

APPLICATION FOR MOBILE VENDORS/SPECIAL EVENTS OR PARADE/ROAD CLOSURE PERMIT

GENERAL MV SEASONAL MV SPECIAL EVENT (Commercial) (Non-Profit) PARADE/CLOSURE

SPECIAL EVENT INFORMATION (Fill in Vending section if vending is to occur as part of the Special Event)
(Fill in Parade/Road Closure section if District-owned leased land is being used - i.e. Marshalling/Dispersal areas)

APPLICANT'S NAME: _____ HOME PHONE #: _____ FAX #: _____
 ORGANIZATION'S NAME: _____ PHONE #: _____ FAX #: _____
 MAILING ADDRESS: _____
 REGISTRATION # (if Non-profit): _____ REQUESTED LOCATION(S): _____
 # OF EXPECTED ATTENDANCE: _____ DURATION: _____
 START DATE (including set-up): _____ COMPLETION DATE (Including clean-up): _____
 NAME OF EVENT: _____ REQUESTED FOR (Type of Event): _____
 THEME OF EVENT: Harvest/Agricultural Multicultural Commemorative Sports Cultural Environmental Other

FEE
 \$100/day other
 \$200/day Block 7
 \$5/day (Non-Profit)

DEPOSIT:
 \$250 other
 \$500 Block 7

KEY DEPOSIT:
 \$20 per key x _____

ELECTRICAL FEE
 \$50.00 per day x _____

Total Amount Required _____

PARADE/ROAD CLOSURE (to be filled out by Special Event applicant if District-owned leased land is being used – i.e. Marshalling/Dispersal areas)

APPLICANT'S NAME: _____ PHONE #: _____ FAX #: _____
 APPLICANT'S MAILING ADDRESS: _____
 PARADE/ROAD CLOSURE NAME: _____ DATE: _____
 MARSHALL TIME: _____ DISPERSAL TIME: _____
 MARSHALL AREA: _____ DISPERSAL AREA: _____
 # OF EXPECTED ATTENDANCE: _____ EVENT MARSHALL(S): _____
 PROPOSED ROUTE (Please attach a detailed map showing Marshall/Dispersal points on the street/road & Event Marshall Stations, barricade/cone/signage/first aid areas)

SEASONAL/GENERAL MOBILE VENDOR (to be filled out by Special Event applicant if vending is a part of Special Event)

APPLICANT'S NAME: _____ PHONE #: _____ FAX #: _____
 APPLICANT'S MAILING ADDRESS: _____
 COMPANY NAME _____ PHONE #: _____ FAX #: _____
 COMPANY'S MAILING ADDRESS: _____
 REQUESTED LOCATION(S): _____ BUSINESS LICENCE #: _____
 START DATE: _____ COMPLETION DATE: _____
 REQUESTED FOR (Type of Vending/Product): _____
 VENDOR STAND – LARGE SMALL VEHICLE REGISTRATION # _____
 VEHICLE: MAKE: _____ MODEL: _____ SIZE: _____ LIC.#: _____

FEE
 Seasonal Vendor - \$200/Month x # of Months _____
 General Vendor - \$100/Month x # of Months _____

DEPOSIT:
 \$200.00 SMV / \$50.00 GMV

Total Amount Required _____

Please attach a general set-up diagram and a picture of the proposed vending apparatus; Health authority approval.

INSURANCE REQUIREMENTS

Minimum Liability Coverage of not less than \$2,000,000 third party liability insurance, including coverage of at least \$2,000,000 per occurrence and \$2,000,000 for participant liability coverage. Applicants should refer to the Insurance Requirements outlined in Parks, Lands and Roads Temporary Rental Bylaw 480,2008.

It shall be the sole responsibility of the Applicant to determine what additional insurance coverage, if any, including but not limited to Workers' Compensation and Participants Insurance, are necessary and advisable for its own protection and/or to fulfill its obligations under this permit. Any such insurance shall be maintained and provided at the sole expense of the Applicant.

The District does not warrant that this insurance is adequate for the Applicant's needs. The Applicant acknowledges sole responsibility for obtaining whatever coverage in excess of that required by the District that the Applicant deems necessary.

*It is the responsibility of the Applicant to ensure that all the rules and regulations pertaining to Seasonal/Mobile Vendors & Special Events are adhered to and the provisions of the Parks, Lands & Roads Temporary Rental Amendment Bylaw No 480,2008.
 Personal information on this form is collected under the District's Mobile Vendors Bylaw and will be used only for the purpose of responding to this application.
 The District of Sechelt does not represent that the land to be used is necessarily suitable for the intended function and the applicant acknowledges that they have inspected the land to be used and that it is suitable.*

DATE _____ SIGNATURE _____ TITLE/POSITION _____

| FOR OFFICE USE ONLY | | | |
|--|----------|----------------------|----------|
| REQUIREMENTS | RECEIVED | REQUIREMENTS | RECEIVED |
| INSURANCE | | PUBLIC NOTIFICATION | |
| HEALTH UNIT | | BARRICADES/CONES | |
| REFUNDABLE SECURITY DEPOSIT | | TOILETS | |
| FIRE DEPARTMENT/RCMP/AMBULANCE/BC TRANSIT/POST | | GARBAGE CANS | |
| FEES | | COMMUNICATION SYSTEM | |
| SET-UP PLAN | | SIGNAGE | |
| BUSINESS LICENCE | | MARSHALLS | |