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City of Saint John Street Event APPLICATION FORM

JAN 0 7 2019

SAINT JOHN POLICE FORCE

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: _	Dec 2	0, 2018	3	Date	Receive	d:			(Office)
1. Nam	ne of Stre	et Event:	Mou	light_	Barcar	2.4			
2. Nam	ne of orga	anization h	osting / p	lanning e	vent:	Civiliza	J		30 T
		re of your o			nercial, no	n-profit, ch	naritable, e	etc.	
	_	merdal		<u> </u>		T	-		
4. Key	contact f	or event:	J.dz	Kliffer					
Addres	ss: {	U Sydne Ezi 2	a St.						
Phone	#:57) <u>6 </u>	1) 898.	0020	(0)		(F)	Įį.	
		y					*-		
Secono	lary cont	tact for ev	ent: <i></i>	uchn ()	hyph.				
Addres	ss:3	7 lucky	-tr				761-		
. 05601			9		(0)		(F)	_	
		Lanc							
5. Na m	ne & Mai	n theme o	f event:_	Moon	ight B	Wan/			
6. Maiı	n activiti	es of even	t:_ <i>Ve</i> a	ding, po	Shom	u., o	r. con	4	11
	- " I	II CEU		- 711					
_	ectives of	f event, in	order of	priority: _ <i>Swh</i>	Crash	Mind		h R	e lapto
8. Date	e(s) and t	times to be	e held:	July	201,	2019.	7pm -	1an	"

9. Please identify the frequency of this event (approval is for current event only):
Annual
Biennial
One time only
Other Please Specify
Other
10. Location (Streets): Glanam Love + Corksburg St.
11. Historical Background: The will be the Mind form
12. Number of volunteers involved in event:
13. Target audience: (Please describe the demographic reach you expect with this event) 25 - 45
13 .1 Percentage of potential audience:
Adults 40 Children Youth Seniors 5
14. Estimated attendance: Z/ow
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:			
16. Funding sources: (detail estimated amount)			
A. Grants	B. Sponsorship		
Provincial: Federal: Other: Total:	Private: Corporate: Other: Total:	\$ 50,000 \$ 50,000	
Revenue from other sources:			
Source: Funds: Funds: Source: Funds: Funds:			
Funds on hand from other years:	Mon a ×	acor offi	Char of
Total Revenue expected:			a "
If available, please attach a detailed budget of projecte	d expenditures (c	onfidential use	only).
17. Identify any major sponsors that may be involved:			
18. If this event is to be used as a fund raiser, who is the	beneficiary?		
	20	_	
19. Has your event received support from the City of Sa Yes No	aint John in past y	ears?	
Please identify the year in which you received support:	2019 -	Piloner ST	, n n =

Please detail the level of support you received in the past: truly fun libour ST + lolle
20. Briefly outline your marketing strategy for this event. (Include any print or electronic exposure you
expect to receive): Kapluthe Strain is a mokent from that will
be hardly your marken's start on he will also be parcented exolly
social made what from to reache wherein
The state of the s
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? On who date
•
A. Will you require City of Saint John services? If so, please detail: - the folia nin hant to have a presence at This cust. - gerton colored may be secured.
- WASTER CHAIN ALM STREET.
- Will be Chris and the state.
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
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