



Special Event Permit Application

Instructions: Before completing this application, please read the Special Events Policy
Submit to: Town of Coronach, Box 90, Coronach, SK S0H 0Z0
office@townofcoronach.com

APPLICANT INFORMATION

Organization Name: _____
Name of Event Organizer(s): _____
Mailing Address: _____
Email Address: _____
Phone: _____

EVENT INFORMATION

Special Event Name: _____
Special Event Date(s): _____
Location 1st Choice: _____
2nd Choice: _____
Event Start Time: _____ Event End Time: _____
Set-up to begin on: _____
Takedown to end by: _____
Number of people attending (spectators and participants): _____
Description of Event: _____

If the event is approved, can we advertise the event on our Community Events Calendar?

YES NO

WEATHER CONTINGENCY PLANS

Proceed with full event Cancel
 Alternative Location Rain Out Date: _____

EVENT ACTIVITIES

All event activities are subject to the approval of the Town of Coronach. Certain event activities may require a separate permit from the Town, Saskatchewan Health Authority, SLGA and/or the Province of Saskatchewan.

Will your event include any of the following?

Alcoholic Beverage YES NO

If YES, will they be sold or served SOLD SERVED

Food and non-alcoholic beverages YES NO

If YES, will they be sold or served SOLD SERVED

Road/Street Closures YES NO

If YES, name all the roads/streets requested for closure and timeframe of closure:

Parade/Procession YES NO

Fireworks and Pyrotechnic Display YES NO

Are you requesting Special Considerations/Approvals? YES NO

If, YES please explain:

INSURANCE

Does your group carry its own liability insurance? YES NO

In no, are you requesting to be covered by the Town's liability insurance? YES NO

Route Map - If your event is a run, walk, parade or other activity in which participants will be following a course, attach a separate map of the route.

Site Map - If your event involves fireworks and pyrotechnics a map of the site where the event is to take place must be attached

Depending on the nature of the event and activities, other documentation may have to be provided for insurance reasons.

Signature: _____ **Date:** _____