

TOWNSHIP OF MAPLETON

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www.mapleton.ca

SPECIAL EVENT PERMIT APPICATION

(By-law No. 2007-053)

Applicant:		
Address:		
Phone:	Fax:	
E-mail Address:		
Sponsoring Organization:		
NAME OF EVENT:		
TYPE OF EVENT: (ie. parade, foot race or walk, cycling, street dance)	e, toll booth, car shows e	etc.)
DATE OF EVENT:		
START TIME:	FINISH TIME:	
LOCATION OF EVENT:(include mapping)		
TEMPORARY ROAD CLOSING REQUIRED: Yes	S	No
A Certificate of Liability Insurance in the amount and/or the County of Wellington as an additional location of the property to be used, and if applica OPP acknowledging the event must be attached. accept barricades, safety precautions and clean up associated and the country of the	insured, a map outlining ation to a County Road, as full responsibility for tr	the event route or roads or along with a letter from the
also action or damages that may arise or be taken a and/or the County of Wellington by reasons of or in	against the Corporation o	of any suits, actions, causes of the Township of Mapleton ent.
I hereby confirm that I have received a copy of Permit – Roads Policy (10.3) and agree to abide b		
Signature of Applicant	Date	
I have the authority to sign this Special Event named herein to the within terms and conditions.	Permit Application which	n binds the Event Sponsor
FEE:		