



Application to Conduct a Special Event on a Town Owned Street

*Special Events that require a street closure
will require a Temporary Street Closure form*

Application Information			
<i>Name of Special Event:</i>			
<input type="checkbox"/> Non-Profit			<input type="checkbox"/> For-Profit
<i>Sponsoring Organization:</i>			
<i>Applicant's Name:</i>			
<i>Mailing Address:</i>			
<i>Telephone Number:</i>		<i>Fax Number:</i>	
<i>Cell Phone Number:</i>			
<i>Email Address:</i>			

Event Details			
<i>Name of Event:</i>			
<i>Date of Event:</i>		<input type="checkbox"/> Walkathon <input type="checkbox"/> Procession <input type="checkbox"/> Run/Foot Race <input type="checkbox"/> Bikeathon/Tour <input type="checkbox"/> Bicycle Race <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Bicycle Time Trial <input type="checkbox"/> Triathlon <input type="checkbox"/> Parade <input type="checkbox"/> Commercial Filming
<i>Start Time of event on Street</i>			
<i>End Time of event on Street</i>			
<i>Number of Participants:</i>			
<i>Has the event been held in previous years under the same name?</i>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>		

<i>Program, Culture & Events Manager contacted .</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are applying as, or your event includes a parade run, walk, march or street closure, please include the following information.</i>	
<i>Proposed Route and Location of Event (Please describe below and also provide a map or sketch. Attach additional pages if necessary)</i>	

Glasgow Square to be closed Yes No
If Yes provide Dates and Times:
Does your event require municipal services (Police, Public Works, Recreation or town services)? If so, please describe below:

<u>Description of Event:</u> (Including purpose, target, audience and main activities)
If it is determined that the event requires private security or traffic for the protection of persons and/or property at your event, provide the name of the traffic control or security company that will be utilized: _____.

<i>Organizers Insurance Provider:</i>			
<i>Organizers Policy Number:</i>		<i>Expiry Date:</i>	

By signing the below the applicant hereby confirms that he/she has the authority to bind the event organizer, that all information included in this application is, to the best of his/her knowledge, correct at the time of submission and that the applicant/event organizer, shall comply with the municipality requirements of an applicant/event organizer as outlined in this application. If, after the applicant has signed this application, there is any change in the information provided, the applicant will provide an immediate update to their designated municipal Event Coordinator staff person.

Date of Application- _____

Applicant's Name (Print)

Applicant's Signature

Completed Forms

Completed forms for should be submitted directly to the New Glasgow Regional Police Traffic Authority using one of the following methods: • Email at ken.macdonald@newglasgow.ca or In-person at New Glasgow Regional Police 225 Park Street New Glasgow Nova Scotia.

<p>FOR OFFICE USE ONLY-Please do not write in this space.</p> <p>Date/Time of Event</p> <p>Start - YYYY/MM/DD ____/____/____ _____HRS Area</p> <p>End - YYYY/MM/DD ____/____/____ _____HRS Area</p> <hr/> <p>Traffic Authority/Designate approving signature.</p> <hr/> <p>Approved- <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Public Work Consulted <input type="checkbox"/></p> <p>Application Returned to Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Police Occurrence</p> <p># _____</p> <p>Notes for Applicant</p>	<p><u>Distribution:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Chief of Police<input type="checkbox"/> Deputy Chief<input type="checkbox"/> Public Works<input type="checkbox"/> Fire Dept<input type="checkbox"/> Emergency HS- Fax (902) 832-0853<input type="checkbox"/> NGP Dispatch<input type="checkbox"/> Shift on Duty: <hr/>
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