

APPLICATION FOR AUTHORIZATION OF AN EVENT / ACTIVITY

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

Ref: Harbour Master's Office
Tel.: (416) 462-3937
Fax: (416) 462-1612
Email: ldraper@portstoronto.com
 mriehl@portstoronto.com

THIS APPLICATION is for authorization to conduct an Event / Activity in the waters in the jurisdiction of the Toronto Port Authority.

Name of Applicant: _____

Event / Activity Date/s: _____ Time/s: _____

Event / Activity 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The provision of false or misleading information will result in authorization being withdrawn by TPA.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 and specific 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 work in question. Insurance also to include a Cross Liability clause and a Severability of Interest clause. Wreck Removal may be required as necessary. The applicant will notify the TPA in the event that the policy is amended or cancelled.

_____ Safety Plan attached.

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

Print Name and Address:

(HST Reg. No. 108122458RT)

Note: Fee waived if Registered Charity.

Charity Reg. No. (if applicable)

Tel. _____ **Fax** _____

E-Mail _____
