



APPLICATION FOR PERMIT TO CONDUCT A:

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.

Return to:

Email: traffcom@halifax.ca

Traffic Management
PO Box 1749
Halifax, NS B3J 3A5

Fax: (902)490-6727