



County of Wellington
Engineering Services Department
 74 Woolwich Street
 Guelph, Ontario N1H 3T9
 Phone: (519) 837-2601
 Fax: (519) 837-8138

SPECIAL EVENT PERMIT

APPLICANT

ORGANIZATION

Name: _____

Name _____

Address: _____

Address: _____

City/Town: _____

City/Town: _____

Province/Postal Code: _____

Province/Postal Code: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

NAME OF EVENT: _____

TYPE OF EVENT: (ie. bike trek, parade, etc.) _____

DATE AND TIME OF EVENT: _____

LOCATION/ROUTE OF EVENT ON COUNTY ROAD(S): (please include map outlining route of bike trek, parade, etc.) _____

TEMPORARY ROAD CLOSURE REQUIRED: Yes: ____ No: ____

TERMS AND CONDITIONS

A Certificate of Liability Insurance in the amount of \$2,000,000.00 naming the County of Wellington as co-insured, a letter from the local municipalities involved expressing support for the event, and a letter from the Wellington County OPP acknowledging knowledge of the event must be attached. _____ accepts full responsibility for any suits, actions or damages that may arise or be taken against the Corporation of the County of Wellington by reasons of or in connection with this event. _____ also accepts the responsibility for traffic control, crowd control, barricades, safety precautions, and clean up associated with this event.

 Applicant (Signature)

 Date of Application

I have authority to sign this form which commits the above mentioned organization to the above terms and conditions. I also acknowledge that if the terms and conditions of this permit are not fulfilled, the County will assume that the event will not take place.

PERMISSION is hereby granted subject to description of event/route/date specified on this form and subject to the applicant's acceptance of the terms and conditions signed for above.

 Date of Issue
 cc. County Forman
 Fire Department
 Ambulance Dispatch – 1-519-653-1214

 Chief Administrative Officer or his designate