

Please provide a contact name and number for your organization that can be publicly disclosed if required

CLIENT & ORGANIZATION INFORMATION			
ORGANIZATION (If Applicable)		EVENT NAME	
TYPE OF EVENT		START DATE	END DATE
CONTACT NAME		EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME	WORK	CELL	
ALTERNATE CONTACT NAME		EMAIL	
ADDRESS	CITY	PROVINCE	POSTAL CODE
HOME	WORK	CELL	
HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS?		IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?	
YES	NO		
FACILITY REQUESTED: If unsure, please consult with scheduling staff for recommendations.			
FACILITY	DAY	TIME	
DO YOU REQUIRE SERVICES FROM PARKS STAFF PRIOR TO OR DURING YOUR EVENT?			
YES	NO	IF YES, PLEASE LIST	
There may be additional costs charged for any additional services provided by municipal staff.			
DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:			
TENT	YES	NO	IF YES, WHAT SIZE?
			IF YES, PLEASE ENSURE YOU RECEIVE PERMISSION FROM STAFF REGARDING INSTALLATION & LOCATION.

DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:		
BEER GARDEN	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, we will require a copy of your liquor license and applicable insurance.
FIREWORKS	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, approval from Fire Services will be required.
BOUNCY CASTLES	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will there be music? Live or recorded?
PORTABLE TOILETS	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many units:
ELECTRICITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	Most municipal facilities do not have access to electricity. Please check with Scheduling Staff for availability at time of request.
OTHER REQUESTS (Please Specify):		
ANTICIPATED # OF PARTICIPANTS/ATTENDEES		
WILL SPECTATORS BE CHARGED	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST FEE(S)

Vehicles are only permitted on site for the unloading and loading of equipment. Vehicles may not remain on site for the duration of your booking.

Events must be covered by a minimum of \$2,000,000 Special Event liability insurance. A copy of the certificate must be provided to the Scheduling Office two weeks prior to your event date.

CLIENTS/EVENT ORGANIZERS NEED TO BE AWARE THAT IT IS YOUR RESPONSIBILITY TO ARRANGE FOR PORTABLE WASHROOMS FOR YOUR EVENT ON ANY LOCATION THAT DOES NOT CURRENTLY HAVE WASHROOMS ON SITE, AT YOUR EXPENSE. Consultation will be made with Parks staff re installation location, placement, etc.

I ACKNOWLEDGE THAT THIS IS APPLICATION IS ONLY A REQUEST. RENTALS ARE NOT CONFIRMED UNTIL A CONTRACT IS SIGNED.

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals and/or Organizations under service contract with the Halifax Regional Municipality for purposes relating to the use of the Municipal Facilities. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-943-2148 or privacy@halifax.ca

Signature

Date