

## **Event Permit Application Form**

An Allocation Clerk will contact you via email or phone in 2 business days to discuss your event.

RETURN VIA EMAIL TO: reservations@fortstjohn.ca

or in person at the Visitor information Centre

Event Title:			Event Date:
Organization Name:			Registered Non-profit Society #:
Event Organizer:			
Mailing Address:			City:
Fmail Address:		Pho	ne Number:
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Alternate Phone Numb	ne Number: On Site Contact (if different from above):		
Event type (list what ty Be as Specific as poss		hosting, for example	: Car Show, Tradeshow, Run/Walk, Fundraiser, Block Party.
Set Un Date	Set Un Time		
Set Up Date: Set Up Time:			
Tear Down Date:Tear Down Time:			
Location Type (Select all that apply):		Event Equipment Do	etails (Select all that apply):
☐ Park		Tents	Sound System
☐ Facility		☐ Tables	Bleachers
☐ Parking Lot		Chairs	☐ Bouncy Castles
☐ Trail/Walkway		Detour Signage	☐ Portable Washrooms
Roadway		Generator	☐ Hand Washing Stations
Residential Neighborhood		Stage	
Event Equipment Detai	ls (Select all that a	pply):	
☐ Garbage Bins	Washroom Access		
Recycle Bins	Sidewalk Sweep/Plow		
Sprinkler Shut Off	Roadway Sweep/Plow		
☐ Power Access			
	Other:		_

The City of Fort St. John is committed to protecting your privacy. Any personal information you provide to us is collected pursuant to 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act for the purpose of administering City services.

Should you have any questions about the collection of this personal information please contact the Corporate Officer via email at bmccue@fortstjohn.ca.