

Applicant Ir	nformation	
Name of Event	::	
City:		
Contact Name:		Position:
Phone Number (days):		Phone Number (evenings):
Email:		Website:
Type of Organ	ization:	
	□ Not-for-profit	Incorporation #:
	☐ Charitable Organization	Registration #:
	Other (please specify):	

### Waiving of Fees

The City of Niagara Falls will waive fees that would have been charged by the City for eligible non-profit groups or organizations that provide programs, services or events that are of a general benefit to the community. Fee Waiver Policy (700.22) is to ensure that the City's support of functions and events through the waiving of fees is facilitated in a fair and equitable manner and does not burden the City's annual operating budget.

Examples of City fees that can be waived include, but are not limited to:

- Park permit fees
- Rental of City Property
- Road Closure Fees
- Staffing costs outside normal operations

The City of Niagara Falls Rates & Fees can be found on the City's website at: https://niagarafalls.ca/pdf/by-laws/schedule-of-fees.pdf

Note: Insurance fees will not be waived.



### Form Submission Information

Applications can be submitted by email to: clerk@niagarafalls.ca

In person or by mail to: City Hall

4310 Queen Street

Niagara Falls, ON L2E 6X5

Clerks Department

Hours: 8:30am - 4:30pm

Activity or Event Information						
Amount of Request:						
Fees to be Waived (i.e. facility rental, park permit, etc.):						
Dates and Times:						
Purpose of Event:						
Number of People Expected:						
Are you serving food?	Are you serving alcohol?					
Activity or Event Description						
How will your activity or event enhance recreation and community services in the City of Niagara  Talla?						
Falls?						
avent will be a sea the City and its maridants						



3. What will the impact on the event be if the fee is I	not waived?			
<b>4.</b> Are you seeking funding from any other sources?	(Fundraising, grants, sponsorships)			
5. What features will you have in place to ensure that	at your event is accessible to all residents (residents			
5. What features will you have in place to ensure that your event is accessible to all residents (residents with disabilities)?				
,				
Application Checklist				
Please submit one copy of each of the following documen	ts.			
Mandatory Documents				
<ul> <li>A detailed budget, showing revenues and expendi</li> </ul>	tures			
□ Documents relating to City rental permit (if applica	hle):			
Dates, times and location of event	oic).			
All City fees associated with the event				
<b>3,</b> ,				
□ Confirmation letter from charity (if applicable):				
<ul> <li>For special events whereby a portion or all of the proceeds are being donated to charity, a</li> </ul>				
confirmation letter from that charity must a	company the application			
Family target Hand Online				
For Internal Use Only:	Δ			
Please list the cost of all fee waivers requested on page	2: Amount (\$)			
Completed by: Signature Si	gnature:			



### **Authorization for Application**

On behalf of, and with the authority of, the above-mentioned organization, we certify that the information given in this application for waiving of City fees is true, correct and complete in every respect.

Signature of Senior Staff Person	Name and Title	Date
Signature of Board Chair/Representative	Name and Title	 Date

#### **Personal Information Consent**

Personal information, as defined in **the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)**, is collected under the authority of the **Municipal Act**, **2001**, **as amended**, and in accordance with MFIPPA. Personal information collected on this application form will be used to assist in granting fee waivers and will be made available to the members of City Council and staff and used for administrative purposes. Information collected may be subject to disclosure in accordance with the provisions of MFIPPA. The City reserves the right to verify all information contained in submissions.

Questions regarding the collection, use and disclosure of this personal information may be directed to the City Clerk, Bill Matson, at bmatson@niagarafalls.ca

By completing this application form, you consent to the collection and disclosure of your personal information, and to its use by the City of Niagara Falls, as described above.