

**APPLICATION TO HOLD A SPECIAL EVENT
HIGHWAY TRAFFIC BY-LAW 2663/TR/21**



Applicant Information

Individual Corporation Organization Partnership Sole Proprietorship

Applicant / Organization Name: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

E-mail: _____

On-site Contact Name: _____ On-site Contact Number: _____

Details of Request

Type of Event: _____

Event Period: Date(s): _____ to _____

Time(s): _____ to _____

Requested Area: _____

Anticipated Number of Attendees: _____

Do you require a road closure? Yes No

If yes, when do you require the road to be closed? Time(s): _____ to _____

Other Requirements

A map of your proposed event area must be attached to your application. All applications should be completed and received by the **Town of Inuvik Municipal Enforcement Department THIRTY (30) DAYS PRIOR** to the event taking place.

A copy of your insurance policy and safety plan must be attached to this application or it will not be considered.

I have read the guidelines pertaining to Special Events and understand that failing to follow these guidelines may result in the cancellation of the event.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Date approved/denied/modified: _____

Event Authorized by: _____ Approved Denied Modified Approval
(list conditions below)

Conditions (if any):