



Special Event Planning Form

Organization		Date of Submission	
Event Name			
Mailing Address (with Postal Code)			
Event Contact		Phone	
		Email (required)	
Proposed Event Date(s)/Times (including event duration)			
Proposed Event Set-up Date(s) (if different from Event Date)		Proposed Clean-Up Date(s) (if different from Event Date)	
Type of Event			
<input type="checkbox"/> Festival <input type="checkbox"/> Walk/Marathon <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Sporting Activity <input type="checkbox"/> Fundraiser <input type="checkbox"/> Parade <input type="checkbox"/> Other (specific)			
Describe Event/Activities			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Preferred Location			
Admission Fee per Person			
Anticipated Attendance			
<input type="checkbox"/> <100 <input type="checkbox"/> 100-300 <input type="checkbox"/> 300-1000 <input type="checkbox"/> 1000-2500 <input type="checkbox"/> 2500-5000 <input type="checkbox"/> >5000			
Event Logistics -- Please indicate which of the following elements are applicable to your proposed event. Include a separate page if necessary:			
<input type="checkbox"/> Alcohol Service _____ <input type="checkbox"/> Commercial Vendors (estimated number) _____ <input type="checkbox"/> Access to public washrooms requested (estimated number) _____ <input type="checkbox"/> Access to electrical services requested (estimated number) _____ <input type="checkbox"/> Tents (number and size(s)) _____			

<input type="checkbox"/> Stages (number and size(s)) _____	
<input type="checkbox"/> Food Service (free or for sale; prepackaged or prepared on-site) _____	
<input type="checkbox"/> Propane Equipment _____	
<input type="checkbox"/> Public Address System or Sound System (size and amps) _____	
<input type="checkbox"/> Amusement Rides/Dunk Tank/Inflatables (type and number) _____	
<input type="checkbox"/> Fireworks or Open Fire (type and time) _____	
<input type="checkbox"/> Road Closure (reason and length of time) _____	
<input type="checkbox"/> Animals or Petting Zoo (specific location) _____	
<input type="checkbox"/> Raffle or lotteries _____	
Other Requirements	
<input type="checkbox"/> _____	
Include a site plan outlining location(s) of event(s) and directional arrows if event(s) are moving (e.g. parades) Yes, Included <input type="checkbox"/>	
Name of Insurance Provider:	
Other Information:	

Office Use Only	Office Use Only
Date Received:	Permit Issued:

Please return to:
Town of Innisfil, 2101 Innisfil Beach Road, Innisfil, Ontario L9S 1A1
Email: inquiry@innisfil.ca Phone: 705-436-3710

****Depending on event specifics, more time may be required to complete the review process.** Regardless of whether or not an event requires a *Special Event Permit*, organizers are reminded that all municipal, provincial and national by-laws and laws are in effect and organizers are responsible to adhere to such bylaws/laws. **Please contact Customer Service for more information or clarification.**

Any personal information collected through this form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M.56, as amended, and will be used to contact the applicant. Questions about this collection should be directed to the: Community Events Team, Town of Innisfil, 2101 Innisfil Beach Road, Innisfil ON, L9S 1A1. Telephone: 705-436-3710.