

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

ORGANIZATION (If Applicable)				EVENT NAME			
TYPE OF EVENT				START DATE		END DATE	
CONTACT NAME				EMAIL			
ADDRESS			CITY		PROVINCE		POSTAL CODE
Home		Work		Cell		FAX	
ALTERNATE CONTACT NAME				EMAIL			
ADDRESS			CITY		PROVINCE		POSTAL CODE
HOME		WORK		CELL		FAX	
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 BELOW		There may be additional costs charged to the client 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 and location.		

DO YOU PLAN TO REQUEST PERMISSION OF OR THE USE OF:		
BEER GARDEN	YES NO	If yes, we will require a copy of your liquor license and applicable insurance.
FIREWORKS	YES NO	If yes, approval from Fire Services will be required.
BOUNCY CASTLES	YES NO	Will there be music? Live or recorded?
PORTABLE TOILETS	YES NO	If yes, how many units:
ELECTRICITY	YES 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	YES 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 under service contract with the Halifax Regional Municipality for purposes relating to the use of the Municipal Facilities, unless otherwise noted on the form. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-7460 or accessandprivacy@halifax.ca

Signature

Date

Print

Save As

Office Use Only:

Staff Receiving: _____ Date: _____