



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 2370, 1625 Bishop Street, Cambridge, ON
fireprevention@cambridge.ca Signature: _____ Date: _____

2. **Health Dept.:** 519-575-4400 99 Regina Street S, Waterloo, ON
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.