



EVENT RENTAL APPLICATION

Applicant Information			
Contact Name:			
Phone:		Email:	
Address:			
City:		Prov:	Postal Code:
Event Details			
Type of Function:		Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/> Both <input type="checkbox"/>
Date:	Time: ___AM/PM to ___AM/PM	Entertainment:	
Is alcohol being served: YES <input type="checkbox"/> NO <input type="checkbox"/>		Are You Charging Admission: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Food: Selling or Serving	Expected number of guests:	Public <input type="checkbox"/>	Private Function <input type="checkbox"/>
Business Information			
Business Name:		Registry of Joint Stocks # If Applicable:	
Event Name:		Are you a Not-for Profit or Charity:	
Insurance Provider:		Policy Number and Expiry:	
Office Use Only			
Liquor License Required:	Staff Required:	Additional Insurance Required:	Parking Lot Barricades Needed:
Set up Details or Additional Information			
<p>PLEASE READ CAREFULLY BEFORE SIGNING: I understand that completing this form does not guarantee me a rental agreement with the Fisherman's Cove Development Association.</p>			
Name & Signature of applicant:			Date:
Name & Signature of co-applicant:			Date: