



**TRANSIENT and CHARITABLE EVENT APPLICATION**

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date From/To: \_\_\_\_\_ Set up: \_\_\_\_\_ Take Down: \_\_\_\_\_

Food Sales: Y or N      Liquor Sales: Y or N      (please choose one)

Is this a Schedule "A" Event as determined by the City of Cambridge Y or N

Is Your Organization a Registered Charity: Y or N      Charitable Org No. \_\_\_\_\_

List all food being sold and/or given to the general public below.

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Business Name: \_\_\_\_\_

Owner of Business/Event Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

**B. PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES**

1. **Fire Dept.:** 519-621-6001, ext 2615, 1625 Bishop Street, Cambridge, ON  
[fire@cambridge.ca](mailto:fire@cambridge.ca) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **Health Dept.:** 519-575-4400 99 Regina Street S, Waterloo, ON  
[publichealth@regionofwaterloo.ca](mailto:publichealth@regionofwaterloo.ca) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information is accurate and complete and understand that any false or incomplete information may invalidate my application and any permission, approval or permit I have been granted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this application is collected pursuant to the Municipal Act, S.O., 2001, C25 Section 150-162 and the city of Cambridge business licensing by-law and will be used for the purpose of issuing business Licenses. Questions about this collection should be directed to the Licensing Office of Corporate Services/City Clerk, 50 Dickson Street, second floor, Cambridge, Ontario, N1R 5W8 or phone 519-740-4680, ext. 4581.