

Municipal Endorsement for Special Occasion Permit

Public Special Occasion Permit – Letter of Municipal Significance

As mandated by 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 made publicly available and/or disclosed upon request, unless an exception applies.

Please do not include any personal information.

Information and Instructions

Applications must meet the definition of municipal significance in order to be considered for endorsement by the City of Toronto.

An event should be deemed municipally significant, if, in the opinion of the councillor for the ward, an event:

- meets the criteria prescribed in the Delegation of Authority for the Endorsement of Liquor Licences, as confirmed by the City Clerk;
- has a positive cultural, social and/or economic impact on the local community;
- is considered to be in the public interest; and
- complies with any other factors the ward councillor considers relevant to their determination

How to Request the City’s Endorsement

Submit the following to the City Clerk’s Office by emailing liquorlicence@toronto.ca using your business email.

- completed application form;
- for outdoor events a site or floor plan indicating the area to be temporarily licensed with measurements; and
- supporting documents (cover letter, promotional materials etc.).

The City Clerk will forward applications to the Ward Councillor for consideration. If approved, an endorsement letter declaring the event to be municipally significant will be sent to the email address indicated on this form.

How to submit your application

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

Email liquorlicence@toronto.ca Please use your business email.	Fax 416-392-1260	Telephone 416-392-7036
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Mailing Address
City of Toronto, City Clerk's Office, Toronto City Hall, 100 Queen St. West, M5H 2N1

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Business/Organization Information			
Business/Organization Name (if applicable)			
Business Contact Last Name		Business Contact First Name	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Business Telephone Number		Business Email	

About the 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:	

The event is one of the following (select all that apply)	
<input type="checkbox"/> Art Gallery (similar opening or gala event) <input type="checkbox"/> Bookstore Event (book signing/book launch) <input type="checkbox"/> Charitable Fundraiser (for non-registered charities only) <input type="checkbox"/> Club/Members Event <input type="checkbox"/> Community Event or Festival <input type="checkbox"/> Concert <input type="checkbox"/> Customer Appreciation <input type="checkbox"/> Pop-up Promotion/Product Launch	<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"/> Professional/Networking <input type="checkbox"/> Sports Event in an unlicensed venue <input type="checkbox"/> Theatre Show <input type="checkbox"/> Other, please specify: <hr/>

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Event Information

Event Name	
Address/Location of Event (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)	
Is this event a part of a larger event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what event?

Event Date(s)		Event Time(s)			
	From (yyyy-mm-dd)	To (yyyy-mm-dd)	From (hh:mm)		To (hh:mm)
1			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
2			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
3			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
4			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
5			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
6			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
7			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
8			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
9			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.
10			<input type="checkbox"/> a.m.		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.		<input type="checkbox"/> p.m.

Applicant Declaration

I declare that the information provided in this application is correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date (yyyy-mm-dd)

For Office Use Only

Date Received (yyyy-mm-dd)	Received by	Ward
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