

## BEER GARDEN EVENT APPLICATION FORM (1C)

(Application for a Beer Garden Licence in the City of Parksville)

Name of Organization, Event, Group etc: \_\_\_\_\_

Name of Event and Beer Garden Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*                      *Printed Name*                      *Date*

Date(s) of Beer Garden: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time \_\_\_\_\_  
*(Hours of operation to be a maximum of any six hours between 11:00 a.m. and 8:00 p.m.)*

Duration of Beer Garden: \_\_\_\_\_ *(Not to exceed two days in duration for any one event unless held on a long weekend in which case not to exceed three days.)*

Location of Beer Garden:     Community Park                       Springwood Park

**(Attach details of security and staff assisting with the beer garden event, including control of entrances and exits.)**

Confirm that tables, chairs, benches, tables, etc. have/will be obtained: \_\_\_\_\_

Number and locations of portable toilets: \_\_\_\_\_

Number and locations of extra garbage containers: \_\_\_\_\_

Closure of Street Required?     Yes     No [If Yes, which street(s)] \_\_\_\_\_

Traffic Control Arrangements: (Name of company/group and contact person)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Confirm that staff will be provided to ensure vehicles are parking in a safe and legal manner)

**NOTE: The City is not obligated to allocate the full six days for beer garden licences in any one calendar year. Once an application has been approved, no change(s) will be allowed unless approval has been obtained.**

**Electrical Service Required? \_\_\_\_\_ Should a gate or electrical access key be required for the event, attend the Operations Department office at 1116 Herring Gull Way to obtain key(s) prior to the event. A \$20.00 cash deposit is required and will be refunded upon return of key(s). Any and all call out costs incurred by the City, including provision of keys after regular office hours, will be the responsibility of the organizer(s).**

See Reverse side for Terms and Conditions - Signature required prior to submission for consideration.

City of Parksville Office Use: City Approval:  Yes     No    Date: \_\_\_\_\_

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V: 25-Jun-15