

## QUEEN ELIZABETH II COURTYARD APPLICATION FORM

Organization:				
Applicant's Name:	Non-Profit Incorporation (if applicable)#:			
Address:	Postal Code:			
Telephone: (Res)	(Bus)		(Cell)	
Fax:	E-mail Address:			
Alternate Contact:				
Address:	Postal Code:			
Telephone: (Res)	(Bus)		_(Cell)	
Fax:	E-mail Address:			
Event Name:				
Event Date:				
Arrival Time for Event Setup	Actual Event T	ime	Takedown Completed by Time	
What is the purpose of the event	?			
Please provide a DETAILED out more space is required). Include				
Estimated Daily Attendance:	#	of Perform	ers	

A site map must be completed and submitted along with this application. The map must include the

location of all activities in the courtyard.

Will food and/or beverage of yes, please specify the	_		□ No	
Will food and/or beverage of yes, please specify the	•	□Yes ved:	□ No	
If permission to serve/se District regulations. Call type in: temporary food	306-766-7755 c			Regina Qu'Appelle Health ca. In the search box
Will any goods or merch If yes, please specify th				
Will any goods or merch If yes, please specify ite			olic? □ Yes	□ No
Will donations in any for Are any corporations or Yes □ No If yes, please list sponse	business donati	□ Yes ng products, pri	□ No zes, good, or money	to your event?
Will you be selling any r If yes, group must obtai 306-787-5563 or visit th Do you plan to post flye City of Regina staff mus	n consent/license eir web site at <u>w</u> rs, signs and/or l	e from Saskatch ww.slga.gov.sk. banners during	<u>ca</u> the event? □ Yes	ing Authority. Phone  □ No
Dimensions of Sign	Text o	f Sign (including	g company logos)	Location of Sign
Do you plan to distribute □Yes □ No	e any flyers, broc	chures, pamphle	ts or other printed m	naterial to the public?

Note: All printed materials to be distributed or displayed are subject to prior approval. Please forward your sample immediately. On the day of your event, unauthorized literature may be removed by City of Regina staff.

Will any dignitari your event? □ Y		y of Regina, provinci	al government and	d/or federa	l governmen	t be at	
	Na	Name/Title			Attendance Confirmed? (Y/N)		
Will any media b	pe present to co	over your event? □ Y	es □ No				
	Media	dia Organization			Attendance Confirmed? (Y/N)		
Will any vehicles	s be in the cour			our contrac	t?		
If yes, please sp		low			Τ		
Type of Vehicle	Licence Plate	Purpo	ose	Arrival Time	Departure Time	Weight of Vehicle	
Will any street closures be required?							
Item	A	mperage/Voltage	Number of Outlets		Location		
staff.	·	s must be approved prent(s), or canopy(ies	·		Regina techi	nical	
If yes, specify pu	urpose, dimens	ions, supplier and loc	cation of proposed	structure.			

Note: You may also require a temporary structure permit from the Planning & Sustainability Department -306-777-7283 or visit the web site at Regina.ca

Do you have comprehensive liability	insurance for this event? □ Yes □ No		
If yes, please specify the amount of coverage. \$			
	ed for events occurring outside of regular business hours group shall pay all costs of services as arranged by the 0		
	Abatement Bylaw No.6980 which states that it is agains bance to others between 10pm and 7am.	t the	
I understand that permission to hold from the Community Services Depart	my event is not guaranteed until I have received my Cotment.	ntract	
	der for this event, I am responsible for any damaged, los r equipment, and that I will be liable for the repair or repl		
Applicant Signature	Date:		
Please note that upon approval of the event specifics and requirements.	e application, applicants may be contacted to discuss a	dditional	
Please forward complete application	to:		
City of Regina Central Scheduling P.O. Box 1790 Regina, SK S4P 3C8	Fax: 306-777-6826 Phone: 306-777-7979 email: events@regina.ca or drop off at the Central Scheduling office located in the Sportplex 1717 Elphinstone Street	ne	
City use only			