



City of Sault Ste. Marie
Permits Where Alcohol Will Be Served

NOTE: All signatures of approval must be provided on one original form.

Name of Group/Organization \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Site: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Time of Beer Garden: \_\_\_\_\_

Security Company (if applicable): \_\_\_\_\_

Security Contact: \_\_\_\_\_ Security Telephone No. \_\_\_\_\_

Name of Permit/Licence Holder

Name of Identified Designate

Address of Permit/Licence Holder

Address of Identified Designate

Telephone/E-Mail

Telephone/E-Mail

Signature of Official for Approval

Table with 6 columns for signatures: 1 Sault Ste. Marie Police Service, 2 Sault Ste. Marie Fire Services Fire Prevention Office, 3 Building Division (for a tent or marquee only), 4 Algoma Public Health Environmental Health, 5 CDES Director of Community Services, 6 City Clerk

TO BE POSTED AT EVENT.

cc: Signatories

**CERTIFICATION:**

- 1) The Permit/Licence Holder and/or organization has received and reviewed a copy of the City of Sault Ste. Marie Alcohol Risk Management Policy with the appropriate staff representative.
- 2) The Permit/Licence Holder agrees to adhere to the conditions of this policy and the Liquor Licence Act of Ontario.
- 3) The Permit/Licence Holder understands that if an infraction of the Policy occurs, the City may warn or suspend the organization from using the facilities for a period of one year.
- 4) The Permit/Licence Holder understands they can be held liable for injuries and damage arising from failing to adhere to the Liquor Licence Act of Ontario, or from otherwise failing to take action that will prevent foreseeable harm from occurring.
- 5) The Permit/Licence Holder understands that the Police and/or Liquor Licence Inspector can lay charges for infractions of the Liquor Licence Act of Ontario or other relevant legislation.

**SMART SERVE TRAINED STAFF**

| Name | Shift Hours | Smart Serve Number |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**SIGNATURE:**

|                                |                   |               |
|--------------------------------|-------------------|---------------|
| _____<br>Executive Officer     | _____<br>Position | _____<br>Date |
| _____<br>Executive Officer     | _____<br>Position | _____<br>Date |
| _____<br>Permit/Licence Holder |                   | _____<br>Date |
| _____<br>Identified Designate  |                   | _____<br>Date |
| _____<br>C.S.D. Representative | _____<br>Position | _____<br>Date |