
TOWNE SQUARE EVENT APPLICATION

Name of Event:

Organization:

Contact Name:

Address:

Email Address:

Phone #:

Event Details

Event Date:

Start Time:

Finish Time:

Estimated # of Participants:

Description of Event:

Amenities Requested:

Open Canopy Area

Market Pods (how many; up to 8)

West Parking Lot

East Parking Lot



LIST OF DOCUMENTS REQUIRED:

You will be required to submit the following documents along with this application. For more information please see Towne Square Event Guidelines.

1. Detailed Site/Floor Plan (every application)
2. Commercial General Liability Insurance (CGL) Certificate (if applicable – contact your insurance company to enquire if your activities/event warrant CGL)
3. Alcohol Permit (only if serving/selling alcohol)
4. Planning & Development Permit (only if setting up structure more than 60 metres and/or if cooking in a tent)
5. Food/Beverage Permit (only if serving/selling food and/or beverage items)

I hereby take responsibility for the good order and conduct of the foregoing event:

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for processing your application.

Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234.

By submitting this application/form you acknowledge and agree that any electronic signature provided by you herein is the same as a handwritten signature for the purposes of legality, validity, enforceability, and admissibility.

Signature of Applicant

Date Signed

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