

**APPLICATION FOR PERMIT TO CONDUCT A:**

Select Event Type

EVENT INFORMATION***Organization:*****Event:****APPLICANT INFORMATION*****Applicant Name:*****E-mail:*****Mobile Phone:****Home/Office Phone:****Address:****ROUTE AND EVENT DETAILS*****Date of Event:*****Approx. Number of
Participants:*****Start Time:*****Finish Time:*****Start Location:*****Finish
Location:*****ROUTE (PROVIDE BRIEF DESCRIPTION OF STREETS/SIDEWALKS REQUESTED) & ATTACH A MAP IF YOU HAVE ONE:****Did this event occur last year?**Yes ☐No ☐

Your event will take place on the:

****Street** ☐Sidewalk ☐***=MANDATORY FIELD**

****** - Street events may not be approved as requested, may require municipal resources (police, traffic, etc.), may be limited to certain days and/or times or may be denied if deemed to negatively impact safety, traffic or transit. If municipal resources are required, costs may be incurred depending on location, day, time, etc.

COVID-19 Compliant Events on HRM property

All event activity held on HRM property must follow the Health Protection Act Order and public health directives and guidance to limit the spread of COVID-19. Each event organization is responsible for creating a COVID-19 compliant event plan that outlines what is being done to prevent the spread of COVID-19.

I hereby acknowledge that:

As the event organizer I must follow all of the current public health protocols in place, including gathering numbers as per the Public Health Order: [health-protection-act-order-by-the-medical-officer-of-health.pdf](https://www.healthprotectionactorderbythemedicalofficerofhealth.pdf) (novascotia.ca). I understand the event plan I submit may be subject to review by representatives of the Province of Nova Scotia, including Department of Labour and Advanced Education and Communities, Culture & Heritage.

By signing below the applicant hereby confirms that they have the authority to bind the event organizer, that all information included in this application is, to the best of their knowledge, correct at the time of submission and that the applicant/event organizer, shall comply with the municipality requirements of an applicant/event organizer as outlined in this application. If, after the applicant has signed this application, there is any change in the information provided, the applicant will provide an immediate update to Traffic Management.

Date

Application Witness Signature

Applicant Signature

Application Witness Name

Applicant Name

Please ensure all information is complete and return to:

Patrick Doyle, Senior Traffic Analyst

Email: doylep@halifax.ca

Mailing Address:

**Traffic Management PO Box 1749
Halifax, NS B3J 3A5**