

**City of Saint John  
Street Event  
APPLICATION FORM**

Please complete all sections of this application and return to:

**Chief of Police  
Saint John Police Force  
PO Box 1971  
Saint John, NB E2L 4L1  
FAX: 506-648-3304**

Date: Jun 14, 2019 Date Received: \_\_\_\_\_ (Office)

1. Name of Street Event: World Cannabis Conference

2. Name of organization hosting / planning event: Civilized

3. Specify nature of your organization: commercial, non-profit, charitable, etc.  
(please give tax number if applicable)

Commercial

4. Key contact for event: Judy Klitke

Address: 86 Prince William St.

Postal Code: \_\_\_\_\_

Phone #: 706 (H) 898-0020 (O) \_\_\_\_\_ (F) \_\_\_\_\_

Email Address: ~~judy@civilized.life~~ judy@civilized.life

Secondary contact for event: Gillian Gresh

Address: 86 Prince William St.

Postal Code: \_\_\_\_\_

Phone #: 506 (H) 608 0792 (O) \_\_\_\_\_ (F) \_\_\_\_\_

Email Address: gillian@civilized.life

5. Name & Main theme of event: Cannabis World Conference Special Event

6. Main activities of event: Networking

7. Objectives of event, in order of priority: create a fluid private space between Port City Royal and Fire and Police for Conference attendees to mingle.

8. Date(s) and times to be held: June 18, Thursday. 7pm-1am

9. Please identify the frequency of this event (approval is for current event only):

Annual \_\_\_\_\_  
 Biennial \_\_\_\_\_  
 One time only X  
 Other \_\_\_\_\_ Please Specify \_\_\_\_\_

10. Location (Streets): The portion of Glenview Lane extending from Gilmour St to the end of the building containing post city sign

11. Historical Background: first time event

12. Number of volunteers involved in event: 6

13. Target audience:

(Please describe the demographic reach you expect with this event)

This event will be for the attendees of the conference

13.1 Percentage of potential audience:

Adults 100% Children \_\_\_\_\_ Youth \_\_\_\_\_  
 Families \_\_\_\_\_ Seniors \_\_\_\_\_

14. Estimated attendance: 40

14.1 Estimated type of attendance: [for statistical purposes only; not mandatory]

a) % who are participants \_\_\_\_\_  
 b) % who are spectators \_\_\_\_\_  
 c) % from the city of Saint John \_\_\_\_\_  
 d) % from outside the city of Saint John \_\_\_\_\_  
 e) % from outside the province \_\_\_\_\_

14.2 From d and e above, please provide an estimated percentage breakdown for the accommodation type that will be used for out of area visitors. [for statistical purposes only; not mandatory]

a) % Visiting friends & relatives \_\_\_\_\_  
 b) % Campground \_\_\_\_\_  
 c) % Hotel / Motel \_\_\_\_\_  
 d) % Bed & Breakfast \_\_\_\_\_  
 e) % Other \_\_\_\_\_ Please Specify \_\_\_\_\_

General Financial Information: Only required in order to understand the scope of the proposed event, and to confirm that the applicant/organizer has resources necessary to cover costs associated with the conditions of permit. 'Total Operating Budget' is the key information. Financial information will remain confidential.

15. Total operating budget: \$500

16. Funding sources: (detail estimated amount)

A. Grants

Provincial: \_\_\_\_\_  
Federal: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total: \_\_\_\_\_

B. Sponsorship

Private: \$500  
Corporate: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total: \_\_\_\_\_

Revenue from other sources:

Source: Civilized Funds: \$500  
Source: \_\_\_\_\_ Funds: \_\_\_\_\_  
Source: \_\_\_\_\_ Funds: \_\_\_\_\_

Funds on hand from other years:

0

Total Revenue expected:

0

If available, please attach a detailed budget of projected expenditures (confidential use only).

17. Identify any major sponsors that may be involved:

Civilized

18. If this event is to be used as a fund raiser, who is the beneficiary?

\_\_\_\_\_

19. Has your event received support from the City of Saint John in past years?

Yes \_\_\_\_\_ No X

Please identify the year in which you received support: \_\_\_\_\_

Please detail the level of support you received in the past: \_\_\_\_\_

20. Briefly outline your marketing strategy for this event. (Include any print or electronic exposure you expect to receive): It will be promoted to attendees of the

World Cannabis Conference.

21. A person or group requesting a Street Event Permit – other than City departments, agencies, boards and commissions and agents of the City of Saint John – may have to carry third party liability insurance for the Street Event. Whether all or part of the event takes place on or passes over City of Saint John public property the Street Event organizers may have to obtain and maintain in full force a Commercial General Liability insurance policy with limits of not less than \$2,000,000, naming the City of Saint John as an “Additional Insured”. Where liquor will be served or sold at a Street Event, the organizers shall obtain and maintain in full force a Commercial General Liability insurance policy with limits of not less than \$5,000,000, naming the City of Saint John as “Additional Insured”; and additional liquor liability insurance shall also be obtained. Evidence of all required insurance coverage(s) shall be forwarded to the City of Saint John, care of the Common Clerk, at least 10 working days before the Street Event.

22. How will this event be evaluated? attendance.


A. Will you require City of Saint John services? If so, please detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: Many municipal services are subject to costs and are the sole responsibility of the organizer. The municipality reserves the right to ask for pre-payment for these costs in the form of a money order or a certified cheque made payable to the City of Saint John, otherwise the costs will be invoiced to the organizer after the event is completed.

B. Using a separate sheet(s), please provide as much detail as possible on your event logistics. Please include all route maps and site plans if applicable and any additional information that you feel will explain your event.

With regard to the City of Saint John requirements outlined in this application I have signing authority for the above stated event. I understand the City of Saint John requirements of an event organizer as outlined in this application and will ensure that the event I represent will comply with these requirements:



Name Signature

Judy Klipper

Name Print