



# Special Event Application and Registration

Special Event Registration is required **4 - 6 weeks prior** to an event and is to assist the City of Leduc with event evaluation, permit and/or insurance requirements, and if attention is required from City of Leduc departments. Once submitted, contact will be made to the individual/group listed on the form.

Name of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Name of Hosting Group: \_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

Type of Event	Facility/Park Area	Expected Attendance
<input type="checkbox"/> Athletic <input type="checkbox"/> Entertainment <input type="checkbox"/> Rally/Protest <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Race/Walk <input type="checkbox"/> Parade <input type="checkbox"/> Fireworks <input type="checkbox"/> Promotion <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Alexandra Arena <input type="checkbox"/> Alexandra Park <input type="checkbox"/> Civic Centre <input type="checkbox"/> Fred Johns Park <input type="checkbox"/> Kinsmen Park <input type="checkbox"/> Leduc Skateboard Park <input type="checkbox"/> Leduc Recreation Centre <input type="checkbox"/> Stone Barn Garden <input type="checkbox"/> Telford Lake <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> 1 – 20 <input type="checkbox"/> 21 – 50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> 101 – 200 <input type="checkbox"/> 200+ <input type="checkbox"/> Other (please specify)
Event Description: _____ _____ _____ _____		



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Services Provided:	
<b>Free of Charge</b>	<b>Service Fees</b>
	<i>*Service fees waived for registered not-for-profit groups in Leduc</i>
Recycle Bins (indicate the number needed): _____	<u>Picnic Tables</u>
Garbage Cans (indicate the number needed): _____	Rental \$20 each (indicate the number needed)
Pylons (indicate the number needed): _____	_____ X \$20 = _____
Barricades (indicate the number needed): _____	Date paid: _____
	Receipt provide: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Payment locations:</b>
	1. Civic Centre, #1 Alexandra Park, Leduc
	2. Public Services Shop, 3719 – 48 Ave, Leduc
Please indicate drop-off/pick-up location(s) for services requested: _____	
_____	

Priority Services:
<b>First Aid</b>
Event First Aid is required for the majority of special events hosted throughout the community. Please identify how this will be facilitated for your event: _____
_____
<b>Security</b>
Event security is required for the majority of special events hosted throughout the community. Please identify if security is required for your event: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other information if required: _____
_____
Upon review of this application, requirements may dictate that security is a necessity in which the person named on this form will be contacted.
<b>Emergency Service Access</b>
Please ensure:
- At all times emergency services will have unobstructed access to the event area
- If barricades are being used, someone is required on site to monitor them during the event
- Access to firefighting systems must be accessible at all times
<b>Clean-up</b>
Please identify if your group/organization will be doing a clean-up following the event?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>no</b> , please ensure other arrangements will be made for your event clean-up (ie: City of Leduc, private company/group). It is the responsibility of the user to ensure the area is left in the condition it was found.
Other information if required: _____
_____



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Permits	Required Information		
<i>Attach copy(s) of relevant permits and/or permission letter.</i>	List of equipment, vehicles or material proposed on site: Please attach.		
<b>City of Leduc Facility Contract</b> Date Booked: _____ Contract #: _____	Map attached indicating the event area you propose to use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Parade/Procession/Temporary Road Closure Permit</b> Date Issued: _____	Will the event disrupt traffic flow? <i>(If yes, mark list or mark area on the map)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Parade/procession/road closure permits obtained from City of Leduc City Clerk's office (3 weeks prior): 780.980.7132	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Building Permit</b> Date Issued: _____	Will you be setting up any structures? (tents, portapotties). If yes, a building permit is required and can be obtained from City of Leduc Planning Department: 780.980.7124	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Development Permit</b> Date Issued: _____	Will the event have adverse impacts on adjacent properties? If yes, list area or specify on a map and attach and obtain a development permit from City of Leduc Planning Department: 780.980.7124	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Food Permits</b> Date Issued: _____	Will food be sold or given away? If yes, what: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Food Permit required (available from Regional Health Authority 780.980.4679)		
<b>Liquor Permits</b> Date Issued: _____ Issuing Agency: _____	Will there be alcohol sold or consumed on premises?  Liquor License required (available from Alberta Gaming & Liquor Commission or any liquor store)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fireworks/Open Fire Permits</b> Date Issued: _____	Will fireworks or open air fires be a part of the event? If yes, fireworks/open air fire permits obtained from City of Leduc Fire Services: 780.980.7275	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sign Permit</b> Date Issued: _____	Will portable signs be used in event promotion? If yes, permit to be obtained from City of Leduc Planning Department: 780.980.7124	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Environmental Agency Permit</b> Date Issued: _____ Issuing Agency: _____	Will the event have potential environmental impacts? If yes, permits and permissions are to be obtained from Provincial and Federal Environmental Agencies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other information if required: _____ _____ _____ _____	Will vehicles be required on the turf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will items be sold at the event? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will admission or any other fees be charged? Please specify use of proceeds (if applicable):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will appropriate event insurance be in place? Please attach copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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<b>Event Insurance</b> *City of Leduc is named insured Date Issued: _____ Issuing Agency: _____ _____	Signature: _____ Print Name: _____ Date: _____
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This personal information is being collected under the authority of Section 33 (c) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25, and will be used to process special event applications. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25. Should you have any questions regarding the information collected on this form you may contact the City Clerk at City of Leduc, #1 Alexandra Park, Leduc, AB, T9E 4C4, ph: (780) 980-7177.

## Booking Contact Information:

Email your completed form to one of the following:

[facility.bookings@leduc.ca](mailto:facility.bookings@leduc.ca)

**For ALL events in a facility**

[park.bookings@leduc.ca](mailto:park.bookings@leduc.ca)

**For ALL events in a park/green space**

This application is required for ALL special events taking place in City of Leduc run facilities and park spaces, as well as areas affecting public roads/Multiway Trail System. Once this form is submitted, it will be reviewed and the person named on this form will be contacted if further follow-up is required.

Please be advised, all City parks are on first come first serve basis. We do not book them out for private parties. They are open to the public at all times. We will help out by bringing extra picnic tables and garbage cans if we are informed of the number of people and the group that is going to be there. We will also inform anyone else inquiring that a larger group has already informed us they will be there on that day.



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FOR OFFICE USE ONLY			
Date Application Received: _____	Received by: _____		
Departmental Circulation:			
<input type="checkbox"/> <b>Mayor's Office</b>  Date Received: _____  Signature: _____	<input type="checkbox"/> <b>Planning and Development</b>  Date Received: _____  Signature: _____		
<input type="checkbox"/> <b>Community Development &amp; Service Planning</b>  Date Received: _____  Signature: _____	<input type="checkbox"/> <b>Enforcement Services</b>  Date Received: _____  Signature: _____		
<input type="checkbox"/> <b>Fire Services</b>  Date Received: _____  Signature: _____	<input type="checkbox"/> <b>Facility Services</b>  Date Received: _____  Signature: _____		
<input type="checkbox"/> <b>Public Services</b>  Date Received: _____  Signature: _____	<input type="checkbox"/> <b>Other</b>  Date Received: _____  Signature: _____		
Insurance Documents Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Necessary Permits in Place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EVENT APPROVAL			
Event Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, with the following conditions	<input type="checkbox"/> Denied
Special Conditions:			
1. _____ 2. _____ 3. _____			
Applicant Notification:			
Applicant Contacted: _____		Date: _____	
Authorized Signature: _____		Date: _____	
Print Name and Title: _____			