



FACILITY PERMIT APPLICATION FORM

Date: _____

Rental # _____

Applicant's Name: _____

Address: _____ City: _____ Prov. _____ Postal Code: _____

Phone #: _____ E-mail: _____ Fax No. _____

Facilities Requested: 1. _____
2. _____
3. _____

Date Requested: _____ **Time:** _____ - _____ **Annual Event:** Yes _____ No _____

Description of Event (be specific): _____

****If you are holding a walk or run event please ensure you have a few first aid responders along the route!***

Event Name: (if applicable) _____

Number of people attending _____

Will your event include: (please check)

- | | | |
|-----------------------------------|------------------------------|--|
| BBQ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sale of Food | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bonfire | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Special Occasion Permit (Alcohol) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fireworks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Amplified Music | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stage (not supplied by City) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Tents (not supplied by City) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Road Closure | Yes <input type="checkbox"/> | No <input type="checkbox"/> must be arranged through Eng. Dept. |

Equipment and services required: (please check - additional fees may apply plus applicable tax)

- | | | |
|--|------------------------------|--|
| Washrooms (key may be required) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hydro- extra cost | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Picnic Table –set of 5 \$125 | Yes <input type="checkbox"/> | No <input type="checkbox"/> (if yes, how many) # |
| Barricades –set of 5 \$125 | Yes <input type="checkbox"/> | No <input type="checkbox"/> (if yes, how many) # |
| Fencing- extra cost | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Safety Vests (\$15 refundable deposit/each vest) | Yes <input type="checkbox"/> | No <input type="checkbox"/> (if yes, how many) # |
| Garbage Cans-extra cost | Yes <input type="checkbox"/> | No <input type="checkbox"/> (if yes, how many) # |

Any other requests or comments: _____

Parks, Recreation & Leisure Services

200 McIntyre Street East
North Bay, ON P1B 8H8
Phone: (705) 474-0400 Ext 2335 or 2329
Fax: (705) 474-9782 Email: [City of North Bay](http://www.cityofnorthbay.com)

Personal information on this form is collected under the authority of the **Municipal Freedom of Information and Protection of Privacy Act** and will be used for the purpose of booking municipal parks. Questions about this collection or personal information should be directed to the City Clerk, 200 McIntyre St. E., North Bay (705) 474-0626, Ext. 2510.