LIQUOR LICENCE NOTIFICATION FORM
CITY OF HAMILTON

ESTABLISHMENT CURRENTLY HOLDS A LIQUOR LICENCE?   ☐ YES   ☐ NO

IF YES, IS THE LIQUOR LICENCE BEING USED FOR THIS EVENT?   ☐ YES   ☐ NO

☐ TEMPORARY EXTENSION PERMIT   ☐ SPECIAL OCCASION PERMIT

NAME OF THE EVENT: _____

Municipal Address of Event: _____

CONTACT INFORMATION
(Please print legibly - approval of incomplete or illegible applications may be delayed)

ORGANIZATION: _____

CONTACT PERSON: _____ PHONE (DAY): _____

ADDRESS: _____ PHONE (EVENING): _____

CITY: _____ CELL PHONE: _____

POSTAL CODE: _____ FAX: _____

EMAIL: _____

EVENT DETAILS

TYPE OF EVENT:

☐ INDOORS   ☐ OUTDOORS   ☐ PUBLIC EVENT   ☐ PRIVATE EVENT

☐ PARADE   ☐ SPORT/ TOURNAMENT   ☐ EVENT/ FESTIVAL   ☐ OTHER, PLEASE SPECIFY: _____

HAS A S.E.A.T. APPLICATION BEEN MADE?   ☐ YES   ☐ NO

☐ CHARITY   **(Charity number is required)**   ☐ NOT-FOR-PROFIT   **(Proof of registration is required)**

PLEASE PROVIDE THE LOCATION (IF APPLICABLE):

CITY PARK (NAME): _____

BUILDING/ FACILITY NAME/ AREA: _____

ROAD(S): _____

ESTIMATED ATTENDANCE
(Please estimate all that apply)

NUMBER OF OF PEOPLE PER DAY: _____   NUMBER OF PEOPLE FOR THE ENTIRE EVENT: _____

NUMBER OF VOLUNTEERS/ STAFF: _____   NUMBER OF PARTICIPANTS: _____

  *SMARTSERVE **MUST** be obtained   *People involved in the event eg: VENDERS, racers, runners

** IF MORE THAN 5000 PERSONS, APPLICATION MUST BE RECEIVED 60 DAYS PRIOR TO THE EVENT **

EVENT ELEMENTS

(Complete to ensure proper permits are processed)

EVENT ON CITY PROPERTY: ☐ YES ☐ NO		ADMISSION FEE: ☐ YES ☐ NO
SOUND AMPLIFICATION: ☐ YES ☐ NO		WHEELCHAIR ACCESSIBLE: ☐ YES ☐ NO
FOOD: ☐ YES ☐ NO		PAY DUTY POLICE HIRED: ☐ YES ☐ NO
FIREWORKS: ☐ YES ☐ NO		IF YES, NUMBER OF PAY DUTY POLICE HIRED: _____
TENTS/TEMPORARY STRUCTURES: ☐ YES ☐ NO		PRIVATE SECURITY HIRED: ☐ YES ☐ NO
IF YES, PROVIDE DIMENSIONS: _____		IF YES, NUMBER OF PRIVATE SECURITY HIRED: _____

* BUILDING PERMIT REQUIRED FOR TENTS LARGER THAN 60 m.sq. OR ATTACHED TO A BUILDING

OCCUPANT LOADS OF EACH TENT/ STRUCTURE: _____

EVENT DETAILS

(Provide details to ensure proper evaluation of the application)

EVENT DATE	EVENT TIME	ALCOHOL SERVING TIME
_____ DD/MM/YY	START : _____ FINISH : _____	START : _____ FINISH : _____
_____ DD/MM/YY	START : _____ FINISH : _____	START : _____ FINISH : _____
_____ DD/MM/YY	START : _____ FINISH : _____	START : _____ FINISH : _____

APPLICATION CHECKLIST

(Application will not be processed without the following)

☐ APPLICATION FORM

☐ MAP OF THE EVENT MUST INCLUCDE:

    A. AREA OF THE ENTIRE EVENT
    B. LOCATION OF LICENSED AREA
    C. ALL ENTRY/EXITS TO THE EVENT AND LICENSED AREA
    D. LOCATION OF ALL FIRE CONNECTIONS IN THE
       EVENT AND IN THE LICENSED AREA
    E. WASHROOM LOCATIONS

*** PLEASE CONTACT THE AGCO AT (800) 522-2876/ WWW.AGCO.CA
TO SUBMIT AN APPLICATION FOR A LIQUOR LICENCE ***

FOR OFFICE USE ONLY

DUE DATE: _____   RECEIVED BY: _____

FILE NUMBER: _____   ☐ RESOLUTION REQUIRED
                                    ☐ NO RESOLUTION REQUIRED

WARD: _____

_____	_____	_____
APPLICANT SIGNATURE	PRINT NAME	DATE