

Application For Use – Outdoor Facility Facility Scheduling PO Box 1749, Halifax, NS B3J3A5 311(phone) / 902-490-4588 (fax)

ORGANIZATION (If Applicable)				EVENT NAME					
TYPE OF EVENT				S	START DATE		END DATE		
CONTACT NAME				EMAIL					
ADDRESS		CITY				PROV	INCE	POSTAL CODE	
Home	Work	•	Cell			FAX			
ALTERNATE CONTACT NAME				EMAIL					
ADDRESS		CITY				PROVINCE		POSTAL CODE	
HOME	WORK	'	CE	CELL			FAX		
HAVE YOU BOOKED A MUNICIPAL FACILITY FOR THIS EVENT IN PREVIOUS YEARS?				IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?					
☐ YES ☐ NO									
FACILITY REQUESTED:	If unsure, please	e consult with sche	duling sta	aff for	recommendatio	ns.			
FACILITY		DAY	DAY			TIME			
DO YOU REQUIRE SERVICES FROM PARKS STAFF FOR DURING YOUR EVENT?				IF YES, PLEASE LIST					
YES	NO								
There may be additional costs charged to the client for any				nal					
services provided by munic	ipal staff.								
DO YOU PLAN TO REQU	JEST PERMIS	SION OF OR TH	E USE C	DF:					
TENT	□YES □ N		If yes, please ensure you receive permission from staff regarding						
	If yes, what s	installation and location.							



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DO YOU PLAN TO REC	UEST PERMIS	SION OF OR TH	IE USE OF:						
BEER GARDEN	If yes, we will require a copy of your liquor license and applicable insurance.								
BOUNCY CASTLES	☐ YES ☐ N	10							
PORTABLE TOILETS	☐ YES ☐ N	10	number of units Most municipal facilities do not have access to electricity. Please check with Scheduling Staff for availability at time of request.						
ELECTRICITY	☐ YES ☐ N	10							
OTHER	☐ YES ☐ N	10							
PLEASE SPECIFY "OT	HER"		•						
ANTICIPATED # OF PA	RTICIPANTS/A	TTENDEES							
WILL SPECTATORS BE	CHARGED	YES	NO	IF YES, LIS	T FEE(S)				
CLIENTS/EVENT ORGAN PORTABLE WASHROOMS WASHROOMS ON SITE, A etc. I ACKNOWLEDGE THAT THE SIGNED. In accordance with Section	S FOR YOUR EY AT YOUR EXPE	VENT ON ANY LENSE. Consultat	OCATION THE	HAT DOES Nade with Par	IOT CURRENTLY H ks staff re installatio	IAVE n location, placemer L A CONTRACT IS			
only be used by municipal for purposes relating to the about the collection and us	e use of the Mu	nicipal Facilities, al information, pl	unless otherv	vise noted or the Access a	n the form. If you hav	e any questions			
Signature				Date					
					Print	Save As			
Office Use Only:									
Staff Receiving:			1	Date:					