

## EVENT ORGANIZER CHECKLIST FOR LIQUOR LICENSED EVENTS

This checklist must be signed and submitted to the Corporation of the City of Cambridge with all supporting information, at least 30 days before the event. (See the Municipal Alcohol Policy for additional information.)

**If the following requirements are not met, your contract will be in breach and a refund will not be issued**

1. Name of Event: \_\_\_\_\_
2. Location of Event: \_\_\_\_\_
3. Date and Time of Event: \_\_\_\_\_
4. Estimated Attendance: \_\_\_\_\_
5. Will persons under 19 years of age be attending this event?    Yes            No
6. Name of event organizer (the person and/or group sponsoring/hosting this event):  
\_\_\_\_\_
7. Name of Special Occasion Permit Holder (if applicable) and all official designates:

### **SOP Holder**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

### **Official Designates**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

8. A copy of the SOP permit has been provided?    Yes  
Date Received: \_\_\_\_\_
9. Proof of Liability Insurance has been provided?    Yes  
Date Received: \_\_\_\_\_

**Liability Insurance Certificate** should include the following:

- a. Liability Insurance Certificate in the amount of \$2,000,000.00 **naming** the Corporation of the City of Cambridge as “additional insured”
- b. Host Liquor liability Endorsement
- c. State the location and date of the event i.e. Cambridge Centre for the Arts, 60 Dickson Street, Cambridge, ON N1R 8N1, Toyota Room, 3rd Floor

10. The safe transportation strategies that will be used at this licensed event are:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

11. Type of identification for event workers (please describe)

12. List the names and certification numbers of the Smart Serve trained event workers for this licensed event:

Name	Certification Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. If applicable, list the names and security license numbers for Security Staff for this event: (Proof of certification must be available on request.)

Name	Security License Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. The undersigned (event organizer) has received the Municipal Alcohol Policy and has read and understood the information and requirements contained therein. Yes

Please note that if there is anything that you do not understand with respect to this Policy, it is your responsibility to contact the City of Cambridge staff (\_\_\_\_\_) to obtain clarification and understanding prior to signing this Event Organizer Checklist.

By signing this Event Organizer Checklist, the undersigned hereby agrees, on behalf of itself/himself/herself and on behalf of its/his/her partners, employees, volunteers, agents, executors, administrators and assigns, as the case may be, to comply with all of the obligations, terms and conditions of the Municipal Alcohol Policy.

Signed at \_\_\_\_\_, Ontario this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Name of Corporate Event Organizer (printed)**

**Corporate Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(I have the authority to bind the Corporation)

**OR**

\_\_\_\_\_  
**Name of Individual Event Organizer (printed)**

\_\_\_\_\_  
**Signature of Event Organizer**

\_\_\_\_\_  
**Name of Witness (printed)**

\_\_\_\_\_  
**Signature of Witness**