

Instructions

Please complete both pages of the application. Once the application is complete submit it to the City Clerk's Office.

- Completed applications will be forwarded to the ward Councillor for consideration
- An endorsement decision letter will be sent to the Alcohol and Gaming Commission of Ontario (AGCO) and the applicant

My event is one of the following (select all that apply):

<input type="checkbox"/> Concert	<input type="checkbox"/> Theatre Show
<input type="checkbox"/> Art Gallery (similar opening or gala event)	<input type="checkbox"/> Professional/Networking Event
<input type="checkbox"/> Pop-up Promotion (no longer than 3 days)	<input type="checkbox"/> Customer Appreciation (no longer than 3 days)
<input type="checkbox"/> Club/Members Event	<input type="checkbox"/> Sports Event in an unlicensed venue
<input type="checkbox"/> Community Event or Festival (a one time, annual or infrequently occurring event that is open to the public)	
<input type="checkbox"/> Charitable Fundraiser (for non-registered charities only)	
<input type="checkbox"/> Private, invite only or members only event taking place in a public space (invitation-only launch/anniversary, parties/client/members/professional/workplace events)	
<input type="checkbox"/> Other (please describe event):	

About my event

My event includes outdoor activities later than 9:00pm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My event includes amplified music or sound outdoors after 9:00pm (including sound emanating from inside)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to either of the above questions please provide details below:		

How to submit your application

Applications can be submitted by email, fax, mail and in person. Office hours Monday to Friday 8:30am-4:15pm.

Email: liquorlicence@toronto.ca

Fax: 416-394-5600

Telephone: 416-392-7036

Mail or In Person	In Person		
City Clerk's Office Etobicoke Civic Centre 399 The West Mall 2nd Floor, South Block Toronto ON M2C 2Y2	City Clerk's Office North York Civic Centre 5100 Yonge Street Main Floor	City Clerk's Office Scarborough Civic Centre 150 Borough Drive 3 rd Floor	City Clerk's Office Toronto City Hall 100 Queen Street West Main Floor Rotunda

Please note: Information collected on this form is business information. Privacy protection under PART II of the Municipal Freedom of Information and Protection of Privacy Act do not apply to this information. Nonetheless, use of a publicly available email service is not a secure means of transmitting information. We recommend you complete and return your application by regular mail, fax or in person. If you have no concern about the sensitivity or security of the information on the form and decide to email your application, you do so at your own risk. The City will not be liable should your email and application be intercepted by a third party while enroute to the City's email box.

Type of Application Being Submitted

Please select the type of Special Occasion Permit you are applying for. If you are unsure about the type of event you are holding or if a permit is required for your event please contact the Alcohol and Gaming Commission of Ontario (AGCO) www.agco.ca

- Special Occasion Permit – Private Event**
- Special Occasion Permit – Public Event** (Event of Municipal Significance)

For outdoor events, notifications must also be sent to Toronto Police Services, Toronto Fire Services and Toronto Public Health. Events using a tent, marquee or tiered seating must also contact Toronto Building. For more information visit www.toronto.ca/liquorlicence

Business/Organization Information

Business/Organization Name (if applicable)			
Business/Organization Contact Last Name		Business/Organization Contact First Name	
Address	Unit	City	Postal Code
Phone Number	Email		

Event Information

Event Name:

Address/Location:

Is this event a part of a larger event?	If YES, what event?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Event Date(s)		Event Time(s)			
	From (yyyy-mm-dd):	To (yyyy-mm-dd):	From (hh:mm):		To (hh:mm):
1			<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm
2			<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm
3			<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm
4			<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm
5			<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm

Applicant Declaration

I declare that the information provided in this application is correct	Date
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For Office Use Only

Date received:	Received by:	Ward
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