

# Special Event in a City Park or Facility

A non-refundable administrative fee will be applied to all event booking applications. Cancellations must be received three weeks prior to the booking start date and will be subject to an additional cancellation fee.

Further details can be reviewed with a Special Event Client Services staff member or by referring to [toronto.ca/parks/permits](https://toronto.ca/parks/permits).

## Type of Event (please select)

☐ Not for Profit      ☐ Charity Event

Not for Profit Charity Events must be hosted by a Non-Profit or charitable organization, are open to the public and free of admission and/or gate fees

☐ Commercial Event

Commercial Special Events are events which charge admission and/or gate fees and are for profit

☐ Private/Individual

Will event tickets be sold?      ☐ Yes    ☐ No

If yes, what type?

- ☐ General Admission
- ☐ Advanced/Early bird Tickets
- ☐ Pay-what-you-can (Suggested donation)
- ☐ Event pass (single or multi day)
- ☐ VIP/Premier

## Specific Event Type (please select)

☐ Bike Event

☐ Water Event

☐ Art/Music Festival

☐ Walk/Run

☐ Market/Craft Show

☐ Art Installation

☐ Marathon (Triathlon/Duathlon)

☐ Sampling

☐ Concert/Festival

☐ Sporting/Tournament Event

☐ Promotional

☐ Other (please specify):

## Important information for Event Organizers

- Insurance is mandatory for all events
- The event permit can only be used for the stated purpose of the event
- Incomplete applications or applications **received with less than eight weeks'** notice will not be considered
- Events should not be advertise until **Conditional Approval** in writing from the City of Toronto
- Applicants will receive a letter outlining the event and detailing this division's requirements for obtaining a permit no later than 30 days prior to the event date
- It is highly recommended that event organizers refer to each division's submission timelines to ensure that all timelines are met
- Payment in full for permits must be received, at least two weeks prior to the event set up or start date
- Vehicles of any kind are not permitted on City of Toronto parklands and or green space unless pre-event approval has been granted in writing

# Special Event in a City Park or Facility

## Application Information

Organization Name (if applicable)

## Event Organizers Information

For organization representative, provide business contact.

First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name in the next space.			
Single Name			
Street Number	Street Name		Suite/Unit Number
City/Town	Province/State		Postal Code/ZIP Code
Telephone Number		Email Address	

## Not-For-Profit or Charitable Organizations

Non-Profit or charitable organization? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Organizations must demonstrate that they meet the criteria.	
<input type="checkbox"/> Letters Patent attached (provide a copy)	Charitable Donation Number

## Event Information

Event Name	
Is this an annual event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Anticipated Attendance (this includes all attendees for the duration of your event)	
Name of park requested	Preferred area within the park
Name of park alternate park requested	Preferred area within the alternate park

# Special Event in a City Park or Facility

Setup		Cleanup	
Date (yyyy-mm-dd)	Time (hh:mm)	Date (yyyy-mm-dd)	Time (hh:mm)
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Event Dates		Times Required	
From (yyyy-mm-dd)	To (yyyy-mm-dd)	From (hh:mm)	To (hh:mm)
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Alternative Dates should the above dates not be available**

Alternate Date		Alternative Times Required	
From (yyyy-mm-dd)	To (yyyy-mm-dd)	From (hh:mm)	To (hh:mm)
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## Event Details

Provide a detailed outline of all activities planned in the park for your event.

## Site Map

Attach a detailed Site Map of your event layout, including any installations i.e. inflatable starting lines, event material set up, routes and rest stations. Please also include the location of any proposed flyers, advertisements and sponsors that may be in place for your event.

# Special Event in a City Park or Facility

## Food and Beverage

Will food and/or non-alcoholic beverages be available at your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will they be sold or served (free of charge)?	<input type="checkbox"/> Sold <input type="checkbox"/> Served
Will alcoholic beverages be available at your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will they be sold or served (free of charge)?	<input type="checkbox"/> Sold <input type="checkbox"/> Served

## Goods and Merchandise (please select)

Will goods or merchandise be sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Donations (please select)

Will donations in any form be solicited and/or accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Installation of Structures (please select)

Do you plan to install any structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Will all structures be freestanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Will any structures, signs or other materials, be staked or pegged into the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Tents or Canopies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?	

Please provide the dimension for each tent/canopy installation:

Stage(s) or Risers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?	

Mobile stage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?	

Please provide the dimension for each stage/riser/mobile stage installation:

Inflatables?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?	

Please provide a detailed list of the inflatables you propose to install in the park. This includes race start and finish lines.

# Special Event in a City Park or Facility

Amusement rides? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
If yes, how many?
Please provide a detailed list of the Amusement Rides you propose to install in the park.
Other (please specify type and dimensions)

## Portable Washrooms (please select)

Do you plan to install portable washrooms? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
If yes, how many?

Delivery		Pick Up	
Date (yyyy-mm-dd)	Time (hh:mm)	Date (yyyy-mm-dd)	Time (hh:mm)
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## Sound Amplification

Do you plan to use any device or mechanism to amplify sound? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																				
<p>If yes, please select all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bluetooth Speaker (portable)</td> <td><input type="checkbox"/> Megaphone (bullhorn)</td> <td><input type="checkbox"/> Acoustic</td> </tr> <tr> <td><input type="checkbox"/> DJ (turntables, digital or analog devices)</td> <td><input type="checkbox"/> Air Horn</td> <td><input type="checkbox"/> Drumming</td> </tr> <tr> <td><input type="checkbox"/> Sound Technician/Engineer</td> <td><input type="checkbox"/> Announcements</td> <td><input type="checkbox"/> Amplifier</td> </tr> <tr> <td><input type="checkbox"/> Live Music (musicians/performers)</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Speakers</td> </tr> </table> <p>Other (please specify):</p>	<input type="checkbox"/> Bluetooth Speaker (portable)	<input type="checkbox"/> Megaphone (bullhorn)	<input type="checkbox"/> Acoustic	<input type="checkbox"/> DJ (turntables, digital or analog devices)	<input type="checkbox"/> Air Horn	<input type="checkbox"/> Drumming	<input type="checkbox"/> Sound Technician/Engineer	<input type="checkbox"/> Announcements	<input type="checkbox"/> Amplifier	<input type="checkbox"/> Live Music (musicians/performers)	<input type="checkbox"/> Microphone	<input type="checkbox"/> Speakers								
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<p>Will you be using any device or mechanism that requires hydro? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, please list date and time of usage.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Date(s) of Usage</th><th colspan="2">Time(s) of Usage</th></tr> <tr> <td>From (yyyy-mm-dd)</td><td>To (yyyy-mm-dd)</td><td>From (hh:mm)</td><td>To (hh:mm)</td></tr> <tr> <td></td><td></td><td style="text-align: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td><td style="text-align: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td></tr> <tr> <td></td><td></td><td style="text-align: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td><td style="text-align: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td></tr> <tr> <td></td><td></td><td style="text-align: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td><td style="text-align: right;"><input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td></tr> </table>	Date(s) of Usage		Time(s) of Usage		From (yyyy-mm-dd)	To (yyyy-mm-dd)	From (hh:mm)	To (hh:mm)			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.																	

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## Electrical Access and Portable Generators

Will you request access to electrical power? (extra fees will apply)

☐ Yes ☐ No

Will you be using a portable generator?

☐ Yes ☐ No

## Signature

### Authorized Signature of Individual/Group/Organization

(If not a Legal Entity, Signature of Individual(s) Assuming Personal Responsibility)

Today's Date (yyyy-mm-dd)

## Submit the completed application

By Mail or In-Person:

Special Events Permit Office

Toronto City Hall, 1st Floor, East Tower, Parks, Forestry & Recreation

100 Queen Street West

Toronto, ON M5H 2N2

Parks Forestry & Recreation collects personal information on this form under the legal authority of the Toronto Municipal Code, Chapter 608, Parks, Article X, Regulation and Enforcement, section 608-49. The information is used to process an application for the use of City of Toronto facilities for a special event and for further communication, if required. Questions about this collection can be directed to Parks, Forestry & Recreation Client Services Staff, Parks, Forestry & Recreation at City Hall, 100 Queen Street West, 1st Floor, East Tower, Toronto, Ontario, M5H 2N2 or by telephone at 416-396-7378.