

TRANSIENT and CHARITABLE EVENT APPLICATION

Application Fee: \$263.25

Event Name: _____

Event Location: _____

Event Date From/To: _____ Set up: _____ Take Down: _____

Food Sales: Y or N Liquor Sales: Y or N (please circle 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. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Business Name: _____

Owner of Business/Event Coordinator: _____

Address: _____

Phone Number: _____ Cell: _____ Email _____

PLEASE ENSURE THE FOLLOWING IS SUBMITTED WITH APPLICATION

Insurance: Yes _____ No _____

B. PLEASE OBTAIN THE FOLLOWING APPROVAL SIGNATURES

- Fire Dept.:** 519-621-6001, ext 2615, 1625 Bishop Street, Cambridge, ON
fire@cambridge.ca Signature: _____ Date: _____
- 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: _____