# SPECIAL EVENT APPLICATION |

**VILLAGE OF LYTTON**
PO BOX 100, 769 S TRANS CANADA HWY
LYTTON BC, V0K 1Z0

## SECTION 1 – EVENT INFORMATION

| | | |
|---|---|---|
| EVENT TITLE: | | EVENT DATE: |
| ORGANIZATION NAME: | | REGISTERED NON-PROFIT SOCIETY # |
| EVENT ORGANIZER: | | EMAIL ADDRESS: |
| MAILING ADDRESS: | CITY, PROVINCE: | POSTAL CODE: |
| PHONE# | ALTERNATE PHONE# | ON SITE CONTACT (if different from above) |

## SECTION 2 – EVENT TYPE

(LIST WHAT TYPE OF EVENT YOU ARE HOSTING, FOR EXAMPLE RUN / WALK FUNDRAISER, BALL TOURNAMENT, CAR SHOW, ETC.)

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## SECTION 3 - EVENT DETAILS

| | |
|---|---|
| TYPE: (CHOOSE ALL THAT APPLY) | ☐ PARK ☐ FACILITY ☐ PARKING LOT ☐ TRAIL / WALKWAYS ☐ ROADWAYS |
| LOCATION (S) | |
| ROADWAYS (S) (IF APPLICABLE) | |
| TIME OF EVENT | |

## SECTION 4 – EVENT SET UP DETAILS

| | |
|---|---|
| SET UP DATE: (if different) | |
| SET UP TIME: | |
| TEAR DOWN TIME: | |

**TO GIVE US A BETTER UNDERSTANDING OF YOUR EVENT, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

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|---|---|
| HAS YOUR GROUP / INDIVIDUAL ORGANIZED THIS EVENT IN THE PAST? | ☐ YES ☐ NO |
| IS YOUR EVENT PLANNING ON PROVIDING FOOD SERVICES TO THE PUBLIC? | ☐ YES ☐ NO |
| IS YOUR EVENT (OR PART OF) TAKING PLACE ON OR CROSSING OVER LOCAL MUNICIPAL ROADS? | ☐ YES ☐ NO |

**SECTION 5 - DOCUMENTATION DETAILS:** (Village staff will confirm which documents are required from event organizers and / or organizations. Obtaining proper document is the sole responsibility of the organizer and / or organizations).

| | |
|---|---|
| ☐ COPY OF INSURANCE | ☐ FOOD SAFE CERTIFICATE |
| ☐ TEMPORARY FOOD PERMIT | ☐ LIQUOR LICENCE (I.E BEER GARDEN) |
| ☐ GAMING LICENCE | ☐ BUSINESS LICENCE |
| ☐ OTHER: _____ | |

**SECTION 6 – SUBMISSIONS**

| | |
|---|---|
| IN PERSON | VILLAGE OF LYTTON OFFICE, 769 S TRANS CANADA HWY, LYTTON BC, V0K 1Z0 |
| VIA EMAIL | lstoroshenko@lytton.ca AND info@lytton.ca |
| INQUIRIES | CALL # 604-349-4536 AND/OR EMAIL lstoroshenko@lytton.ca |