

**APPLICATION FOR AUTHORIZATION OF AN EVENT**

Application No: .....  
Account No: (40410-110)  
Dated: .....

Ref: Harbour Master Office  
Tel. (416) 462-3937  
Fax (416) 462-1612  
Email: cmarshall@torontoport.com  
mriehl@torontoport.com

THIS APPLICATION is for authorization to conduct an Event in Toronto Harbour

Name of Applicant: \_\_\_\_\_

Event Date/s: \_\_\_\_\_ Time/s: \_\_\_\_\_

Event Location: \_\_\_\_\_

Description of any Special Requirements: (please attach Safety Plan and Diagram if placing markers)

*(add separate sheet if necessary)*

The provision of false or misleading information will result in authorization being withdrawn by TPA.

THIS APPLICATION form, duly completed, must be returned to the Harbour Master's office for review, together with Administration Fee as stated (payable to the Toronto Port Authority) and signed Waiver of Claims form, prior to any Permission Permit granted.

- \_\_\_ Proof of adequate liability insurance coverage with the "TORONTO PORT AUTHORITY AND HER MAJESTY IN RIGHT OF CANADA" added as an additional insured, must be provided prior to the event in question. The applicant will notify the TPA in the event that the policy is amended or cancelled.
- \_\_\_ Deposit of performance bond or damage security in the form of a certified cheque, payable to the Toronto Port Authority, to be determined as required.
- \_\_\_ Safety Plan attached.

\_\_\_\_\_  
**Authorized Signature of Group/Organization  
(if not a legal entity, Signature of individual/s  
assuming personal responsibility)**

**Print Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Tel.** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

(HST Reg. No. 108122458RT)

Note: Fee waived if Registered Charity.  
Charity Reg. No. (if applicable):

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