



**CORPORATION OF THE TOWN OF COCHRANE  
 CHARITY BBQ LICENSE APPLICATION**

**Applicant(s):** \_\_\_\_\_  
 \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reason for Fundraiser:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Date of Event:** \_\_\_\_\_  
**Location of Event:** \_\_\_\_\_

**Contact:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Date of Application:** \_\_\_\_\_

**Office use only:**

<b>Event #1</b>	<b>Event#2</b>	<b>Event #3</b>	<b>Event #4</b>	<b>Event #5</b>	<b>Event #6</b>
<b>All required signatures provided:</b>			<b>Yes</b>	<b>No</b>	<b>Approved: _____ Denied: _____</b>
<b>Name:</b> _____			<b>Signature:</b> _____		

**1. MUNICIPAL LAW ENFORCEMENT OFFICER'S/BUILDING CONTROLS**  272-4262  
APPROVED  NOT APPROVED  N/A   
CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Municipal Law Enforcement Officer's Signature

**2. FIRE DEPARTMENT**  272-6758  
APPROVED  NOT APPROVED  N/A   
CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Fire Chief's Signature

**3. PUBLIC WORKS**  272-5083  
APPROVED  NOT APPROVED  N/A   
CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Director of Operations Signature

**4. HEALTH UNIT**  272-3394  
APPROVED  NOT APPROVED  N/A   
CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature and Title

**5. REC. & PARKS DEPARTMENT**  272-5084  
APPROVED  NOT APPROVED  N/A   
CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature and Title

**6. PROOF OF INSURANCE (\$2,000,000)**  
INSURANCE COMPANY: \_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF INSURANCE ATTACHED:

\_\_\_\_\_  
Date Signature and Title