



Form A
Concert & Special Events Application
Concert & Special Event Bylaw No. 7-13
 Not Valid Without Form B

COUNTY CENTRE
 Suite 101, 1101 – 5th Street
 Nisku, Alberta T9E 2X3
 Phone: 780-979-2113 or 1-800-379-9052
 Fax: 780-955-8866

MO. ____ DAY ____ 2019

LICENCE NO. _____

Legal Description

1/4	Sec	Twp	Rg	W	No. ac/ha	Roll No.
Lot	Block	Plan	Subdivision/Hamlet			

Civic Address of Event _____

Applicant _____	
Address _____	
City/Town _____	Postal Code _____

Phone 1	_____
Phone 2	_____
Fax	_____
Email	_____

Owner _____	
Address _____	
City/Town _____	Postal Code _____

Phone 1	_____
Phone 2	_____
Fax	_____
Email	_____

Land Use District	_____
Existing Buildings and Land Use:	_____

Description of Proposed Concert or Special Event:	_____

Description of any Proposed Development	_____

	Proposed Start Date & Time	Proposed End Date & Time
Event Duration	_____	_____
Event Hours	Proposed Start Time of Event (each day)	Proposed End Hours of Event (each day)
Number of Attendees	Minimum Number of Expected Attendees	Maximum Number of Expected Attendees

The personal information contained on this form is collected pursuant to Section 32c of the *Freedom of information and Protection of Privacy Act, Part 17 of the Municipal Government Act*, and will be used for the purpose of application review and analysis and may include notification to various County or Provincial Departments or agencies; and adjacent landowners and/or municipalities in which the application and/or related correspondence is copied and circulated. The application process can be viewed on our website at www.leduc-county.com. If you have any questions about this collection, please contact Leduc County at (780) 979-2113.

I/ we hereby make application for a concert or special event under the provisions of the Concert & Special Events Bylaw in accordance with the plans and supporting information submitted herewith and which form part of this application.

Signature of Applicant: _____ Signature of Applicant _____ Printed Name of Applicant _____

Signature of Land
Owner:

Signature of Land Owner

Printed Name of Land Owner

Signature of Event
Company Director #1

Signature of Company Director #1

Printed Name of Company Director #1

Signature of Event
Company Director #2
(if applicable):

Signature of Company Director #2

Printed Name of Company Director #2



Form B
Application Checklist
Concert & Special Event Application
Concert & Special Event Bylaw No. 7-13
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MO. ____ DAY ____ 2019

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Description and Location of Proposed Event	

The following checklist must be completed ahead of, and submitted along with the submission of any proposed concert or special event within Leduc County. Failure to present *all* required information may result in the refusal to process an application for a License to hold a concert or special event within Leduc County.

	If no is answered below, please provide explanation in available space. Please use addition space on reverse if required.
Completed & Signed Application Form	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Application made greater than 90 days before proposed event?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Licensing Fee of \$300 submitted	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Current Land Title Certificate. (\$10 per Title search)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Written statement outlining the specific nature, kind and character of proposed event	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Proof of ownership or consent from landowner to operate event from subject lands	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
The proposed dates and operational hours of the proposed event	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Proposed number of participants / spectators / customers for the events	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Proof of adequate financial means to undertake the event	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Site Plan clearly indicating the arrangement of all facilities and development associated with the proposed event (Inc Parking & Emergency Access)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Elevation Plans / Drawings of any proposed development associated with the event (stages / tents / structures etc)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Details of any licensing request to Alberta Liquor and Gaming Commission	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Proof of Liability Insurance for proposed event	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Written plan(s) for the provision of:	
• Security	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:

• Fire Protection	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Potable Water Supplies & Facilities	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Food Supplies & Facilities	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Sanitation Facilities	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• First Aid / Medical Services	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Vehicle Parking, Access & Traffic Control	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Overnight Illumination (for camping / night events etc)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Plan for excessive attendees (over expected Nos.)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Provisions for clean-up of property after event	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
• Emergencies & Emergency Contingency Plan	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Required Safety Codes & Building Permits (where applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:
Any additional supporting information	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Any Additional Information:

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Signature of Applicant: _____ Signature of Applicant _____ Printed Name of Applicant _____

Signature of Event Company Director: _____ Signature of Director _____ Printed Name of Director _____

Additional Information or Comments: