EVENT APPLICATION

4165 Columbia Valley Highway
Cultus Lake BC V2R 5B5
604.858.3334
reception@cultuslake.bc.ca

ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED 90 DAYS PRIOR TO THE PROPOSED EVENT.

APPLICANT INFORMATION

Applicant Name(s):
1.
2.

Type of Organization: ☐ Not-for-Profit ☐ Registered Charity ☐ Indigenous Organization ☐ Other

Name of Organization:

Mailing Address:

Telephone Number:	Mobile Number:	Email Address:
1.	1.	1.
2.	2.	2.

EVENT INFORMATION

Mark with 'X' to request approved Event to be posted on Cultus Lake Park website ☐

Type of Event: ☐ Public Area Event ☐ Block Party Event ☐ Community Event

☐ Residential Lease Lot Event ☐ Commercial Lease Lot Event

Date(s): **Name of Event:**

Location(s) of Event: **Hours of Event:**

☐ Private Event ☐ Free Public Event ☐ Ticketed Public Event

EVENT DESCRIPTON

ESTIMATED ATTENDANCE

Participants: **Spectators:** **Staff/Volunteers:**

FIRST AID ON SITE ☐ YES ☐ NO

May be required depending on the scope of the Event. Certification verification may also be required.

SPECIAL REQUESTS

Any waiver, exemption or allowance not outlined in the current Cultus Lake Park Bylaws and all amendments, Administrative Policies, that requires consideration by the Board, and are subject to additional fees.

FOOD VENDOR ☐ YES ☐ NO

Type of Food Vendor(s). Provide Business Name if Applicable, Use a Separate Sheet if Needed:

Total Vendors: ☐ Serving Staff/Volunteers/Participants Only ☐ Serving the Public

LIQUOR SERVICE OR BEVERAGE GARDEN ☐ YES ☐ NO

Total Occupancy: ☐ Serving at No Cost ☐ Serving at a Cost

Location of Liquor Servicer or Beverage Garden. Please Attach a Map if in Public Area:

Fencing Details for Beverage Garden, if Applicable, Include Height, Type, # of entrances and Emergency Exits:

Hours of Operation of Liquor Service or Beverage Garden:

Security Company Name: **Lead Officer Contact Name:**

Phone: **Email:**

HIGHWAY CLOSURE

Highway has the same meaning as in the *Motor Vehicle Act* (British Columbia)

☐ Partial Highway Closure(s) ☐ Full Highway Closure(s) ☐ No Closure

Hours of Road Use:

Location of Road Closure. Please Attach a Map and Include Route Information, if Applicable:

Duration of Delays, if Applicable:

Duration of Closure, if Applicable:

ADDITIONAL REQUESTS

Please note the following additional requests are subject to approval by the CAO or Designate prior to Event.

AMPLIFIED SOUND / MUSIC: ☐ YES ☐ NO **HOURS OF USE:**

LOCATION OF USE:

Additional Comments:

GENERATOR: ☐ YES ☐ NO **HOURS OF USE:**

LOCATION OF USE: **BEING USED FOR:**

ADDITIONAL REQUESTS: The following additional requests may be subject to additional fees and/or approval from the CAO or Designate. Check all that apply.

Washrooms Open Early	☐	**Time:**
Washrooms Closed Late	☐	**Time:**
Parking Lot Gates Open Early	☐	**Time:**
Parking Lot Gates Closed Late	☐	**Time:**
Additional Portable Washrooms	☐	**Quantity:**
Garbage Bin Rental	☐	**Quantity:**
Swim Line Installation / Removal	☐	
Community Hall	☐	**Dates:**
Gazebo(s) ☐ **A** ☐ **B** ☐ **C**	☐	**Dates:**
Tent Rental		
10 x 10	☐	**Quantity: (Up to four (4), subject to availability)**
20 x 20	☐	**Quantity: (Up to two (2), subject to availability)**
Table Rentals (3' x 8')	☐	**Quantity:**
Filming	☐	

<u>Staf f to determine if any of the following is applicable:</u>

Use of Additional Areas
Additional Park Staff Services
Parking Arrangements
Clean Up Fees
Temporary Private Land Use Designation Change
Noise Exemption (Quiet hours are between 11:00 pm and 7:00 am)

ADDITIONAL COMMENTS:

By signing below, I acknowledge that I have read and understand the Cultus Lake Park Event Bylaw No. 1255, 2025, and that the information provided is accurate. I accept all liability and responsibility for organizing and hosting an Event within Cultus Lake Park. I understand that it is my responsibility to provide the Park office with the following no less than five (5) days prior to the Event date:

i. Comprehensive General Liability Insurance policy of not less than $5,000,000 naming "*Cultus Lake Park*" as an Additional Insured (located at 4165 Columbia Valley Hwy, Cultus Lake, BC V2R 5B5);

ii. Payment of all Event Fees and Refundable Security Deposit; and

iii. A copy of any and all other required permits or certificates, as required.

I also acknowledge that I am responsible for any and all costs for clean up, or repairs, of the Park property and infrastructure resulting from this Event per Section 5.1 (a) through (d), of the Event Bylaw No. 1255, 2025.

Applicant Signature: X	**Date:**
Applicant Signature: X	**Date:**

REQUIREMENTS CHECKLIST (OFFICE USE):

◯	Event Application Complete		
◯	Event Application Fee Received. Receipt #		
◯	Map of Event Submitted		
◯	Security Plan Submitted		
◯	Report to Board Submitted		
◯	Approved: YES / NO	By:	Date:
◯	Approval Letter Sent		
◯	Site Visit Scheduled	Date:	Completed On:
◯	Insurance Received		
◯	Event Fees Received	Receipt #:	
◯	Fraser Health Certificate Submitted		
◯	First Aid Certificate Submitted		
◯	BCLCLSEP and SIR Certificates Received		
◯	Security Deposit Received On:		By: Cheque / Credit Card
◯	Public Works Site Inspection Complete		
◯	Closing Letter Sent		
◯	Security Deposit Reimbursed / Released On:		By: Cheque / Credit Card

Additional Requests or Comments: