

**APPLICATION FOR ROAD USE FOR SPECIAL EVENTS**

NAME OF EVENT: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELE #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ FAX #: \_\_\_\_\_

**TYPE OF SPECIAL EVENT**

Parade \_\_\_\_\_ Bicycle Race \_\_\_\_\_ Walk-A-Thon \_\_\_\_\_ Filming \_\_\_\_\_  
Procession \_\_\_\_\_ Street Festivities \_\_\_\_\_ Running Event \_\_\_\_\_  
Sidewalk Sale \_\_\_\_\_ Other \_\_\_\_\_ Please Specify: \_\_\_\_\_

Affected Roads: \_\_\_\_\_

Date of the Event: \_\_\_\_\_ Scheduled Start \_\_\_\_\_ Finish \_\_\_\_\_

Number of Participants \_\_\_\_\_

Hamilton Township Contact Representative \_\_\_\_\_

Ontario Provincial Police Contact \_\_\_\_\_

**I/WE HEREBY AGREE TO THE FOLLOWING CONDITIONS:**

1. To save the Township of Hamilton and the area municipality harmless from any and all claims and/or damages arising out of this road closing and/or this special event to provide any bond or insurance which may be required in this regard.
2. To be responsible for any and all costs to provide and maintain sufficient traffic control measures to ensure safety for the travelling public and participants.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

**THIS SECTION TO BE COMPLETED BY TOWNSHIP STAFF**

|    |  |               |                          |
|----|--|---------------|--------------------------|
| 1. | Road Closing by law required                       | Yes _____     | No _____                 |
|    | Date Submitted to Public Works                     | _____         |                          |
|    | Expected Date of Council Approval                  | _____         |                          |
| 2. | Certificate of public liability insurance required | Yes _____     | No _____ Amount \$ _____ |
| 3. | Traffic control signing to be provided by:         |               |                          |
|    | Municipality                                       | _____         |                          |
|    | Detour to be provided by Public Works              | _____         | Deposit Amount \$ _____  |
| 4. | Recommendation of D.P.W.                           | Approve _____ | Deny _____               |
| 5. | Council  | Approve _____ | Deny _____               |
| 6. | Date Applicant Notified:                           | _____         |                          |