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

COMMITTEE ROOM 204 CITY HALL

3:00 P.M.

MARCH 7, 2018

MINUTES

Confirmation of the minutes of the meeting held on February 7, 2018.

PETITIONS AND COMMUNICATIONS

Walk and Run for Alzheimers - May 12, 2018 Pages 2-8

Nostalgia Nights - July 7, 2018 Pages 9-16

Run for the Fund - June 3, 2018 Pages 17-22

BRO Awareness Ride - May 6, 2018 Pages 23-27

<u>UNFINISHED BUSINESS</u>

Upcoming Events

- Walk with the Cross March 30, 2018
- Auction of Supermarine Aircraft Inc. May 5, 2018
- Big Bike Heart and Stroke May 9th, 2018
- OECYC Run for Children's Mental Health June 2nd, 2018
- YMCA Sweat for Strong Kids: Kids Triathlon June 3, 2018
- St. Anne's Community Festival June 6-9, 2018
- Great Lakes International Air Show June 16-17, 2018
- Father's Day Car Show June 17th, 2018
- St. Thomas/Elgin Picnic in the Park July 11, 2018
- Railway City Road Races September 23, 2018

NEW BUSINESS

Public Health - Personal Services at Events

Simran Saini, St. Thomas Public Health will provide a request regarding personal services at special events.

ADJOURNMENT

SECTION 1: EVENT AND ORGANIZER INFORMATION

FEB 0 6 2018

SECTION I: EVEN	1 AND ORGANIZER INFORMATION	y Clerka Dept.
Event Name:	Walk and Run for Alzheimers	y Cierra Dept.
Date(s):	May 12, 2018	¥
Start Time:	9:00 a.m. End Time: 12:00 p.m.	
Location(s):	Dance Pavillion and Pavillion South of	
Organizing Group:	Alzheimers Society of Elgin-St. Thomas	S
Contact Name #1:	Sharon Lechner #2:	
Street Address:	450 Sunset Drive	
Town/City:	St. Thomas Province: Ontario Postal Code: N5	5R 5V1
Phone Number #1:	519-280-6289 #2:	·
Email Address:	sharonlechner@rogers.com	
Expected Attendance	Number of Event Personnel/Volunteers: 15	
Location and number	of washrooms in place:	
Location and Number	Four in front of dance pavilling Spaces:	on
Number of Accessible	e Washrooms: Number of Accessible Parking Spots:	
•	specific event. Attach additional sheets as necessary.	·
	annual Walk for Alzheimers. Participants walk on the	
sidewalk in	Pinafore Park. This year we have partr	nered
with the Ra	il City Rotary Club who will be hosting a	
5 km run wh	nich will start at the back of the park and	1
and go thro	ugh Lake Margaret Trail.	
SECTION 2: FOOD	AND BEVERAGE	
Will food of any kind	be available at this event? Yes No Style="background-color: blue;"> Yes No No	

SECTION 3: TENTS

Will there be an indoor or tent covered area used for public assembly as part of the event? Yes No V		
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, 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 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"? Yes No		
SECTION 6: 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		

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.

musical licencing through SOCAN for events not taking place in a City facility.

SECTION 7: ANIMALS

Will there be a Petting Zoo or Animals at the event? If Yes, the Elgin-St. Thomas Public Health must be notified of the event details two weeks prior. If the animals are not permitted in the Animal Control By-Law 71-2011, an Application for Temporary Exemption to the By-Law must be approved by City Council. Please attach a copy of the application to this permit application. Please note that such approval may take several weeks.				
SECTION 8: ROAD CLOSURES / TRAI	FFIC FLOW CHANG	EES		
Are you anticipating any road closures or tra	affic flow changes?	Yes	No [
If Yes, please describe the road closure requestion of Way Occupancy Permit and City C that approval may take several weeks.	louncil approval is requ	iired for all roa	d closures. Pl	
Please attach a copy of the Right of Way Oc	cupancy Permit and pr	rovide the perm	nit #:	
If the event is a Parade / Run / Walk / Pass t located under the Special Events page on the				
Do you require traffic control? If Yes, please contact the St. Thomas Police	Services at (519) 631-	Yes [No [V
PLEASE NOTE: Marshalls, volunteers and police can direct traffic pursuant to the High		not allowed to	direct traffic.	Only the
Have you contacted the Public Works Depa	rtment for: Barricades No Parking Signs Detour Signing	Yes Yes Yes	No No	N/A
SECTION 9: MUNICIPAL FACILITIES				
For events taking place in Pinafore Park, or Rec and Property Management staff once the Have you contacted Parks and Recreation st	e Special Events Perm	it Application		
Have you rented a pavilion/facility and sign If yes, please provide the location of the ren		Yes 🗸	No 🗌	N/A

very/pick up is the resp	onsib <u>ility</u> of th	e eve <u>nt o</u> rganiz	er.
of Picnic Tables: 20	Yes 🔽 # of Ga	No nrbage Cans: 4	N/A
mental Services staff for	or recycling cor	ntainers and col	lection? N/A
Water Hydro	Yes Yes	No No	N/A N/A
tario Electrical Safety	y Code or have	been inspecte	d by the
nnection Permit? d provide the Permit N	Yes	No 🗌	N/A
Act (AODA). Organicase note that direction licate the barrier-free parties, the Special Event	zations with at onal signage neath of travel and the Committee re	least one emplo eeds to be pro nd location of a ecommends sub	yee have minently ccessible
OURCES			
irm been contacted/ret ty officers will be pres	ained? sent?	Yes	No
First Aid services?	Yes 🗸	No	vices are N/A
ces (Ambulance Services)	ce) been contac	ted regarding y Yes	our event No 🖊
f your event? equired through the Fi	re Department.	Yes	No 🗸
	rery/pick up is the respondered provides: 20 mental Services staff for Water Hydro Sion cords must be instario Electrical Safety ase attach the Electrical Safety are attach the Permit Market (AODA). Organicase note that directificate the barrier-free pired, the Special Eventisory Committee for land the provide the presentation of the presentati	wery/pick up is the responsibility of the Yes of Picnic Tables: 20 # of Gamental Services staff for recycling contact Yes Water Yes Hydro Yes water Yes Water Yes water Hydro	mental Services staff for recycling containers and colly yes No No Water Yes No

SECTION 12: 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, in supporting documentation to any third parties upon		d disclosing the application and its
(Signature of Individual Completing this Applicati	 on)	£65 2018 (Date completed)
Office Use Only: Application Received:		Approval:
SECTION 13: INSURANCE		
A Certificate of Insurance is required providing pronaming of the City of St. Thomas as an Additional the required insurance MUST be submitted a minimum Special Events Committee reserves the right to incoverage for large community events.	al Insured under the imum of two weeks	corresponding policies. A copy of prior to the start of the event. The
The provision of the completed and signed Stateme	ent of Indemnification	on below is also required.
Please note that an approved event may be cancelled be altered or cancelled as a result of an emergency		coverage not be provided and may
STATEMENT OF INDEMNIFICATION (Event Name) (Event Name)	nized by Alzhe	mer Society Elain St. Thomas
(2.000)		(118
shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, da		
any damage to property including loss of use there death resulting at any time there from, occasioned		
Walk for Alzhemer's organis (Event Name)	zed by Alzhei	Mer Society Elgin St. Thomas (Organizing Group)
its officers, agents, servants, employees, contractor on the premises or any part thereof arising from or such damage or injury is due to the act, default or no Thomas, its officers, agents, servants, employees, contractor	occasioned by any o egligence of The Co	cause whatsoever, except where orporation of the City of St.
Witness:	Signed:	Motion Vou Pour
Name (Print):	Name (Print):	Christine Poier
*	Address:	229-450 Sunset Dr.
	Telephone:	519.633-4396
	Date:	February 5 2018
	Event Name:	Walk for Alzheimer's
	Organizing Group	: Alzheimer Society.
Pag	Event Dates: e 6 of 6	May 12, 2018

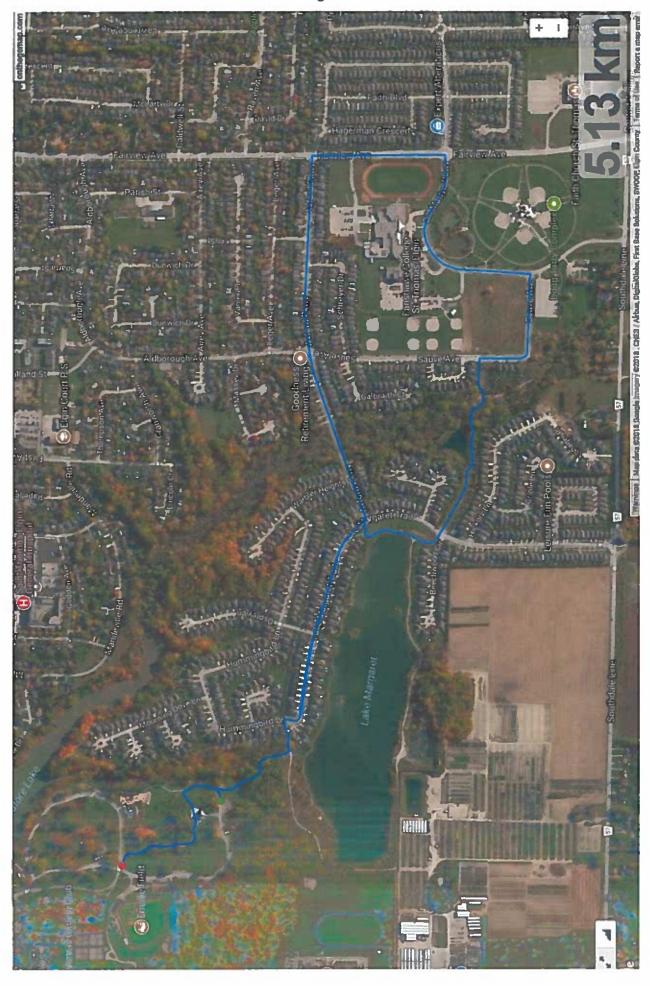
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CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.								
This certificate is issued as a matter of information only and conters no rights upon the certificate notion and imposes no hability on the insurer. This certificate does not amend, extend or after the coverage afforded by the policies below.								
1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS			2A. INSURED'S FULL NAME AND MAILING ADDRESS					
City of St. Thomas			Alzheim	ner Society of Elgin	-St. Thomas			
545 Talbot St	···		1		Thomas, ON N5R 5V1			
					PERATIONS/LOCATIONS e operations of the Named Ins		BiLES/SPEC	AL ITEMS
				Alzheimer's				
St. Thomas ON	POSTAL CODE	N5P 3V7	The eve	nt will be held on S	aturday, May 12, 2018 at I	Pinatore Pa	BUTK	
3. COVERAGES								
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS								
					Ll/ (Canadian doll	WITS OF LI		anvise)
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIV (M/d/y		EXPIRY DATE (M/d/yyyy)	COVERAGE	m s Ulifesa	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY	AVIVA - 81329768	10/6/2		10/6/2018	COMMERCIAL GENERAL LIABILIT	Υ		INSURANCE
CLAIMS MADE OR Z OCCURRENCE	A414A - 01328100	1002	.017	10/0/2010	BODILY INJURY AND PROPERT LIABILITY - GENERAL AGGRES		\$1,000	\$5,000,000
PRODUCTS AND / OR COMPLETED OPERATIONS					EACH OCCURREN	ICE		\$5,000,000
EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED AGGREGATE	OPERATIONS		\$5,000,000
CROSS LIABILITY TENANTS LEGAL LIABILITY					PERSONAL AND ADVERTISING	INJURY		\$5,000,000
☐ NON-OWNED ALITOMOBILES					LIASILITY	ļ		
☐ HIRED AUTOMOBILES					MEDICAL PAYMENTS			\$10,000
POLLUTION LIABILITY EXTENSION			- 1		TENANTS LEGAL LIABILITY		\$1,000	\$500,000
					NON OWNED AUTOMOBILE			
AUTOMOBILE LIABILITY					BODILY INJURY AND PROPERTY DAMAGE			
DESCRIBED AUTOMOBILES ALL OWNED AUTOS			- 1		COMBINED			
☐ LEASED AUTOMOBILES **					BODILY INJURY			
					(PER PERSON)			
					BODILY INJURY (PER ACCIDENT)			
** ALL AUTOMOBILES LEABED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED					PROPERTY DAMAGE			
TO PROVIDE INSURANCE EXCESS LIABILITY		 			EACH OCCURRENCE			
☐ UMBRELLA FORM					AGGREGATE			
OTHER THAN UMBRELLA FORM					AGGREGATE			
(specify)								
OTHER LIABILITY (SPECIFY)]						
6								
CANCELL ATION						l		
4. CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.								
5. BROKER'S FULL NAME AND MAIL	NG ADDRESS		6. ADD	OTIONAL INSURE	D NAME AND MAILING	ADDRESS		
Reith & Associates Insurance and Financial Services Limited C			City of S	St. Thomas				
462 Taibot Street			545 Tall	bot St				
St. Thomas ON	POSTAL NE	5P 1B9						
BROKER'S CLIENT ID: ALZHE-1			St. Thor	mas	ON		POSTAI CODE	N5P 3V7
7. CERTIFICATE AUTHORIZATION								
SIGNATURE OF AUTHORIZED	PRINT NAME		POSITIO	N HELD		DATE		
REPRESENTATIVE Break Holm	Brian Helmer		Markete	er .		February	01, 2018	
COMPANY	EMAIL ADDRESS		CONTAC	TNUMBER	CELL			
Daith & Associates Incurrence and Cinemain! bright@coithandesecoioles com			is (519) 631-3862		519) 631-03	386		

BUSINESS (519) 631-3862

FAX (519) 631-0386



FEB 1 5 2018

SECTION 1: EVEN	T AND ORGANIZER INFORMATION	UIU
Event Name:	NOSTALGIA NIGHTS. City Clarks Dej	pt.
Date(s):	July 7/18	
Start Time:	3.00 Pm End Time: 9.00 Pm.	
Location(s):	SEE MAP.	
Organizing Group:	DOWNTOWN DEVELOPMENT BOARD.	
Contact Name #1:	EARLTAYLOL #2:	
Street Address:	545 TACBOT ST.	
Town/City:	ST THOMAS Province: ONT Postal Code: N5P3V7	
Phone Number #1:	519 633 5248 #2: 519 670 9223	
Email Address:	earl, taylor a sympatico, ca	
Expected Attendance:	Number of Event Personnel/Volunteers: 30	
Location and number	of washrooms in place: 5 + L&PS HANDICAN	
SIDE ST	REETS AND MUNICIPAL PARKING LOTS	
Number of Accessible	e Washrooms: Number of Accessible Parking Spots:	
	specific event. Attach additional sheets as necessary.	
STATIC	ARDISPLAY AS PER MAPAZEA BAND IN FRONT OF CITY HALL	
DJ + B	LAND IN FRONT OF CITY HACK	
	TRAIN RIDES AT L+PS TOURISM OFFI	CG
WARIORS	SDISPLAY'S WITH IN AREA	
SECTION 2: FOOD	AND BEVERAGE	
	be available at this event? Yes No No No State of the St	<i>52</i> 0

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:				
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Will you be requesting that City Council declare your event a "Municipally Significant Event"? Yes No				
SECTION 6: 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				

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 7: ANIMALS

Will there be a Petting Zoo or Animals at the every If Yes, the Elgin-St. Thomas Public Health must animals are not permitted in the Animal Contro Exemption to the By-Law must be approved by this permit application. Please note that such approved an exemption of the By-Law must be approved by this permit application.	st be notified of the of By-Law 71-2011, City Council. Pleas	an Application se attach a cop	wo weeks pro for Tempo	rary
SECTION 8: ROAD CLOSURES / TRAFFI	C FLOW CHANG	<u>ES</u>		
Are you anticipating any road closures or traffic	c flow changes?	Yes	No	
If Yes, please describe the road closure requirer Right of Way Occupancy Permit and City Counthat approval may take several weeks.	ment and attach a m ncil approval is requ	ap or sketch sh ired for all roa	nowing the o	closure. A Please note
TACBOT STREET - JO	HD ST TO	ST CATT	HARINE	ST
- ST	CATHAGNE	TO HINC	10 ST	
Please attach a copy of the Right of Way Occupancy Permit and provide the permit #:				
				+
Do you require traffic control? If Yes, please contact the St. Thomas Police Ser	rvices at (519) 631-	Yes [1224.	No	, <u>D</u>
PLEASE NOTE: Marshalls, volunteers and spe police can direct traffic pursuant to the Highway		not allowed to	direct traffi	c. Only the
No	ent for: urricades o Parking Signs etour Signing	Yes Yes Yes	No 7	N/A N/A N/A
SECTION 9: MUNICIPAL FACILITIES				
For events taking place in Pinafore Park, organi Rec and Property Management staff once the Sp Have you contacted Parks and Recreation staff	pecial Events Permi	range an onsite t Application I Yes	e meeting w nas been app No	ith Parks, proved. N/A
Have you rented a pavilion/facility and signed a If yes, please provide the location of the rental a	a permit? and attach a copy of	Yes the permit	No 🗌	N/A 3

Do you require picnic tables or garbage				
and Property Management Dept and that of	denvery/pick up is the	Yes Yes	No No	N/A
If Yes, how many are you requesting?	# of Picnic Tables:		Garbage Cans: _	
Have you made arrangements with Envi	ronmental Services s			
		Yes	No	N/A
Will you require municipal support for:	Water Hydro	Yes Yes HEPBURN	No No	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 S	be in good cond Safety Code or h	lition and approvave been inspect	ted by the
If required, have you obtained a Hydran If Yes, please attach a copy of the Permi			No 🗌	N/A 🖸 -
SECTION 10: 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 resite plan to the Municipal Accessibility.	ities Act (AODA). On Please note that di indicate the barrier- equired, the Special I	rganizations with rectional signage free path of trave Events Committee	at least one emple needs to be prolated and location of the recommends su	oyee have ominently accessible
SECTION 11: OTHER SERVICES/R	ESOURCES			
Security: Has a privately licenced securi If Yes, what company and how many se	ty firm been contacte curity officers will be	d/retained?	Yes V	No
First Aid: For events with an anticipat required to be retained. Have you confirm If Yes, please attach documentation proving	med First Aid service	es? Yes 🗾 t Aid services hav	No	N/A
Ambulance: Has Emergency Medical Se and planned emergency access to the site	· · · · · · · · · · · · · · · · · · ·			_
Fireworks: Will there be fireworks as pa If Yes, a permit for exhibition fireworks	-	he Fire Departme	Yes	No 🗸

SECTION 12: 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, inc supporting documentation to any third parties upon	luding copying and disclosing the application and its their request.
Aux DOBCHAR	TEMUARY 15, 2018 (Date completed)
(Signature of Individual Completing this Application	on) (Date completed)
Office Use Only: Application Received:	Committee Approval:
SECTION 13: INSURANCE	
naming of the City of St. Thomas as an Additiona the required insurance MUST be submitted a mini-	oof of \$5,000,000 in insurance coverage, including the language la
The provision of the completed and signed Stateme	nt of Indemnification below is also required.
Please note that an approved event may be cancelled be altered or cancelled as a result of an emergency	ed should insurance coverage not be provided and may situation.
STATEMENT OF INDEMNIFICATION	
NOSTALGIA NIGHTTS organi (Event Name)	ized by ST THOMAS DDT3 (Organizing Group)
shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, date	of the City of St. Thomas and all persons for whom it mages, costs, claims, suits or actions arising out of:
death resulting at any time there from, occasioned b	· ·
NOSTALGIA NIGHTS organiz	zed by ST THOMAS DDG (Organizing Group)
	s, customers, invitees or licensees, or occurring in or occasioned by any cause whatsoever, except where egligence of The Corporation of the City of St.
Witness:	Signed:
Name (Print): ROBERT RURAS	Name (Print): EARL TAYLOR
	Address: 545 TA POT ST
Note: We will supply an updated policy when our insurance is renewed on	Telephone: 519-670-9223
updated policy when our	Date: FESQUARY /18
	N A. O. A. J.
4/04/18	
•	Organizing Group: ST THOWAS DOB
	Event Dates: TULY 7 /18

Page 6 of 6



CONFIRMATION OF INSURANCE

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:

Nostalgia Days - Car Show hosted by St Thomas Downtown Development Board

Kind of policy	Policy Number	Expiry date	Amount of Insurance
Property Insurance All Risks Named Perils Replacement Cost Flood Earthquake Sewer Back up Equipment Breakdown Standard Mortgage Clause Incl. Excl. Other:			Limit Deductible \$ \$ Co-Insurance % Other:
Commercial General Liability Products and/or completed operations Incl.	6385830	2018-04-04	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. ⊠ Excl. □	6385830	2018-04-04	Other: D&O - D-23 2,000,000 in coverage
Other : Directors & Officers D-23	6385830	2018-04-04	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: \$ *Described vehicles:
NOTE: The listed additional insure that time and no document	d will only be listed or ation will be sent to the	n the policy for the ne additional insur	e duration of the car show - will be removed after red for cancellation of a policy.
issued as a matter of information o	nly and confers no rig e holder of this Confin	hts on the holder mation 30 de	of the applicable policy. This confirmation is and imposes no liability on the Insurer. The ays' written notice of any material change in or do so.
Date: May 2, 2017 Au	thorized Representa	ative of the Insur	er: Anythel

CGG022 (09/13)





CONFIRMATION OF INSURANCE

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

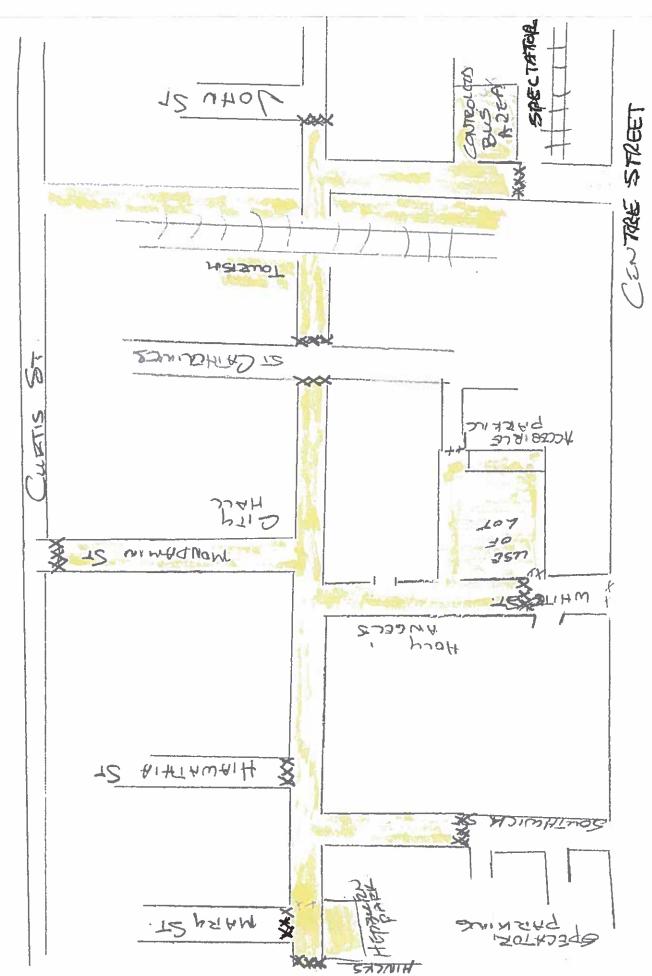
545 Talbot Street PO Box 520 St Thomas ON N5P3V7

Location and Operations to which this confirmation applies:

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

Kind of policy	Policy Number	Expiry date	Amount of insurance
Property Insurance All Risks Named Perils Replacement Cost Flood Earthquake Sewer Back up Equipment Breakdown Standard Mortgage Clause Incl. Excl. Other:			Limit Deductible \$ \$ Co-Insurance % Other:
Commercial General Liability Products and/or completed operations Incl. 区 Excl. □	6385830	2018-04-04	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. ☑ Excl. ☐	6385830	2018-04-04	Other: D&O - D-23 2,000,000 in coverage
Other : Directors & Officers D-23	6385830	2018-04-04	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: \$
			*Described vehicles:
NOTE: The City of St Thomas 54 the policy year round. All o above noted policy.	5 Talbot Street PO Bo perations of the St Th	ox 520 St Thomas nomas Downtown	ON N5P3V7 is listed as additional insured on Development Board have been covered by the
issued as a matter of information of	nly and confers no rig e holder of this Confir	hts on the holder mation <u>30</u> d	of the applicable policy. This confirmation is and imposes no liability on the Insurer. The ays' written notice of any material change in or do so.
Date: May 2, 2017 Au	ıthorized Represent	ative of the Insu	rer: Va

CGG022 (09/13)



XXX - CLOSURE POINTS

SECTION 1: EVENT AND ORGANIZER INFORMATION

Event Name:	Run for the FWd
Date(s):	June 3, 2018
Start Time:	Passed College End Time: 3 pm (ckan up) event will be finished by 12pm.
Location(s):	Parkside Collegiate Institute
Organizing Group:	Thames valley Education foundation
Contact Name #1:	Rachel LeClair #2: Jackic Ellefoen
Street Address:	1250 Durdas St.
Town/City:	London Province: ON Postal Code: NGA SL/
Phone Number #1:	519-452-2000 x 20187 #2: 519-452-2000 x 20202
Email Address:	riledaire tuda b. ca
Expected Attendance	Number of Event Personnel/Volunteers: 100
Location and number	of washrooms in place: School use of washrooms
Location and Number	of Parking Spaces: School use of parking
Number of Accessible エーCaへ Cor Please describe your s	Number of Accessible Parking Spots: 4 The school. Specific event. Attach additional sheets as necessary. The Thanks Valley
Edination Con	inclation is a registered charitable organization
affiliated with	the Thomas Valley District School Board This Will
se the secon	I Run for the fund event in support of the Caring
fund Please	- See attached brochuse. I will be happy to provide you
	2 documents of neet with you.
SECTION 2: FOOD	AND BEVERAGE
-	be available at this event? Yes No No No No No No No N

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. Not Sue yet				
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, 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 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"? Yes No X				
SECTION 6: 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				

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.

musical licencing through SOCAN for events not taking place in a City facility.

SECTION 7: ANIMALS

Will there be a Petting Zoo or Animals at the event? If Yes, the Elgin-St. Thomas Public Health must be notified of the event details two weeks prior. If the animals are not permitted in the Animal Control By-Law 71-2011, an Application for Temporary Exemption to the By-Law must be approved by City Council. Please attach a copy of the application to this permit application. Please note that such approval may take several weeks.
SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGES
Are you anticipating any road closures or traffic flow changes? Yes No
If Yes, please describe the road closure requirement and attach a map or sketch showing the closure. A Right of Way Occupancy Permit and City Council approval is required for all road closures. Please note that approval may take several weeks. I have attacked the race route.
we will be crossing one street but it is near the end of
the race route of should not cause any traffic flow is suo. Please
Please attach a copy of the Right of Way Occupancy Permit and provide the permit #:
If the event is a Parade / Run / Walk / Pass through Sporting Event, please refer to the city roads map located under the Special Events page on the City website. Describe the event and attach a map or sketch.
5 km Charity Run
Starting point / Ending point - Parkside Collegate Institute The route goes through Pinatore Pank - do we need to contact them?
Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631-1224.
PLEASE NOTE: Marshalls, volunteers and special event staff are not allowed to direct traffic. Only the police can direct traffic pursuant to the Highway Traffic Act.
Have you contacted the Public Works Department for: Barricades Yes No No N/A NO Parking Signs Yes No N/A Detour Signing Yes No N/A N/A
SECTION 9: MUNICIPAL FACILITIES
For events taking place in Pinafore Park, organizers will need to arrange an onsite meeting with Parks, Rec and Property Management staff once the Special Events Permit Application has been approved. 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 No N/A No N/A If yes, please provide the location of the rental and attach a copy of the permit.

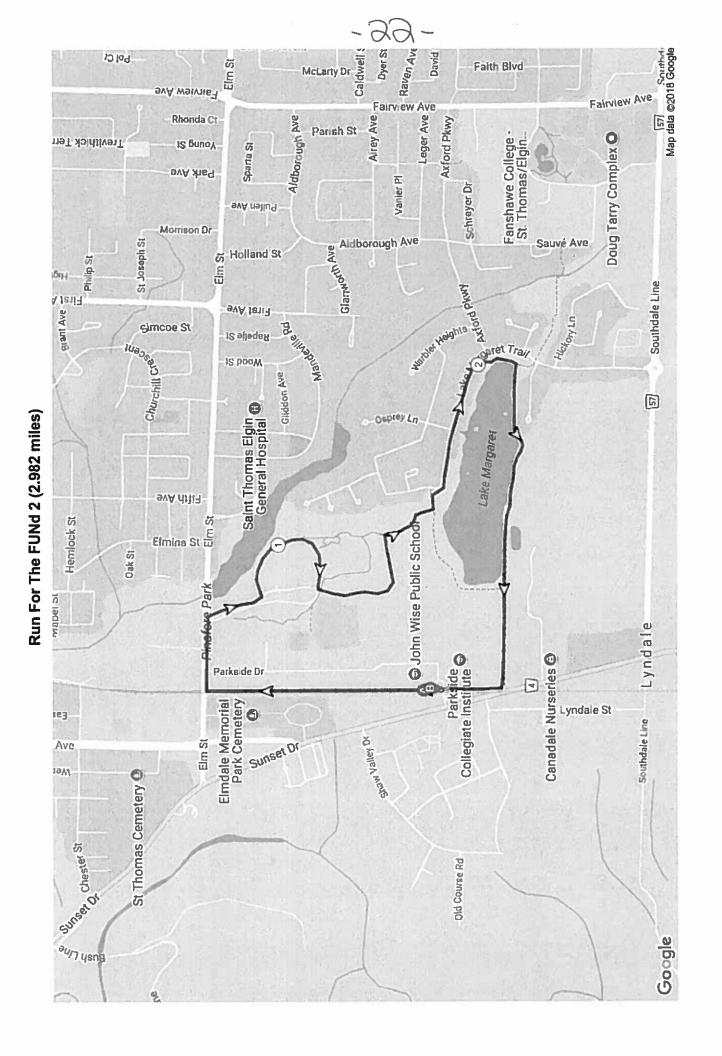
Do you require picnic tables or garbage of and Property Management Dept and that d							
and the property with the property of the property of		Yes	No X	N/A			
If Yes, how many are you requesting?	# of Picnic Tables:	# of G	arbage Cans:				
Have you made arrangements with Envir	ronmental Services staff (for recycling co	ntainers and co	llection? N/A			
Will you require municipal support for:	Water Hydro	Yes Yes	No Y	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:							
If required, have you obtained a Hydrant If Yes, please attach a copy of the Permi			No 🗵	N/A			
SECTION 10: 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 11: OTHER SERVICES/R	ESOURCES						
Security: Has a privately licenced securit If Yes, what company and how many sec			Yes	No 🗵			
First Aid: For events with an anticipate required to be retained. Have you confirm If Yes, please attach documentation provides.	ned First Aid services?	Yes	No X	vices are N/A			
Ambulance: Has Emergency Medical Se and planned emergency access to the site Nol at this time but we we Fireworks: Will there be fireworks as paid If Yes, a permit for exhibition fireworks	e? or ill provide document of your event? once	entation	Yes Yes	No 🔀			

SECTION 12: 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, incl supporting documentation to any third parties upon		disclosing the application and its
Robert Lotton (Signature of Individual Completing this Application	n)	(Date completed)
Office Use Only: Application Received:	Committee A	pproval:
SECTION 13: INSURANCE		
A Certificate of Insurance is required providing pronaming of the City of St. Thomas as an Additional the required insurance MUST be submitted a minimage of Events Committee reserves the right to improve the right to im	Insured under the onum of two weeks p	corresponding policies. A copy of orior to the start of the event. The
The provision of the completed and signed Statemen		
Please note that an approved event may be cancelled be altered or cancelled as a result of an emergency s		overage not be provided and may
STATEMENT OF INDEMNIFICATION		Λ
Run Par the fund organi (Event Name)	zed by Thames	Valley Education trundation (Organizing Group)
shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, dar	of the City of St. Thanges, costs, claims,	nomas and all persons for whom it suits or actions arising out of:
any damage to property including loss of use thereo death resulting at any time there from, occasioned b	f, and any injury to a y any act or omissio	any person or persons, including ns of
Run for the Fund organiz	ed by Thames	Valley Education foundation (Organizing Group)
its officers, agents, servants, employees, contractors on the premises or any part thereof arising from or of such damage or injury is due to the act, default or no Thomas, its officers, agents, servants, employees, co	occasioned by any ca egligence of The Co	suse whatsoever, except where rporation of the City of St.
Witness: Jan Wins	Signed:	Ruchel Kollai
Name (Print): Jane Winsky	Name (Print):	Rachel LeClair
	Address:	1250 Dundes st. Lordon
	Telephone:	NGA 5L1 576-644-519-452-200 1
	Date:	Feb. 26. 2019
	Event Name:	Run for the fund
		Thames Valley Education
n	Event Dates: e 6 of 6	Sunday, June 3,2018
Page	5 0 01 0	* * * * * * * * * * * * * * * * * * *

Page 6 of 6



FEB 2 7 2018

SECTION 1: EVEN	AND ORGANIZER INFORMATION City Clerks Dept.
Event Name:	BRO. Em Augueness Rida
Date(s):	may 06/18
Start Time:	2 pm End Time: 2180 pcs
Location(s):	St momas
Organizing Group:	BRO- Eigin/ Middle Sex
Contact Name #1:	Kussch #2:
Street Address:	364 Thomson Rd.
Town/City:	Londuh Province: 6Mt. Postal Code: W52227
Phone Number #1:	5-19-686-9996 #2: 5-19-93>-55-18
Email Address:	Christian vider 1 & Hotan aid Con
Expected Attendance	e: Not Ky ow Number of Event Personnel/Volunteers:
Location and number	er of washrooms in place:
Location and Numb	per of Parking Spaces:
Number of Accessi	ible Washrooms:Number of Accessible Parking Spots: #
Please describe you	ur specific event. Attach additional sheets as necessary
SECTION 2: FO	OD AND BEVERAGE
	Yes No 4
If Yes, you must	kind be available at this event? notify Elgin St. Thomas Public Health at www.elginhealth.on.ca

SECTION 3: TENTS	- 4	0
Will there be an indoor or tent covered area used for public assembly as part	of the event es 🛭	No ®
If Yes, please specify the number and size of tents.	arough Plan	ning & Building
If the tents are larger than $60m^2$ 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 compact requirements enforced by Elgin St Thomas Public Health. Please contact Officer for information on how to meet these requirements.	–lar sseith ≤m	INKE FICE UIIIMIU
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 Pour Property Management Department for Special Events taking		
You must also comply with the Alcohol and Gaming Commission of Ontar are responsible to notify and provide any pertinent information required unobtaining a Special Occasion Permit. You must adhere to the Liquor Licence ensure access is given to the Police and AGCO Inspectors for the purposes a copy of the liquor permit with this application. If utilizing the services of endorsements to provide off – premises beverage services, organizers shall be application of the estimators confirming date/time/location/services as well as a copy of the estimators.	io (AGCO). der the AGC ce Act and i of inspection a caterer w I supply a le	CO guidelines for its Regulations and ons. Please submit ith all the required otter from the s' endorsement.
The area where alcohol is being served has to have a 36" (0.9m) high barrithere is a no staking policy in all of the City's Parks, Recreation and Prop	er/partition.	. Please note mar
SECTION 5: MUNICIPALLY SIGNIFICANT EVENT		*
If you wish to apply for a "Special Occasion Permit," through the Alcoho Ontario (AGCO), you must obtain a letter of approval from City Council, "municipally significant", by submitting the request to the City Clerk's Dapproval may take several weeks.	epartment. J	Please note that such
Will you be requesting that City Council declare your event a "Municipal	lly Significa Yes □	No E
SECTION 6: MUSIC / NOISE		No b
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. a.m. and 11:00 p.m. so long as the Police are satisfied that said devices a manner and not intolerably high. It is the responsibility of the organized musical licencing through SOCAN for events not taking place in a City:	s to obtain a	the hours of 8:00 sed in a reasonable any applicable

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.

- 5				
SECTION 7: ANIMALS			No Q	
Will there be a Petting Zoo or Animals at the If Yes, the Elgin-St. Thomas Public Health animals are not permitted in the Animal Contemption to the By-Law must be approve this permit application. Please note that such	introl By-Law 71-2011, and by City Council. Please th approval may take sever	attach a copy of all weeks.	weeks prior. If r Temporary	the on to
SECTION 8: ROAD CLOSURES / TRA	FFIC FLOW CHANGE	<u>s</u>		•
A server enticipating any road closures or	raffic flow changes?	Yes 🗆	No 🖳	
If Yes, please describe the road closure re- Right of Way Occupancy Permit and City that approval may take several weeks.	quirement and attach a ma Council approval is requir	p or sketch shored for all road	wing the closur closures. Pleas	e note
: <u> </u>				
				
				- _
Please attach a copy of the Right of Way	Occupancy Permit and pro	ovide the permi	t#:	
		1 to	THE CITY TUBUS	mau
If the event is a Parade / Run / Walk / Palocated under the Special Events page or	ss through Sporting Event the City website. Describ	e the event and	attach a map	or sketch.
located under the Special Events page or	tille City websiter 2	,		
Enland Un	sunset, pr	oceen-		(3:80
Entry C.L.	T1 . 0	n Tak	16. L. 51	<u>/</u>
Jhru St	1 6 0 mas			
Fatio Cly	at easter	/		
		Yes [) No [1
Do you require traffic control? If Yes, please contact the St. Thomas Pe	olice Services at (519) 631	-1224 ext. 141.	i	
If Yes, please contact the St. 1 hornes 1		S . 33 -44a	di-not traffic	Only the
PLEASE NOTE: Marshalls, volunteers	and special event staff are	not allowed to	direct traffic.	Only are
police can direct traffic pursuant to the	Highway Traffic Act.			
Have you contacted the Public Works			4/	NUA D
Have you contacted the Fublic Works	Darriog	Yes □	No A	N/A D
	No Parking Signs	Yes □	No U	N/A FI
	Detour Signing	Yes 🛚	No rà	X 1/2 K —
SECTION 9: MUNICIPAL FACIL	TTES			
SECTION 9: MUNICH ALLINGS		Ån ODS	ite meeting Wil	th Parks,
For events taking place in Pinafore Pa	rk, organizers will need to	arrange an ons mit Annlication	has been app	roved.
For events taking place in Pinafore Pa Rec and Property Management staff o Have you contacted Parks and Recrea	nce the Special Events Felt tion staff about your event	? Yes □	No 🛘	N/A 🗹
		Yes D	No □	N/A B
Have you rented a pavilion/facility an If yes, please provide the location of the second seco	a signed a permit: he rental and attach a copy	of the permit.		
If yes, please provide the location of		2.9		

-96-

*			ting aftha Pa	rks KPC
Do you require picnic tables or garbage cans? I	lease note availab	ility is at the di	scretion of the ra	ror /
Do you require picnic tables or garbage cans? I and Property Management Dept and that deliver	v/nick up is the re-	sponsibility of	the event organia	N/A
and Property Management Dept and that the	-	Yes 🛚	No U	7.4\Y_F &=
If Yes, how many are you requesting? # of F	tionic Tables:	# of	Garbage Cans: _	40
If Yes, how many are you requesting? # of t	TCINC TABLES			
Have you made arrangements with Environme	. 1 C inco staff	for recycling (containers and co	llection?
Have you made arrangements with Environme	utal Selvices stary	Vec [No 🗆	N/A D
Table you have		162 🗅	•	_
			No □	N/A 🖾
Will you require municipal support for:	Vater	Yes 🖸	No 🖸	N/A @
Will you require mumorpus supposes	Iydro	Yes 🗆	No U	1
Please note that all equipment and extension accredited certification body under the Onta Electrical Safety Authority. If required, please provide the Permit Number:	se attach the Elect	in good cond lety Code or h trical Safety A	lition and appro lave been inspec uthority docume	IIIaliOil aisa
	D-moit?	Yes 🗆	No □	N/A B
If required, have you obtained a Hydrant Con If Yes, please attach a copy of the Permit and	provide the Perm	iit Number:		
SECTION 10: ACCESSIBILITTY As an event organizer, it is your responsibilities.				
As an event organizer, it is your responsibility for Ontarians with Disabilities requirements to meet for accessibility. Ple displayed throughout the event venue to ind washrooms and parking. Although not requisite plan to the Municipal Accessibility Adv	icate the barrier-fi red, the Special E isory Committee	ree path of trav	el and location (ee recommends	submitting
SECTION 11: OTHER SERVICES/RES	OURCES			
	t been contacte	Alretained?		
Security, mas a privatory most	IIII Occir coversor	m feranica.	Yes 🛚	No B
If Ver what company and now many scout		-		
First Aid: For events with an anticipated required to be retained. Have you confirme to you are attach documentation provide	attendance of model of the service o	ore than 200 person Yes that Aid services	eople, First Aid No [] nave been retains	services as N/A E
First Aid: For events with an anticipated required to be retained. Have you confirme If Yes, please attach documentation provid	attendance of model of the service o	ore than 200 person Yes that Aid services	eople, First Aid No [] nave been retains	services as N/A E ed. ng your eve No E
If Yes, what company and now many seed. First Aid: For events with an anticipated required to be retained. Have you confirme If Yes, please attach documentation provid Ambulance: Has Emergency Medical Servand planned emergency access to the site?	attendance of model of the service o	ore than 200 person Yes that Aid services	eople, First Aid No [] have been retaine contacted regardi Yes []	services ar N/A E ed. ng your ever No E
First Aid: For events with an anticipated required to be retained. Have you confirme If Yes, please attach documentation provid	attendance of mod First Aid service ing proof that First ices (Ambulance ices (Ambulance ices (Ambulance ices (Ambulance ices ices ices ices ices ices ices ic	ore than 200 pes? Yes Interest Aid services Service)	eople, First Aid No □ have been retaine contacted regardi Yes □	services an N/A E
First Aid: For events with an anticipated required to be retained. Have you confirme If Yes, please attach documentation provid Ambulance: Has Emergency Medical Servand planned emergency access to the site?	attendance of mod First Aid service ing proof that First ices (Ambulance ices (Ambulance ices (Ambulance ices (Ambulance ices ices ices ices ices ices ices ic	ore than 200 pes? Yes I t Aid services been continued the Fire Depart	eople, First Aid No nave been retaine contacted regardi Yes Yes when the remaining the contact of the retained the reta	services ar N/A © ed. ng your eve No &

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

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- 0. (ticologing the application and its	
documentation available to the general public, includin supporting documentation to any third parties upon their	request.	
all with the	(Date completed)	1
(Signature of Individual Completing this Application)		
Office Use Only: Application Received:	Committee Approval:	
SECTION 13: INSURANCE A Certificate of Insurance is required providing proof an aming of the City of St. Thomas as an Additional In the required insurance MUST be submitted a minimum Special Events Committee reserves the right to impost coverage for large community events. The provision of the completed and signed Statement Please note that an approved event may be cancelled as a result of an emergency situation.	of Indemnification below is also required. should insurance coverage not be provided and may	
STATEMENT OF INDEMNIFICATION (Event Name) shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, dam any damage to property including loss of use thereof death resulting at any time there from, occasioned by	ced by	in S ess
	Organizing Group: Wdg 06/18 Event Dates:	- -
P	age 6 of 6	