



9613-100 Street
 Morinville, AB T8R 1L9
 Ph. 780.939.8275 or Fax 780.939.2076
 www.sturgeoncounty.ca

Permit # _____

Date Received _____

Special Event Licence Application

Licensee: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell : _____ Fax: _____ Email Address: _____

Promoter: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____
 Alternate Contacts Name: _____ Cell: _____
 Alternate Contacts Name: _____ Cell: _____

Location:
 Street or Rural Address: _____
 Lot: _____ Block: _____ Plan: _____ Hamlet/Subdivision _____ Tax Roll #: _____
 Legal Land Description: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Registered Owner Name(s) _____ Signature: _____
 Mailing Address: _____ City: _____ Prov.: _____ Postal Code: _____
 Phone Number: _____ Cell Number: _____ Email Address: _____

Event Details:
 Type and Description _____
 Is this a private or public event? _____
 Is this a recurring event? _____

Date(s) of Event	Hours of Event	Estimated # of Attendees
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include set up and take down _____
 Weather Contingency Plans _____

Please attach a detailed site plan of the following: First Aid Stations, RCMP Command Centre, Fire Access and Laneways, Campground Layout and Numbering Scheme, Parking, Stages, Vendors, Showers, Washrooms, Lighting, Tow trucks, Shuttle Service, etc.

Provisions for Security Protection: (Please provide contract if applicable)

Provisions for Fire Protection:

Provisions for First Aid Services: (Please provide contract if applicable)

*Contact Alberta Health Services – Emergency Medical Services

Visual and Sound Mitigation Plan:

Provisions for Access, Parking Areas, Parking Control and Camping Facilities and Lighting:

Provisions and schedule for Refuse Removal (Please provide contract if applicable)

Provisions for Dust Control (Please provide contract if applicable)

If you will be serving or selling food and non-alcoholic beverages at your event, proof of approvals from Alberta Health Services must accompany this application.

If you will be serving or selling alcoholic beverages at your event, proof of your application to Alberta Gaming and Liquor Commission must accompany this application. A copy of the licence shall be provided to Sturgeon County 7 days prior to the event.

If your event will be held within a half mile of a provincial highway and/or you will require signage along a provincial highway, proof of your approvals from Alberta Transportation will be required.

Notification of your event shall be provided to the RCMP. In the event that the RCMP deems that their attendance is required, an Enhanced Policing Agreement must be entered into with Sturgeon County and the RCMP. The applicant will be responsible for all costs incurred by Sturgeon County.

If you will be utilizing stages over 4ft. in height, tents over 645ft², or trailers, building permits must be obtained from Sturgeon County Planning & Development.

If your vendors will be utilizing propane, a special event gas permit must be obtained from Sturgeon County Planning and Development.

If you will be having pyrotechnics or fireworks, separate approvals must be obtained from Sturgeon County Protective Services.

CHECKLIST

- Written Permission from Landowner (If event is held on private property)
- Insurance Certificate – With Sturgeon County named as additionally insured.
- Site Security / Emergency Plan Approved
- Building permits for temporary structures (tents, stages, trailers)
- Electrical Permit
- Special Event Gas Permits for food vendors

Approval required from other agencies (please provide a copy)

- RCMP Approval
- Alberta Health Services Approval
- Alberta Transportation Approval
- Alberta Gaming and Liquor Commission Approval (to be provided to Sturgeon County 7 days prior to event)

Permit Fee: High Risk Event - \$2500.00 Medium Risk Event - \$250.00 Low Risk Event (or Non-Profit Organization) \$75.00

Payment Method: Visa M/C Debit Cheque Cash

Credit Card #: _____ Expiry Date: _____ Receipt # _____

Name of Cardholder: _____ Signature of Cardholder: _____