



TOWNSHIP OF MAPLETON

7275 Sideroad 16, P.O. Box 160,
Drayton, ON N0G 1P0
Phone: 519.638.3313 , Fax: 519.638.5113
Toll Free: 1.800.385.7248
www.mapleton.ca

SPECIAL EVENT PERMIT (By-law No. 2007-053)

Applicant: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Sponsoring Organization: _____

NAME OF EVENT: _____

TYPE OF EVENT: _____

(ie. parade, foot race or walk, cycling, street dance, toll booth, etc.)

DATE OF EVENT: _____

START TIME: _____ FINISH TIME: _____

LOCATION OF EVENT: _____

(Include Mapping where necessary)

TEMPORARY ROAD CLOSING REQUIRED: Yes _____ No _____

A Certificate of Liability Insurance in the amount of \$2,000,000.00 naming the Township of Mapleton and/or the County of Wellington as an additional insured, a map outlining the event route or roads to be used, along with a letter from the OPP acknowledging the event must be attached.

_____ accepts full responsibility for traffic control, crowd control, barricades, safety precautions and clean up associated with this event.

_____ also accepts the responsibility of any suits, actions, causes of action or damages that may arise or be taken against the Corporation of the Township of Mapleton and/or the County of Wellington by reasons of or in connection with this event.

I hereby confirm that I have received a copy of by-law 2007-053 and a copy of the Special Events Permit – Roads Policy and agree to abide by the terms and conditions set out therein.

Signature of Applicant

Date

I have the authority to sign this Special Event Permit Application which binds the Event Sponsor named herein to the within terms and conditions.

Township Authorization

PERMISSION IS HEREBY GRANTED _____ DENIED _____ NO CONCERNS _____
SUBJECT TO THE DESCRIPTION OF THE EVENT SPECIFIED ON THIS FORM AND
SUBJECT TO THE APPLICANT'S ACCEPTANCE OF THE TERMS AND CONDITIONS
SETOUT HEREIN.

Additional Conditions:

C.A.O. Clerk or Director of Public Works

Date of Issue