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

MICROSOFT TEAMS

3:00 P.M.

SEPTEMBER 17TH, 2021

DISCLOSURES OF INTEREST

MINUTES

Confirmation of the minutes of the meeting held on September 1, 2021.

PETITIONS AND COMMUNICATIONS

<u>A Little ACTION! - The Comic Book Syndicate / Taste Makers Studio - September 25, 2021</u> **Pages 2-8**

<u>Summer Night(s) Market - Taste Makers Studio & A Handmade Tale – September 30 & October</u> 28, 2021 **Pages 9-15**

Right to Life St. Thomas Life Chain - St. Thomas & District Right to Life - October 3, 2021

Pages 16-24

UNFINISHED BUSINESS

<u>Upcoming Events</u>

- Nostalgia Nights Car Show St. Thomas Downtown Development Board -September 18, 2021
- Safety, Love & Butterfly Wings Violence Against Women Services Elgin County September 23, 2021
- Car Seat Clinic Katie Charette/London Car Seat Safety September 26 & October 17, 2021
- Santa Claus Parade Optimist Club of St. Thomas November 20, 2021 (Pending Approval)

NEW BUSINESS

ADJOURNMENT

SECTION 1: EVENT AND ORGANIZER INFORMATION

| Event Name: | a little ACTION! | | | | |
|---|--|--|---------------------------|---------------------|--|
| Date(s): | Saturday, September 25th, 2021 | | | | |
| Start Time: | 10am | End Time: | 5pm | | |
| Cleanup Start Time: | 5pm | Cleanup End Time: | 7pm | | |
| Location(s): | 626/624 Talbot | St back lot, Mediah Mural Al | ley, and Moore S | St parking lot, | |
| Organizing Group: | The Comic Boo | k Syndicate, Taste Makers | Studio | | |
| Contact Name #1: | Jolie Inthavong | #2: Mike | Poirier | | |
| Street Address: (home | address of Jolie | e) 2-20 Tamarack Court | | | |
| Town/City: | St Thomas | Province: ON | Postal Code: | N5P0E7 | |
| Phone Number #1: | 226-246-9704 | #2: | | | |
| Email Address: | jolieinthavong@gmail.com or weare@tastemakers.studio | | | | |
| Expected Attendance: | 200+ throughout the day | Number of Event Personnel/V | olunteers: 10-1 | 5 | |
| Location and number | of washrooms in p | lace: 2 bathrooms: one in 6 | 26 + one in 624 | Talbot | |
| Location and Number | of Parking Spaces: | No private spaces available | e, but the Moore | St lot will be | |
| open as well as stre | eet parking. | | | | |
| Number of Accessible | Washrooms: 0 | Number of Accessib | ole Parking Spots: | 2 | |
| Please describe your s | pecific event. Atta | ch additional sheets as песеssa | ry. A pop up comic | book convention | |
| where vendors will set up inside | the business and outside t | he surrounding building. They will be selling c | omics, toys, games, vinta | ge, and pop culture | |
| merchandise. There may be | costuming demonstratio | ns and drawing demonstrations dependin | ng on the availability of | guests in the area. | |
| SECTION 2: FOOD AND Will food/beverage of If Yes, you must notify SECTION 3: PERSONAL | any kind be availa Southwestern Pul | ble at this event? blic Health at 519-631-9900 at i | Yes least 2 weeks prio | | |
| Will there be personal | services of any ki | nd offered to the public at this oblic Health at 519-631-9900 at l | | | |

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 60m² 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 note that there is a no staking policy in all of the City's Parks, Recreation and Property Management facilities. |
| 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. |
| 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 |
| Will you be requesting that City Council declare your event a "Municipally Significant Event"? Yes ☐ No ✓ |
| If Yes and 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 a separate letter to the City Clerk's Department. Please note that such approval |

of may take several weeks.

SECTION 7: MUSIC / NOISE

Yes 🗸 No \square Will there be a concert or musical entertainment as part of the event?

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.

| SECT | ION | R: | ΔN | IM | ΔΙ | ς |
|-------------|-----|----|------------|----|----|---|
| | | | | | | |

| Will there be a Petting Zoo or Animals at the event? | Yes 🗌 | No 🗸 |
|---|--|--------------------------|
| If Yes, Southwestern Public Health must be notified of the event details two was not permitted in the Animal Control By-Law 71-2011, an Application for Temporust be approved by City Council and can be found on the City Animal Service Please attach a copy of the application to this permit application and submit papproval may take several weeks. | oorary Exemption to es page of the City | o the By-Law website. |
| SECTION 9: ROAD CLOSURES / TRAFFIC FLOW CHANGES | | |
| Are you anticipating any road closures or traffic flow changes? | Yes 🗸 | No 🗸 |
| If Yes, please contact the Roads and Transportation Department at (519) 631- | 1680 ext. 5130. | |
| If Yes, please describe the road closure requirement and attach a map or sket of Way Occupancy Permit and City Council approval is required for all road closure fee for the permit and approval may take several weeks. | osures. Please note | that there is |
| | | |
| Please attach a copy of the Right of Way Occupancy Permit and provide the p | ermit #: | |
| If the event is a Parade / Run / Walk / Pass through Sporting Event, please refunder the Special Events page on the City website. Describe the event and att | | |
| Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631-1224 ext. 14 | Yes 🗌 | No 🗸 |
| PLEASE NOTE: Marshalls, volunteers and special event staff are not allowed to can direct traffic pursuant to the Highway Traffic Act. | o direct traffic. Onl | y the police |
| SECTION 10: MUNICIPAL FACILITIES | | |
| For events taking place in Pinafore Park, organizers will need to arrange an or and Property Management staff once the Special Events Permit Application half your special event expected attendance is 300 or more you must have at least the overflow parking lot. | as been approved. | Please note: |
| Have you contacted Parks and Recreation staff about your event? Yes | No 🗌 | N/A ✓ |
| Have you rented a pavilion/facility and signed a permit? Yes If yes, please provide the location of the rental and attach a copy of the perm | No 🗌 | N/A ✓ |

| Do you require picnic tables or garbage can If Yes, how many are you requesting? # o If Yes, please provide pick-up/return date a | f Picnic Tables: _ | Yes # of Garb | Noage Cans: | N/A 🗹 |
|--|--|---|--|--|
| Please note availability is at the discretion of delivery/pick up is the responsibility of the returned no later than 48 hours after your emust obtain an equipment rental permit from prior to your event. | event organizer. event. All applica | All picnic tables and gonts requesting picnic | arbage bins m tables and gar | ust be bage bins |
| Have you made arrangements with Environ | mental Services | staff for recycling con Yes | tainers and col | lection? N/A 🕡 |
| Will you require municipal support for: | Water Hydro | Yes Yes | No 🗌 No 🔝 | 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: | rical Safety Code | or have been inspec | ted by the Ele | ectrical Safety |
| SECTION 11: ACCESSIBILITTY | | | | |
| As an event organizer, it is your responsil Accessibility for Ontarians with Disabilities requirements to meet for accessibility. It displayed throughout the event venue to washrooms and parking. Although not requiplen to the Municipal Accessibility Advisory | es Act (AODA). (Please note tha indicate the barr irred, the Special | Organizations with a t directional signage rier-free path of trave Events Committee re | t least one er needs to be el and location commends sul | mployee have prominently of accessible |
| SECTION 12: OTHER SERVICES/RESOURCES | | | | |
| Security: Has a privately licensed security fi | rm been contact | ed/retained? | Yes 🗹 | No 🗌 |
| If Yes, what company and how many securi | ty officers will be | present? 1 | | |
| First Aid: For events with an anticipated at to be retained. Have you confirmed First Ai | | re than 200 people, Fi Yes 🗌 | rst Aid service No | s are required N/A 🗹 |
| If Yes, please attach documentation provide | ing proof that Fir | st Aid services have b | een retained. | |
| Ambulance: Has Emergency Medical Service planned emergency access to the site? | es (Ambulance S | Service) been contact | ed regarding ye | our event and No 🕢 |
| Fireworks: Will there be fireworks as part o | • | o the Fire Denartmen | 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.

| Jolis Anthavong | |
|---|---------------------|
| (Signature of Individual Completing this Application) | (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 | | |
|--|----------------|---|
| a little ACTION! | organized by | |
| (Event Name) | , | (Organizing Group) |
| shall indemnify and save harmless Th law responsible from any and all liabi | | Thomas and all persons for whom it is a uits or actions arising out of: |
| any damage to property including los death resulting at any time there from | | |
| | organized by | |
| (Event Name) | | (Organizing Group) |
| officers, agents, servants, employees Witness: | | es or licensees. |
| | | |
| Name (Print): | Name (Print): | |
| | Address: | |
| | Telephone: | |
| | Date: | |
| | Event Name: | |
| | Organizing Gro | oup: |
| | Event Dates: | |



event boundaries

Taste Makers Studio (624) + A Handmade Tale (626)



entrances + exits to 624 & 626 Talbot

SECTION 1: EVENT AND ORGANIZER INFORMATION

| Event Name: | Summer Night(s) Market | | | |
|--------------------------------|---|-----------------------------|--|--|
| Date(s): | THURSDAY: September 30th & October 28th | | | |
| Start Time: | 4pm | End Time: | 8pm | |
| Cleanup Start Time: | 8pm | Cleanup End Time: | 9pm | |
| Location(s): | Behind 624/626 Talbot, Allo | ey sidewalk, and pa | art of the Moore St Parking Lot | |
| Organizing Group: | Taste Makers Studio & A | Handmade Tale | | |
| Contact Name #1: | Jolie Inthavong | #2: Julie I | Hosford | |
| Street Address: 624 | Talbot St | | | |
| Town/City: | St Thomas | Province: ON | Postal Code: N5P1C8 | |
| Phone Number #1: | 519-207-7000 (Business) | #2: 226-2 | 46-9704 (Jolie's Cell Phone) | |
| Email Address: | weare@tastemakers.stuc | dio | | |
| Expected Attendance: | 150 throughout Number of | f Event Personnel/Ve | olunteers: 4 | |
| Location and number of | of washrooms in place: Two s | ingle occupancy washro | oms are available in 624 + 626 Talbot | |
| Location and Number | of Parking Spaces: We won't | need to set up a lot b | ecause a Municipal one exists | |
| off of Moore Street just behin | nd the business already. Accessible pa | rking is available there an | d on the street in front of the two stores. | |
| Number of Accessible | Washrooms: 0 | Number of Accessib | le Parking Spots: 1 out front | |
| Please describe your s | pecific event. Attach addition | al sheets as necessa | y. Our event is a small night market | |
| that features cultural stre | et food style takeaway provided b | y 3 food vendors. All f | ood is for purchase and takeaway. | |
| An additional there are | 2 10-15 small vendors setup s | elling handmade cra | fts and good in the same area. | |
| | any kind be available at this e | | Yes V No 2 | |
| SECTION 3: PERSONAL | | | | |
| Will there be personal | services of any kind offered t | | vent? Yes No Veast 2 weeks prior to the event. | |
| Personal services inclu | de but are not limited to bark | pering, manicures, p | edicures, 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 note that there is a no staking policy in all of the City's Parks, Recreation and Property Management facilities. |
| 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. |
| 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 |
| Will you be requesting that City Council declare your event a "Municipally Significant Event"? Yes ☐ No ✓ |
| If Yes and 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 a separate letter to the City Clerk's Department. Please note that such approval may take several weeks. |
| SECTION 7: MUSIC / NOISE |

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.

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

Yes 🗸

No 🗍

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? | | Yes 🗌 | No ✓ |
|--|-------------------|-------------------------------|------------------------|
| If Yes, Southwestern Public Health must be notified of the event det not permitted in the Animal Control By-Law 71-2011, an Application must be approved by City Council and can be found on the City Anim Please attach a copy of the application to this permit application and approval may take several weeks. | for Temporary | Exemption to ge of the City v | the By-Law vebsite. |
| SECTION 9: ROAD CLOSURES / TRAFFIC FLOW CHANGES | | | |
| Are you anticipating any road closures or traffic flow changes? | | Yes 🗌 | No 🗸 |
| If Yes, please contact the Roads and Transportation Department at (| 519) 631-1680 | ext. 5130. | |
| If Yes, please describe the road closure requirement and attach a m of Way Occupancy Permit and City Council approval is required for a fee for the permit and approval may take several weeks. | all road closure: | s. Please note | that there is |
| | | -200 | 70 |
| Please attach a copy of the Right of Way Occupancy Permit and pro- | vide the permit | #: | |
| If the event is a Parade / Run / Walk / Pass through Sporting Event, under the Special Events page on the City website. Describe the eve | | | |
| | | | |
| Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631-12 | 24 ext. 141. | Yes . | No 🗸 |
| PLEASE NOTE: Marshalls, volunteers and special event staff are not can direct traffic pursuant to the Highway Traffic Act. | allowed to dire | ct traffic. Only | the police |
| SECTION 10: MUNICIPAL FACILITIES | | | |
| For events taking place in Pinafore Park, organizers will need to arra and Property Management staff once the Special Events Permit Applif your special event expected attendance is 300 or more you must into the overflow parking lot. | lication has be | en approved. | Please note: |
| Have you contacted Parks and Recreation staff about your event? | Yes 🗌 | No 🗌 | N/A ✓ |
| 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 the permit | No 🗌 | N/A 🗸 |

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| Do you require picnic tables or garbage can | | Yes 🗌 | No 🗌 | N/A ✓ |
|--|---|---|---|--|
| If Yes, how many are you requesting? # 0 | | | | |
| If Yes, please provide pick-up/return date a | and time. Can picked t | up the night before the event and | returned the day or th | ne next morning. |
| Please note availability is at the discretion delivery/pick up is the responsibility of the returned no later than 48 hours after your must obtain an equipment rental permit fr prior to your event. | event organizer. A event. All applicar | All picnic tables and ga ats requesting picnic t | arbage bins mables and gar | ust be bage bins |
| Have you made arrangements with Environ | nmental Services st | aff for recycling conta | iners and col | lection? N/A 📝 |
| | | ,63 | | 14/7 |
| Will you require municipal support for: | Water Hydro | Yes Yes | No ✓ No ✓ | N/A N/A |
| Please note that all equipment and extens certification body under the Ontario Elec Authority. If required, please attach the Number: | trical Safety Code | or have been inspect | ted by the Ele | ectrical Safety |
| SECTION 11: ACCESSIBILITTY | | | | |
| As an event organizer, it is your response Accessibility for Ontarians with Disability requirements to meet for accessibility. displayed throughout the event venue to washrooms and parking. Although not requirements to the Municipal Accessibility Advisor | ies Act (AODA). O Please note that indicate the barri uired, the Special I | rganizations with at directional signage er-free path of travel Events Committee rec | least one er needs to be and location ommends su | mployee have prominently of accessible |
| SECTION 12: OTHER SERVICES/RESOURCE | <u>s</u> | | | |
| Security: Has a privately licensed security t | firm been contacte | d/retained? | Yes 🗹 | No 🗌 |
| If Yes, what company and how many secur | rity officers will be | present? 1 | | |
| First Aid: For events with an anticipated a to be retained. Have you confirmed First A | | than 200 people, Fir Yes | st Aid service No 🗌 | s are required N/A 🗹 |
| If Yes, please attach documentation provid | ling proof that Firs | t Aid services have be | en retained. | |
| Ambulance: Has Emergency Medical Servi planned emergency access to the site? | ices (Ambulance Se | ervice) been contacte | d regarding y Yes 🌅 | our event and No 🕢 |
| Fireworks: Will there be fireworks as part of the second o | • | the Fire Denartment | 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.

| Jolis Anthavong | |
|---|---------------------|
| (Signature of Individual Completing this Application) | (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.

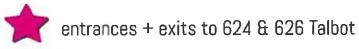
| STATEMENT OF INDEMNIFICATION | <u>v</u> | |
|---|-------------------------------------|--|
| Summer Night(s) Market | organized by | |
| (Event Name) | | (Organizing Group) |
| shall indemnify and save harmless law responsible from any and all li | | Thomas and all persons for whom it is a suits or actions arising out of: |
| any damage to property including death resulting at any time there | | y to any person or persons, including nissions of |
| | organized by | |
| (Event Name) | | (Organizing Group) |
| Witness: | ees, contractors, customers, invite | ees or licensees. |
| Witness: | Signed: _ | |
| Name (Print): | Name (Print): | |
| | Address: | · · · · · · · · · · · · · · · · · · · |
| | Telephone: | |
| | Date: | |
| | Event Name: | |
| | Organizing Gr | roup: |
| | Event Dates: | |

Proposed Map for Summer Night(s) Market



event boundaries

Taste Makers Studio (624) + A Handmade Tale (626)



ATT:

Jon Hindley Special Events Committee

Attached is a Signed Special Event Permit Application for RTL St. Thomas Life Chain

Certificate Of Liability Insurance is included

Councillor Clarke
Chair



Special Events Committee

c/o Jon Hindley
City Clerk's Dept, 545 Talbot St.,
St. Thomas, ON NSP 3V7
Phone: (519) 631-1680 Ext. 4125
Fax: (519) 633-9019
Email: jhindley@stthomas.ca

SPECIAL EVENT PERMIT APPLICATION

Please complete the following steps in order to file this application:

- 1. Review the Festivals and Events Manual and ensure all requirements pertinent to your event are fulfilled prior to filing this application with the City Clerk's Department. There are further resources under the Special Events Permits page on the City's website at www.stthomas.ca.
- 2. Complete the application. If you have any questions about a particular area, there is a Key Contacts section located below. **All information and materials submitted for the application shall be made available to the public and the media. **
- 3. Attach a site map or sketch showing the location of the event, identifying any associated activities, vendors, and required road closures if applicable, as well as standard and accessible washrooms, tents and parking.
- 4. Complete the Statement of Indemnification form and submit your Certificate of Insurance a minimum of two weeks prior to the start of the event.
- 5. Please note that applications with anticipated road or parking lot closures or traffic flow changes must notify neighbouring properties a minimum of ten days in advance of the event.

NOTE: Applications must be received in the City Clerk's Department at least 12 weeks prior to the event.

KEY CONTACTS

Alcohol and Gaming Commission of Ontario **Smart Serve Ontario** City Clerk's Dept - Municipally Significant Event Chamber of Commerce **Downtown Development Board** Electrical Safety Authority Southwestern Public Health Emergency Medical Services (Ambulance Services) Environmental Services – Roads, Animals Planning & Building Services **Environmental Services - Waste Management** Fire Department – Fireworks, Fire Prevention **Municipal Accessibility Advisory Committee** Parks and Recreation - Property Mgmt, Hydro Parks, Rec and Property Mgmt Department Police Services - Noise By-Law, Traffic Control Railway City Tourism St. John's Ambulance (First Aid) Treasury Department – Insurance

416-326-8700 customer.service@agco.ca 1-877-620-6082 info@smartserve.ca 519-631-1680 ext. 4100 customerservice@stthomas.ca 519-631-1981 mail@stthomaschamber.ca 519-633-5248 earl-taylor@coldwellbanker.ca 1-877-372-7233 Eric.Kingston@electricalsafety.on.ca 519-631-9900 ssaini@swpublichealth.ca 519-637-3098 <u>jason.rick@memseo.com</u> 519-631-1680 ext. 5130 mvriens@stthomas.ca 519-631-1680 ext. 4160 cpeck@stthomas.ca 519-631-1680 ext. 4258 mshannon@stthomas.ca 519-631-0210 btodd@stthomas.ca 519-631-1680 ext. 4161 ttiersma@stthomas.ca 519-631-1680 ext. 4180 tbridge@stthomas.ca 519-633-7112 mrun@stthomas.ca 519-631-1224 ext. 4177 sbogart@stps.on.ca 519-631-1680 ext. 4132 tourism@stthomas.ca 519-633-2290 st.thomas@on.sia.ca 519-631-1680 ext. 4112 kenglish@stthomas.ca

SECTION 1: EVENT AND ORGANIZER INFORMATION

| Event Name: | KIL St. Thomas Life Cr | nain | |
|----------------------------------|--|------------------------------|---|
| Date(s): | Sunday October 3, 202 | 1 | |
| Start Time: | 1:00 P.M. | End Time: | 2:00 P.M. |
| Cleanup Start Time: | N/A | Cleanup End Time: | N/A |
| Location(s): | Talbot Street | | |
| Organizing Group: | St. Thomas & District RI | ght To Life | |
| Contact Name #1: | Charlie DlMaria | #2:John | Van Eyk |
| Street Address: Mailin | g address: 468 Talbot St | · | |
| Town/City: | St. Thomas | _ Province: ON | Postal Code: N5P 1C2 |
| Phone Number #1: | 519-633-5433 | #2:226-6 | 78-1690 |
| Email Address: | sthomasrtl@belinet.ca | | |
| Expected Attendance: | 80 Number | of Event Personnel/V | olunteers: 5 |
| Location and number of | of washrooms in place: Along | g both sides of Talbot Stree | t in front of Holy Angels Catholic Church. |
| Location and Number | of Parking Spaces: Holy An | gels Parking Lot | |
| | | | |
| Number of Accessible | Washrooms: | _ Number of Accessib | ole Parking Spots: |
| Please describe your s | pecific event. Attach addition | nal sheets as necessa | ry. Participants will stand |
| silently along both s | sides of Talbot Street betv | veen Southwick an | d White Street |
| holding signs promo | oting life for the unborn. | | |
| | any kind be available at this | | Yes No Veast 2 weeks prior to the event. |
| SECTION 3: PERSONAL | SERVICES | | |
| | services of any kind offered Southwestern Public Health | | event? Yes No No Reast 2 weeks prior to the event. |
| Personal services inclupiercing. | de but are not limited to bar | rbering, manicures, p | edicures, esthetics, tattooing and |

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SECTION 4: TENTS

Will there be an indoor or tent covered area used for public assembly as part of the event? Yes If Yes, please specify the number and size of tents. if the tents are larger than 60m² 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 note that there is a no staking policy in all of the City's Parks, Recreation and Property Management facilities. **SECTION 5: SERVING OF ALCOHOL** Will alcohol be consumed at the event? Yes 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. 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 Will you be requesting that City Council declare your event a "Municipally Significant Event"? Yes | | If Yes and 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 a separate letter to the City Clerk's Department. Please note that such approval may take several weeks.

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SECTION 7: MUSIC / NOISE

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

Yes
No

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

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

SECTION 8: ANIMALS

| Will there be a Petting Zoo or Animals at the event? | Yes 🗌 | No 🗹 | |
|---|---|--------------------------------|--|
| If Yes, Southwestern Public Health must be notified of the event details tw not permitted in the Animal Control By-Law 71-2011, an Application for Te must be approved by City Council and can be found on the City Animal Ser Please attach a copy of the application to this permit application and submapproval may take several weeks. | emporary Exemption to rvices page of the City | o the By-Law website. | |
| SECTION 9: ROAD CLOSURES / TRAFFIC FLOW CHANGES | | | |
| Are you anticipating any road closures or traffic flow changes? | Yes 🔲 | No 🗹 | |
| If Yes, please contact the Roads and Transportation Department at (519) 6 | 531-1680 ext. 5130. | | |
| If Yes, please describe the road closure requirement and attach a map or s of Way Occupancy Permit and City Council approval is required for all road a fee for the permit and approval may take several weeks. | sketch showing the closed closures. Please note | sure. A Right that there is | |
| Please attach a copy of the Right of Way Occupancy Permit and provide th | | | |
| If the event is a Parade / Run / Walk / Pass through Sporting Event, please under the Special Events page on the City website. Describe the event and | | | |
| Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631-1224 ext. | Yes | No ✓ | |
| PLEASE NOTE: Marshalls, volunteers and special event staff are not allowe can direct traffic pursuant to the Highway Traffic Act. | d to direct traffic. Only | the police | |
| SECTION 10: MUNICIPAL FACILITIES | | | |
| For events taking place in Pinafore Park, organizers will need to arrange ar and Property Management staff once the Special Events Permit Application of the special event expected attendance is 300 or more you must have at into the overflow parking lot. | n has been approved. | Please note: | |
| Have you contacted Parks and Recreation staff about your event? Yes | No 🗌 | N/A 🗸 | |
| Have you rented a pavilion/facility and signed a permit? Yes $f I$ If yes, please provide the location of the rental and attach a copy of the pe | | N/A 🗹 | |

20

| Do you require picnic tables or garbage cans If Yes, how many are you requesting? # of If Yes, please provide pick-up/return date an | Picnic Tables: _ | Yes # of Garb | No 🗌 | N/A ✓ |
|---|--------------------------------------|---|---------------------------------|-------------------------|
| Please note availability is at the discretion of delivery/pick up is the responsibility of the ereturned no later than 48 hours after your emust obtain an equipment rental permit from prior to your event. | vent organizer. vent. All applica | All picnic tables and goods requesting picnic | arbage bins m tables and gar | iust be bage bins |
| Have you made arrangements with Environments | nental Services s | taff for recycling cont Yes | ainers and col | lection? N/A 🏑 |
| Will you require municipal support for: | Water Hydro | Yes 🔲 Yes 🔲 | No No | n/a ✓ N/a ✓ |
| Please note that all equipment and extension cords must be in good condition and approved by an accredited certification body under the Ontario Electrical Safety Code or have been inspected by the Electrical Safety Authority. If required, please attach the Electrical Safety Authority documentation and provide the Permit Number: | | | | |
| SECTION 11: ACCESSIBILITTY | | | | |
| As an event organizer, it is your responsibility to ensure that your organization is in compliance with the Accessibility for Ontarians with Disabilities Act (AODA). Organizations with at least one employee have requirements to meet for accessibility. Please note that directional signage needs to be prominently displayed throughout the event venue to indicate the barrier-free path of travel and location of accessible washrooms and parking. Although not required, the Special Events Committee recommends submitting a site plan to the Municipal Accessibility Advisory Committee for larger events for their review. | | | | |
| SECTION 12: OTHER SERVICES/RESOURCES | | | | |
| Security: Has a privately licensed security firm | n been contacte | d/retained? | Yes 🗌 | No 🗹 |
| If Yes, what company and how many security officers will be present? | | | | |
| First Aid: For events with an anticipated atte to be retained. Have you confirmed First Aid | | than 200 people, Fir | st Aid service: | s are required N/A 🗹 |
| If Yes, please attach documentation providing | g proof that First | : Aid services have be | en retained. | |
| Ambulance: Has Emergency Medical Service planned emergency access to the site? | s (Ambulance Se | rvice) been contacte | d regarding yo | our event and No 🕢 |
| Fireworks: Will there be fireworks as part of If Yes, a permit for exhibition fireworks must | • | the Fire Department | Yes 🗌 | No 🗸 |

SECTION 13: SIGNATURE

11 1 0 m

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.

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| (Signature of Individual Completing this Application) | (Date completed) |
|---|---------------------|
| Office Use Only: Application Received: | Committee Approval: |

SECTION 14: INSURANCE

STATEMENT OF INDEMNIFICATION

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

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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.

| RTL St. Thomas Life Chain | organized by St. Thomas & District Right To Life | | |
|---|--|--|--|
| (Event Name) | (Organizing Group) | | |
| | The Corporation of the City of St. Thomas and all persons for whom it is at collities, damages, costs, claims, suits or actions arising out of: | | |
| | oss of use thereof, and any injury to any person or persons, including om, occasioned by any act or omissions of | | |
| RTL St. Thomas Life Chain organized by St. Thomas & District Right To Life | | | |
| (Event Name) | (Organizing Group) | | |
| the premises or any part thereof ari damage or injury is due to the act, d | Name (Print): Address: Nees, contractors, customers, invitees or licensees, or occurring in or on sing from or occasioned by any cause whatsoever, except where such lefault or negligence of The Corporation of the City of St. Thomas, its s, contractors, customers, invitees or licensees. Signed: Name (Print): 23 ROSEMBUNT (RES. | | |
| | Telephone: <u>5/9-633-2322</u> | | |
| | Date: <u>Sept.9/21</u> | | |
| | Event Name: R.T.L.ST.THOMAS | | |
| | Organizing Group: 57 THOMAS + DISTRET | | |
| | Event Dates: 0.7.3/2/ | | |
| | | | |

JMULDER

| CSID | CERTIFIC | ATE OF | LIABILIT | TY INSURANCE | | |
|--|---|--|--|--|------------------------|-----------------------------------|
| This certificate is issued as a ma | iter of information only and co certificate does not amend, ex | nfers no rights u | pon the certifica | te holder and imposes no liability | on the Insur | er. |
| THE RESIDENCE OF THE PARTY OF T | e (ela Récissa e | | A STATE OF THE STA | | | CONTRACTOR |
| City of St Thomas | | 8 | St. Thomas & | District Right-To-Life | DESCRIPTION OF THE OWN | Section (Section Section Section) |
| 545 Talbot Street | | | 6B Talbot St. | | | |
| St Thomas, ON | | 5 | St. Thomas, O | N_ | | |
| | | N5P 3V7 | | | POST/ CODE | ^{AL} N5P 1C2 |
| With respect to the operation | s usual to named insure | d and the RTi | . St. Thomas I | Life Chain that will take pla | ce October | 3, 2021. |
| | | | | | 3.7 | 1-2-13 |
| This is to certify that the policies of or conditions of any contract or othe subject to all terms, exclusions and | r document with mapect to which this carti | the insured named at liticale may be issued o | ove for the policy perion may pertain. The loss | d indicated notwithstanding any requirements, arance afforded by the policies described here | terms in is | |
| | | LIMITS SHO | WN MAY HAVE BE | EN REDUCED BY PAID CLAIMS | """" 海南原 | |
| A PROPERTY OF THE PARTY OF THE | | | na altractic | | ar a transport | |
| | Val. Philippin and There | A STATE OF THE STA | ale Markette and | COMMERCIAL GENERAL HARLITY | | |
| COMMERCIAL GENERAL LIABLITY CLAMS MADE OR M OCCUPATENCE | | | | BODILY INJURY AND PROPERTY DAMAGE LIABILITY + GENERAL AGGREGATE | | |
| PRODUCTS AND / OR COMPLETED OPERATION | Heartland Farmers Mutual | 2021/2/ | 16 2022/2/16 | - BACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS | _ | 5,000,000 |
| EMPLOYER'S LIABILITY CROSS LIABILITY | 31593C01 | 2021121 | 19 2022/2/16 | AGGRESATE PERSONAL INJURY DABILITY | | 5,000,000 |
| _ | | | | OR PERSONAL AND ADVERTISING INJURY LIABILITY | | 5,000,000 |
| | | | | MEDICAL PAYMENTS | | 25,000 |
| TENANTS LEGAL LIABILITY POLILITION LIABILITY EXTENSION | | | | TENANTS LEGAL LIABILITY | 500 | 1,000,000 |
| ESJECMOTUR DEINVO-NOR X | Heartland Farmers Mutual 31593C01 | 2021/2/ | 16 2022/2/16 | POLLUTION LIABILITY EXTENSION NON CYMED AUTOMOBILE | | 5,000,000 |
| AUTOMOBILE LIABILITY | | | | BODILY INJURY AND PROPERTY | | |
| DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES | | | | BODILY INJURY (PER PERSON) | | |
| LEASED AUTOMOBILES | | | 1 | BODILY INJURY (PER ACCIDENT) | | |
| "ALL AUTOPOSILES LEASED IN EXCESS OF 24 DAYS WHERE THE REURID IS REQUIRED TO PROVIDE REURANCE | | | 1 | PROPERTY DAMAGE | | |
| EXCESS LIABILITY | 2000 | | 1 | EACH DCGLRRENCE | | |
| UMBRELLA FORLA | | | | ADGREGATE | | |
| | | | | | | |
| OTHER LIABILITY (SPECIFY) | | | | | | |
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| | | - | | | | |
| | | NAME OF TAXABLE PARTY. | CONTRACTOR OF THE | Carl College C | | Secure Private Andrews |
| Should any of the above described po | olicies be cancelled before the ex | epiration date the | mof, the issuing o | company will endeavor to mail 30 | days well | ten notice to the |
| certificate holder named above, but for | illure to mail such notice shall in | | on or liability of a | | | |
| Reith & Associates Insurance | | nited | City of St. Thor | or formation with the second of the second of the second | 11.0 | |
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| ISSUER Reith & Associates Insura | nce and Financial Services L | .imited | TYPE Phone | NO (519) 631-3862 TYPE | Fax No (8 | 519) 631-0386 |
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TYPE

DATE

NO.

2021/9/9

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SIGNATURE OF AUTHORIZED REPRESENTATIVE POUNCE MUSEL

AUTHORIZED REPRESENTATIVE

EMVL ADDRESS

TYPE

NO.