

This application must be completed with a Seasonal Application. Visit toronto.ca/parks/permits.

As stated in the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form/collection/application is considered business identity information. Business identity information could be publicly available and/or disclosed upon request unless an exception applies.

Applicant Organization Information	
Organization/Group/Association Name	Submission Date (yyyy-mm-dd)
Do you have an account with the City of Toronto? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office (staff) Use Only Date Received
Does your group require City Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Organization Address Information			
Street Number	Street Name	Suite/Unit Number	
City/Town	Province	Postal Code	Business Email

Organization Information					
Position/Title	First Name	Last Name	Business Telephone Number	Business Alternate Telephone Number	Business Email
Main Contact					
Scheduler					
Treasurer					
Other					

Membership Details

Please add your participant totals in the following boxes.

City of Toronto Residents

	Female	Male	Gender Diverse/Non-Binary	Prefers to Self-Describe	Prefers not to answer/Not known
Children and Youth (0 to 18 years)					
Adult (19 to 59 years)					
Senior/Older Adult (60 + years)					
Total					

Non-Residents

	Female	Male	Gender Diverse/Non-Binary	Prefers to Self-Describe	Prefers not to answer/Not known
Children and Youth (0 to 18 years)					
Adult (19 to 59 years)					
Senior/Older Adult (60 + years)					
Total					

This information is collected to help understand the diversity of service users and residents using City programs, services, and facilities, which services they are accessing, and how well these services are meeting their needs.

If you have more than one age category, do they participate together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the majority of your membership live within 5km of the space you wish to permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your membership open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization signed and submitted a copy of the City of Toronto's Human Rights and Anti-Harassment/Discrimination Declaration of Compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a copy of your membership to this application.	<input type="checkbox"/> Attached

Please count only members who actively participate in your group's activities, such as someone who

Permit Account

is a player on a team. Do not include coaching staff, trainers, or family members who do not play or participate on the ice, court, or field.

Organization Overview

Purpose and Objective of organization. Attach Constitution and bylaws if applicable.

Based on the purpose and objective of your organization (above), which, if any, of the following Indigenous, Black, and equity-deserving communities does your organization specifically serve? Select all that apply. For example, a girls-only organization or a group serving 2SLGBTQ+ athletes specifically.

- | | | |
|---|---|--|
| <input type="checkbox"/> First Nation, Inuit or Métis | <input type="checkbox"/> Gender Diverse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Black | <input type="checkbox"/> Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer (2SLGBTQ) | <input type="checkbox"/> Children and youth |
| <input type="checkbox"/> Racialized | <input type="checkbox"/> People living with low income | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Women | <input type="checkbox"/> Newcomers | |
| <input type="checkbox"/> Girls | | |
| <input type="checkbox"/> Other: | | |

Equity-deserving groups refer to communities that face significant collective challenges in participating in society because of barriers to equal access, opportunities, and resources due to disadvantage and discrimination, and actively seek social justice and reparation. This information is collected to help understand the diversity of service users and residents using City programs, services, and facilities, which services they are accessing, and how well these services are meeting their needs.

Organization Information

Is your organization registered Not-For-Profit? If yes, please enter your registration number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization volunteer-based with an elected executive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an annual operating budget of greater than \$5,000? If yes, please attach a financial statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only			
Account Category			
Residency Percentage	Not-For-Profit, Community Resident	Not-For-Profit, Community Non-resident	Other Accounts
Total Residents divided by Total Membership	<input type="checkbox"/> Children and Youth <input type="checkbox"/> Senior/Older Adult <input type="checkbox"/> Adult	<input type="checkbox"/> Children and Youth <input type="checkbox"/> Senior/Older Adult <input type="checkbox"/> Adult	<input type="checkbox"/> Commercial or Private <input type="checkbox"/> TDSB <input type="checkbox"/> TCDSB
%			
Supervisor Approval of Account Category	Hours Entitled to Base on Formula	Hours Allocated by City Staff	Hours Allocated by Arena Boards