



**CORPORATION OF THE TOWN OF ERIN**  
 5684 Trafalgar Rd., R. R. # 2  
 Hillsburgh, ON N0B 1Z0  
 Phone: (519) 855 – 4407 Fax: (519) 855 – 4821  
[www.erin.ca](http://www.erin.ca)

## SPECIAL EVENT PERMIT

APPLICANT or ORGANIZATION (must be Town of Erin based and non-profit)			
Name:		Name:	
Address:		Address:	
City/Town/Prov.:		City/Town/Prov.:	
Postal Code:		Postal Code:	
Phone:		Phone:	
Fax:		Fax:	
NAME OF EVENT:			
TYPE OF EVENT:	Ie: toll booth, bike trek, parade etc.		
DATE OF EVENT:		TIME OF EVENT:	
LOCATION/ROUTE OF EVENT			
TEMPORARY ROAD CLOSURE REQUIRED	Yes:		No:

**TERMS AND CONDITIONS:**

**Please include a map detailing the entire route and the duration of the event.**

**A Certificate of Liability Insurance in the amount of \$5,000,000.00 naming the Town of Erin as additionally named insured. Proof from the Town of Erin Fire & Emergency Services, Ambulance and OPP acknowledging knowledge of the event must be attached, acceptable to the Town Manager.**

\_\_\_\_\_ accepts full responsibility of any costs, suits, actions or damages that may arise or be taken against the Corporation of the Town of Erin by reasons of or in connection with this event.

\_\_\_\_\_ accepts full responsibility for traffic control, crowd control, barricades, safety precautions, and clean up associated with this event. The event must be advertised in advance to notify residents, businesses and institutions of possible disruption due to the event.

(Please allow two weeks for processing of application.)

\_\_\_\_\_  
 Applicant (signature) \_\_\_\_\_  
 Date

**I have the authority to sign this form that commits the above-mentioned organization to the above terms and conditions.**

**As Per Town of Erin By-Law # 07 - 58**

**PERMISSION** is hereby granted.

\_\_\_\_\_  
 Lisa Hass \_\_\_\_\_  
 Town Manager Date of Issue

**Cc: Public Works Superintendent  
 County of Wellington**

*Any or all requirements of this permit can be waived with the written approval of the Town Manager.*