

**Appendix B**  
**Checklist Agreement for Licensed Events**

This checklist must be completed in full, signed and submitted to the Municipality, with all supporting information, at least 2 weeks before the event. See the Municipal Alcohol Policy for additional information.

- 1. Name of Event: \_\_\_\_\_
- 2. Location of Event: \_\_\_\_\_
- 3. Date and Time of Event: \_\_\_\_\_
- 4. Estimated Number in Attendance: \_\_\_\_\_
- 5. Will persons under 19 years of age be attending this event? Yes  No
- 6. Name of person and/or group hosting this event:  
\_\_\_\_\_

7. Name of Event Organizer and all official designates:

*Event Organizer*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

*Official Designates*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

8. Name of Special Occasion Permit Holder and all official designates (if different from above):

*Special Occasion Permit Holder*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

*Official Designates*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

9. A copy of the Special Occasion permit has been provided?

Yes  Date received: \_\_\_\_\_

10. Copy of insurance has been provided?

Yes  Date received: \_\_\_\_\_

11. Rental Agreement has been read and signed?

Yes  Date received: \_\_\_\_\_

Facility Rental Deposit? Yes  Date received: \_\_\_\_\_

12. Copy of proof of security has been shown? Yes  Date received: \_\_\_\_\_

Name of Company or Police Service: \_\_\_\_\_

Number of security personnel attending: \_\_\_\_\_

13. Proof of Risk Management Plan? Yes  Not Required

14. Copy of Guest List provided? Yes  No

15. The safe transportation strategies that will be used at this function are:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

16. Type of identification for event workers (please describe):

\_\_\_\_\_  
\_\_\_\_\_

17. Copies of certified server training program for event workers provided?

Yes  Date received: \_\_\_\_\_

*I have received, read and understand all the Municipal Alcohol Policy (MAP) regulations AND I and my event workers will observe and obey all policy regulations during this event.*

(If there is anything that you do not understand with respect to this Policy it is your responsibility to contact Municipality staff (phone: \_\_\_\_\_) to obtain clarification and understanding.)

\_\_\_\_\_  
Print Name of Event Organizer

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of SOP Holder

\_\_\_\_\_  
Signature of SOP Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Municipal Representative

\_\_\_\_\_  
Signature of Municipality Representative

\_\_\_\_\_  
Date