

## **MUNICIPAL OPERATIONS DEPARTMENT**

The Corporation of the Town of Cochrane **Street Events** 92 Second Street, Box 490 Cochrane, Ontario P0L 1C0 Phone: 705-272-5086 FAX: 705-272-3583

Application for a Temporary Street Closing		
Name of Organization:	Contact Person:	
Address:		
Phone No:	Cell No:	
Fax No:		
Street(s) to be closed:		
From:		
Road Closure Date:		
Event Date:	Event Start and Finish Time:	
Purpose of the Closure:	Anticipated Attendance:	
Applications must be submitted	at least four weeks prior to the date of the event.	
In connection with this application	for a temporary street closure, I hereby certify that:	
No charge will be made for admission to by this application;	any part of the portion(s) of the public right of way covered	
	med within the portion(s) of the public right of way covered eceived from Town Council and the Liquor Licensing	
3. The provisions and conditions of the	Noise By-Law #2534-90 will be complied with.	
Applicant's Signature:	Date:	

Questionnaire Regarding Applications for Temporary Street Closing				
Will food or beverages be served?	Yes	No		
Will alcoholic beverages be served?	Yes	No		
Will an extension of the licensed boulevard café seating area be required? If so, please indicate the dimensions on the drawing.	Yes	No		
If alcoholic beverages are served within the pub possession of a permit from the Liquor Licensing approval.				
Who can the Medical Officer of Health contact regarding food preparation and service, washroom facilities, garbage receptacles and disposal	Address:			
Will amplification systems or loudspeakers be used?	Yes [] Yes	[] No		
If yes, please contact Municipal Licensing and Stand required.  If there is a "live band" or musician performing at the drawing and the amount of space required to be occurred.	event, please show	the location on the		
Are the business operators on the ground floor of the wares/products outside their store during the road consider the premises can be displayed outside on the	losure? (NOTE: Oi	nly merchandise sold		
I confirm that area residents and businesses have been informed of the street closure and that the majority have not objected to the event. Attached is a copy of the Notice that had been circulated.	[] Attached	d		
A listing of the scheduled events and diagram showing the location and dimensions of any equipment or furniture placed within the public right of way is attached.	[] Attached	d		
Release, Waiver and Indemnity form required from participants involved in an athletic event which is part of the road closure.	[] Attached	d		

## Upon approval of your application, it will be necessary for you to:

- 1. Complete the attached Certificate of Insurance form; and
- 2. Obtain a Street Occupation Permit.

## 3. Complete the following information and consultation:

Agency	Name of Contact	Approval Date	Concerns
Operations Dept			
Barricades pick-up?			
Fire Dept			
By-Law Dept			
Ambulance			
OPP			
Other			
Area Businesses:			
MTO			
Council			

Please send a copy of the Permit Checklist to each of the Agencies listed to their email address as confirmation and for their record-keeping.