



Event of Municipal Significance Application

Municipal Law Enforcement and Licensing Services
50 Centre Street South
Oshawa ON L1H 3Z7

Last Name	Given Name(s)
Address (including postal code)	
Email	
Organization Name	Event Name
Home Phone	Business Phone
Event Location	Event Date(s)
Estimated Attendance	Event Time(s)

Please draw a map of the chosen venue in the space provided

I hereby declare that I have the authority to submit this request on behalf of the above organization.

Signature of Applicant	Date
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Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used to determine the eligibility of requests for an event of municipal significance and contact applicants regarding the status of their request. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

For Internal Use Only

Date application received:

Exemption Decision Approved Denied

Director's Signature

Date:

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