



**PARKS AND RECREATION BRANCH**  
 APPLICATION TO USE CITY OF OTTAWA HALLS, SPECIAL STUDIOS & GYMNASIUMS  
 Please complete **ALL** information requested on this form.

**GENERAL INFORMATION**

<b>Date of Application:</b>		<b>Name of Organization:</b>	
Organization Address (contracts/invoices/receipts):		Apt.:	Telephone (office):
City:	Province:	Postal Code:	Fax:
<b>E-MAIL for Contracts/Invoicing/Receipts :</b>			
<b>Name of Primary Contact (i.e. President):</b>			
Address:		Apt.:	Telephone (home):
City:	Province:	Postal Code:	Telephone (office):
<b>E-MAIL :</b>			Fax:
<b>Name of Secondary Contact:</b>			Telephone (home):
Address:		Apt.:	Telephone (office):
City:	Province:	Postal Code:	Fax:
<b>E-MAIL :</b>			

**PLEASE NOTIFY CITY STAFF WHEN THERE IS A CHANGE IN YOUR CONTACT INFORMATION**

**Please categorize the activity that you will be performing under one of the following classifications:**

Meeting/Program      Special Event Without Liquor      Special Event With Liquor      Trade Show      Consumer Sale

Please describe the details of the activity: \_\_\_\_\_

**Please classify your organization in one of the following categories:**

Non-profit Organization    Non-Profit Number (if available) \_\_\_\_\_      Private      Commercial      School Board

**REQUESTS**

**Room/FACILITY**

Room (e.g. 1 <sup>st</sup> Floor Main Room)	Dates (From/To)	Time (From/To) (Including set-up/take down times)	Total Number of Hours Requested (Including set-up/take down times)

Have you had a permit in previous years?      Yes      No      If yes, please indicate a permit number: \_\_\_\_\_

## INFORMATION SPECIFIC TO HALLS

**Music?** Yes No **If yes:** Live D.J. **Do you require Insurance?** Yes No  
(If unsure please ask staff)

**Special Occasion (Liquor) Permit?** Yes No

**Size of Room** (Price is Based on size of room) \_\_\_\_\_ **# of participants** \_\_\_\_\_ Female Male Mixed

**Special Equipment needed:** Yes No **If yes please specify:** \_\_\_\_\_

**Do you require any special arrangements (access time, set-up, take-down, decoration, delivery, catering, music, etc.) or equipment for your event?** Yes No

If yes, please explain: \_\_\_\_\_

### Freedom of Information Statement

Personal information is collected on this form pursuant to s. 11(1)(5) of the Municipal Act, 2001, S.O. 2001, c.25, and will be used for the purposes of processing your application and management of the City of Ottawa recreation and culture programs. Questions regarding this collection may be addressed to Allocations/Registrations at 580-2595, Parks and Recreation Branch, 101 Centrepointe Drive, Ottawa, Ontario, K2G 5K7.

I hereby declare that the information provided is to the best of my knowledge, accurate, and that the City of Ottawa reserves the right to verify such information. Any application submitted providing false information could cancel any privileges granted under this application and disqualify the applicant for further eligibility.

Signature of Applicant: \_\_\_\_\_

**PLEASE NOTE THAT THIS APPLICATION IS SUBJECT TO APPROVAL  
BEFORE AN OFFICIAL PERMIT IS ISSUED.**

Once you have filled out this form, either:

- Print, sign and mail it (mailing address, below)
- Fill it on your computer (you'll need Microsoft Word or a word processor that can edit Microsoft Word Documents or you'll need a PDF editor) and email it to KBCA (kbca.centre.bookings@gmail.com)

Once the KBCA has accepted your application and Insurance has been arranged, you'll need to pay in advance (for a single event) or monthly (bookings over several months). Note, information on cheques for KBCA/City of Ottawa provided insurance will be covered separately

Make rental cheques payable to:

Kanata Beaverbrook Community Association

Mail rental cheques to the following address, and please include this (application) form:

Kanata Beaverbrook Community Association  
106 - 2 Beaverbrook Rd.  
Ottawa, ON, K2K 1L1