

TOWNSHIP OF MAPLETON

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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 da	ance, toll booth,	car shows etc.)
DATE OF EVENT:		_
START TIME:	FINISH TI	ME:
LOCATION OF EVENT:(include mapping)		
TEMPORARY ROAD CLOSING REQUIRED: \	Yes	No
and/or the County of Wellington as an addition location of the property to be used, and if app OPP acknowledging the event must be attacheacc barricades, safety precautions and clean up as:	olication to a Co ed. cepts full respon	ounty Road, along with a letter from the nsibility for traffic control, crowd control,
		esponsibility of any suits, actions, cause
of action or damages that may arise or be take and/or the County of Wellington by reasons of o	en against the C	Corporation of the Township of Mapleton
I hereby confirm that I have received a copy Permit – Roads Policy (10.3) and agree to abid		
Signature of Applicant	Date	
I have the authority to sign this Special Ever named herein to the within terms and condition		cation which binds the Event Sponsor
FEE:		