( \square\) If Yes, you must notify Southwestern Public Health at 519-631-9900 at least 2 weeks prior to the event.
Personal services include but are not limited to barbering, manicures, pedicures, esthetics, tattooing and piercing.
SECTION 4: TENTS
Will there be an indoor or tent covered area used for public assembly as part of the event?  Yes □  No
If Yes, please specify the number and size of tents.
If the tents are larger than 60m <sup>2</sup> cumulatively, a building permit is required through Planning & Building 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 with Smoke Free Ontario Act requirements enforced by Southwestern Public Health. Please contact the Tobacco Enforcement Officer for information on how to meet these requirements.
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 available through the Parks, Rec and Property Management Department for Special Events taking place on municipal property.
You must also comply with the Alcohol and Gaming Commission of Ontario (AGCO). Event organizers are responsible to notify and provide any pertinent information required under the AGCO guidelines for obtaining a Special Occasion Permit. You must adhere to the Liquor Licence Act and its Regulations and ensure access is given to the Police and AGCO Inspectors for the purposes of inspections. Please submit a copy of the liquor permit with this application. If utilizing the services of a caterer with all the required endorsements to provide off — premises beverage services, organizers shall supply a letter from the licensee confirming date/time/location/services as well as a copy of the establishments' endorsement.
The area where alcohol is being served has to have a 36" (0.9m) high barrier/partition. Please note that there is a no staking policy in all of the City's Parks, Recreation and Property Management facilities.
SECTION 6: MUNICIPALLY SIGNIFICANT EVENT
If you wish to apply for a "Special Occasion Permit," through the Alcohol and Gaming Commission of Ontario (AGCO), you must obtain a letter of approval from City Council, declaring your event "municipally significant", by submitting the request to the City Clerk's Department. Please note that such approval may take several weeks.
Will you be requesting that City Council declare your event a "Municipally Significant Event"? ↑  Yes □ No ☑
CECTION 3. MUSIC / NOISE

Will there be a concert or musical entertainment as part of the event?

Yes 🗌

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 If Yes, the Southwestern Public Health are not permitted in the Animal Contr. Law must be approved by City Council Please note that such approval may to	n must be notified of the event d rol By-Law 71-2011, an Application. I. Please attach a copy of the app	on for Temporary Exempt	ion to the By-
SECTION 9: ROAD CLOSURES / TRAFF	IC FLOW CHANGES		
Are you anticipating any road closures	s or traffic flow changes?	Yes 🗀	No 🗹
If Yes, please describe the road closur of Way Occupancy Permit and City Co approval may take several weeks.	uncil approval is required for all	road closures. Please not	
N/A			<del></del>
Please attach a copy of the Right of W If the event is a Parade / Run / Walk / under the Special Events page on the	Pass through Sporting Event, pl	ease refer to the city road	ds map located
N/A			
Do you require traffic control? If Yes, please contact the St. Thomas I	Police Services at (519) 631-1224	Yes [] 4 ext. 4177.	No D
PLEASE NOTE: Marshalls, volunteers a can direct traffic pursuant to the High	way Traffic Act.		nly the police
Have you contacted the Env Services I	Barricades No Parking Signs	Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐	n/a ⊠ n/a ⊠ n/a ⋈.

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### **SECTION 10: MUNICIPAL FACILITIES**

For events taking place in Pinafore Park, orga and Property Management staff once the Spe				rks, Rec
Have you contacted Parks and Recreation sta		Yes	No 🗌	N/A 🗀
Have you rented a pavilion/facility and signed	d a permit?	Yes	No 📑	N/A □
If yes, please provide the location of the rent.  **Will Drovide Sh  Do you require additional picnic tables or gard and Property Management Dept and that del	DFIY. bage cans? Please no ivery/pick up is the re	te availability is a esponsibility of the Yes	THE She at the discretion the event organizer No	er. N/A 🗌
If Yes, how many are you requesting? # of F	Picnic Tables: 15	# of Garba	ge Cans: 5	
Have you made arrangements with Environm	ental Services staff fo	or recycling conta Yes []	neise and collec	tion? N/A □
Will you require municipal support for:	Water Hydro	Yes 🗌 Yes 🗎	No \	N/A □ N/A □
Please note that all equipment and extension certification body under the Ontario Electric Authority. If required, please attach the Electric Number:	al Safety Code or ha	ve been inspect	ed by the Electr	ical Safety
If required, have you obtained a Hydrant Con	nection Permit?	Yes 🗌	No 🗌	N/A D
If Yes, please attach a copy of the Permit and	provide the Permit N	umber:		
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your responsibility for Ontarians with Disabilities requirements to meet for accessibility. Pled displayed throughout the event venue to include washrooms and parking. Although not require plan to the Municipal Accessibility Advisory Company to the Municipal Accessibility Advisory to the Municipal Access	Act (AODA). Organizes note that direct direct the barrier-freed, the Special Events	tations with at attional signage of travel at the committee recommittee recomm	least one emplo needs to be pro and location of promends submit	oyee have cominently accessible
SECTION 12: OTHER SERVICES/RESOURCES				\
Security: Has a privately licenced security firm f Yes, what company and how many security o	*			No D
First Aid: For events with an anticipated atten required to be retained. Have you confirmed F f Yes, please attach documentation providing	irst Aid services? proof that First Aid se	Yes 🔀 ervices have beer	No 🗌 N, retained.	nh Itano

- (8) -

	Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted planned emergency access to the site?	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.	Yes 🗌	No 🔼
	SECTION 13: SIGNATURE		
	That the information contained in this application and any documentation, including provided in support of the application, by myself, my agents, consultants and so 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.M.S. City of St. Thomas making this application and its supporting documentation available including copying and disclosing the application and its supporting documentation their request.	licitors, constitu with the provisi 6, I hereby cons able to the gene	ites public ons of the ent to the eral public,
ب	(Signature of Individual Completing this Application) (Date com	an ac	)19
	Office Use Only: Application Received: 300 9, 009 Committee Approval:		

### **SECTION 14: INSURANCE**

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.

STATEMENT OF INDEMNIFICATION		
Welkin Run for organize Childre Exems Name ental Welli		(Organizing Group)
shall indemnify and save harmless The Corporation of law responsible from any and all liabilities, damages,	of the City of St. Thou costs, claims, suits	mas and all persons for whom it is at or actions arising out of:
any damage to property including loss of use thereof death resulting at any time there from, occasioned b	, and any injury to a y any act or omissio	ny person or persons, including ns of
Wellkin Run for organized Thi Idre devent Mangental Welln		(Organizing Group)
its officers, agents, servants, employees, contractors, the premises or any part thereof arising from or occadamage or injury is due to the act, default or negliger officers, agents, servants, employees, contractors, cu	sioned by any cause nce of The Corporat	e whatsoever, except where such ion of the City of St. Thomas, its
Witness: AS GHA	Signed:	mobile
Name (Print): Gant-Campbell	Name (Print):	Karen Campbell
1	Address:	99 Edward St
	Telephone:	519-671-4935
	Date:	Jan 39, 2019
	Event Name:	Wellkin Run for
	Organizing Group:	wellkin Wellness
	Event Dates:	June 1, 2019.

Will food/beverage of any kind be available at this event?

Yes

If Yes, you must notify 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 2		1.00.00
Personal services include but are not limited to barbering, manicures, pedicu piercing.	res, esthetics, t	cattooing and
SECTION 4: TENTS		
Will there be an indoor or tent covered area used for public assembly as part	of the event?	No 💪
If Yes, please specify the number and size of tents.		
If the tents are larger than $60\text{m}^2$ cumulatively, a building permit is required the 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 com requirements enforced by Southwestern Public Health. Please contact the Toinformation on how to meet these requirements.		
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 Polic Rec and Property Management Department for Special Events taking place o		ough the Parks,
You must also comply with the Alcohol and Gaming Commission of Ontario (responsible to notify and provide any pertinent information required under to obtaining a Special Occasion Permit. You must adhere to the Liquor Licence to 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 calendorsements to provide off — premises beverage services, organizers shall strongly in the establishment.	the AGCO guide Act and its Regu inspections. Pl terer with all th supply a letter f	elines for ulations and ease submit a ne required from the licensee
The area where alcohol is being served has to have a 36" (0.9m) high barrier is a no staking policy in all of the City's Parks, Recreation and Property Mana		
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 sweeks.	ur event "munic	cipally significant",
Will you be requesting that City Council declare your event a "Municipally Si	gnificant Event' Yes	"? No Д
SECTION 7: MUSIC / NOISE		Caput
Will there be a concert or musical entertainment as part of the event?	Yes 🚭	No 🗆

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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 If Yes, the Southwestern Public Health must are not permitted in the Animal Control By-Law must be approved by City Council. Please note that such approval may take see	t be notified of the eve Law 71-2011, an Appli se attach a copy of the	cation for Tem	porary Exempti	on to the By-
SECTION 9: ROAD CLOSURES / TRAFFIC FLO	OW CHANGES			
Are you anticipating any road closures or tra	affic flow changes?		Yes 🖸	No 🗌
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 closur	es. Please note	that
TOLBOT ST - JOH) - 57 C	U ST 70	ST CAT	THERIU	53
-570	ATHERMES	70 A	LUCKS	
1				
Please attach a copy of the Right of Way Occ	cupancy Permit and pr	ovide the perm	it #:	
If the event is a Parade / Run / Walk / Pass t under the Special Events page on the City we	hrough Sporting Event ebsite. Describe the ev	, please refer to ent and attach	the city roads a map or sketc	map located th.
Do you require traffic control?			Yes 🗌	No 🗗
If Yes, please contact the St. Thomas Police S	Services at (519) 631-1	224 ext. 4177.		
PLEASE NOTE: Marshalls, volunteers and spe can direct traffic pursuant to the Highway Tr Have you contacted the Env Services Departr	affic Act.		ect traffic. Only	the police
	Barricades	Yes 🗗	No 🗆	N/A 🗆
	No Parking Signs Detour Signing	Yes 🗌 Yes 🗍	No 🗹	N/A □ N/A □
			_	· <del>-</del>

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### **SECTION 10: MUNICIPAL FACILITIES**

and Property Management staff once the S		_	_	Parks, kec
Have you contacted Parks and Recreation s			No 🗌	N/A
Have you rented a pavilion/facility and sign	ed a permit?	Yes 🗌	No 🗌	N/A 🖃
If yes, please provide the location of the re-	ntal and attach a copy o	f the permit	<del> </del>	
Do you require additional picnic tables or ga				
and Property Management Dept and that d	elivery/pick up is the re			
		Yes 🖭	No 🗌	N/A 🗀
If Yes, how many are you requesting? # o	f Picnic Tables:	# of Garb	age Cans:/	15
Have you made arrangements with Environ	mental Services staff fo	r recycling con	tainers and col	lection?
		Yes 🗌		N/A
MAGIL no suite municipal gumnert for	Water	Vos []	No Ed	N/A 🗀
Will you require municipal support for:	Hydro	Yes 🗐	NO D NO D 2CETE + CT	N/A 🗀
		HEDBURA PIN	PLETTE + CI	TYHALL
Please note that all equipment and extensi-	on cords must be in goo	d condition an	d approved by	an accredited
certification body under the Ontario Elect				
Authority. If required, please attach the E	Electrical Safety Authori	ty documenta	tion and provi	de the Permit
Number:				
If required, have you obtained a Hydrant Co	onnection Permit?	Yes 🔲	No 🗌	N/A
If Yes, please attach a copy of the Permit a	nd provide the Permit N	umber:		-
SECTION 11: ACCESSIBILITTY				
As an event organizer, it is your responsi	bility to ensure that yo	our organizatio	on is in compli	ance with the
Accessibility for Ontarians with Disabilitie	es Act (AODA). Organia	zations with a	it least one ei	mployee have
requirements to meet for accessibility.				
displayed throughout the event venue to				
washrooms and parking. Although not requ	uired, the Special Events	Committee re	ecommends su	bmitting a site
plan to the Municipal Accessibility Advisory	/ Committee for larger e	vents for their	review.	
SECTION 12: OTHER SERVICES/RESOURCES	<u>5</u>			
Security: Has a privately licenced security f If Yes, what company and how many security	irm been contacted/reta ity officers will be prese	nt? <u>Ko</u>	Yes ☑ ~) <i>○</i> 7	No 🗔
First Aid: For events with an anticipated at	tendance of more than	200 people. Fi	irst Aid services	s are
required to be retained. Have you confirme		Yes 🖾	No 🗆	N/A 🗆
If Yes, please attach documentation provid	ing proof that First Aid s	ervices have h	een retained.	•
ii res, piease attacii documentation provid	Page 5 of 7	ST JOH	N'S AMI	BLILIANCE.
	. 450 3 01 /	ا ا ساوب		

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Ambulance: Has Emergency Medical Services (Ambulance Service) been contacted planned emergency access to the site?	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 the Fire Department.	Yes 🗌	No 🗗
SECTION 13: SIGNATURE		
That the information contained in this application and any documentation, including provided in support of the application, by myself, my agents, consultants and so 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.M.5 City of St. Thomas making this application and its supporting documentation available including copying and disclosing the application and its supporting documentation their request.	licitors, constitu with the provisi 6, I hereby cons able to the gene	ites publicates of the sent to the eral public,
(Signature of Individual Completing this Application) (Date com	pleted)	
Office Use Only: Application Received: 5009, 009 Committee Approval:		

### **SECTION 14: INSURANCE**

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 situa	ition.
STATEMENT OF INDEMNIFICATION	
Nostausia Wights organize (Event Name)	ed by St. Momas DDB. (Organizing Group)
shall indemnify and save harmless The Corporation o law responsible from any and all liabilities, damages,	f 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 thereof death resulting at any time there from, occasioned by	
Nost NGIA NIGHTS organized (Event Name)	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	nce of The Corporation of the City of St. Thomas, its
Name (Print): ROSCRT BERNS	Name (Print): EARC TAYCOL
	Address: S45 TAURUT ST
NOTE: We will supply an	Telephone: 5/9-670-9223
updated policy when our insurance is renewed	Date: JANVARY 29, 2019
	Event Name: NOSTACGIA NIBHTS
on April 4,2019	Organizing Group: ST THOMAS DDB
	Event Dates: <u>JULY 6, 2019</u>



This is to confirm to: City of St Thomas

(Name and address) 545 Talbot Street PO Box 520 St Thomas ON N5P3V7

That policies of insurance as herein described have been issued to the Insured named below and are in force at this date.

Name and address of Insured: St Thomas Downtown Development Board

545 Talbot Street PO Box 520 St Thomas ON N5P3V7

### Location and Operations to which this confirmation applies:

St Thomas Downtown Development Board - All Operations, Activities & Events

Kind of policy	Policy Number	Expiry date YYYY/MM/DD	Amount of insurance	
Property Insurance  All Risks  Named Perils  Replacement Cost  Flood  Earthquake  Sewer Back up  Equipment Breakdown  Standard Mortgage Clause Incl.  Excl.			Limit Deductible \$ \$ Co-Insurance % Other:	
Other:				
Commercial General Liability Products and/or completed operations Incl. ☑ Excl. □	6385830	2019-04-04	Each occurrence limit: \$5,000,000 Aggregate limit: \$5,000,000 Tenant's Legal Liability: \$250,000 Non-Owned Automobile - limit: \$5,000,000	
Non-Owned Automobile Incl. 図 Excl. ロ	6385830	2019-04-04	Other: D&O - D-23 2,000,000 in coverage	
Other: Directors & Officers D-23	6385830	2019-04-04	The limits shown may have been reduced by paid claims.	
Automobile Liability All vehicles owned a/o leased  *Only described vehicles			Inclusive limits – Bodily Injury and Property Damage Combined: \$	
Only described verifices			*Described vehicles:	
NOTE: The City of St Thomas 545 Talbot Street PO Box 520 St Thomas ON N5P3V7 is listed as additional insured on the policy year round. All operations of the St Thomas Downtown Development Board have been covered by the above noted policy.  The insurance afforded is subject to the terms, conditions and exclusion of the applicable policy. This confirmation is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. The				
Insurer will endeavour to mail to the holder of this Confirmation 30 days' written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.				
Date: September 27, 2018 Authorized Representative of the Insurer: AMY HILL				

# Nostalgia Nights Classic Car Show Map



City Hall and Railway City Tourism
Information Booth
Kids Zone
Hepburn Park
Hepburn Park
Spectator Parking
Washrooms
Dave Hoy Music

Classic Car Parking/Displays

Food Vendors

50/50 Table

First Aid

Small Business Displays

Road Barriers

ought to you by the St. Thomas Downtown Develot ant Board