

SPECIAL EVENT APPLICATION FORM

THIS APPLICATION IS INTENDED FOR THE EVENTS TAKING PLACE AT THE FOLLOWING LOCATIONS:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> BC Place | <input type="checkbox"/> Pacific National Exhibition |
| <input type="checkbox"/> Rogers Arena | <input type="checkbox"/> Vancouver Convention Centre: |
| | ○ 999 Canada Place ○ 1055 Canada Place |

PLEASE PRINT CLEARLY

- TYPE OF EVENT: _____
- EVENT DURATION: _____

| | |
|------------|----------|
| START DATE | END DATE |
|------------|----------|
- HOURS OF OPERATION: _____ to _____ # OF PATRONS: _____
- EVENT ORGANIZER: _____ CONTACT PERSON: _____
- MAILING ADDRESS: _____
- PHONE NUMBER: _____ EMAIL: _____
- ADDITIONAL INFORMATION REQUIRED:

| | YES | NO |
|---------------------------|-----|----|
| Ticket Sales | | |
| Liquor Service | | |
| Retail Sales | | |
| Exhibit Only | | |
| Benefit Event | | |
| Food Service | | |
| On site parking available | | |
| Amplification | | |

OFFICE USE ONLY

APPROVALS REQUIRED: FIRE VPD BUILDING HEALTH

BUSINESS LICENCE # _____