THE MUNICIPALITY OF
LAMBTON SHORES

WEDDING RECEPTION INFORMATION FORM

Please submit this completed form at least two weeks prior to the event taking place. Completed forms can be dropped off at the Municipal Office located at 9577 Port Franks Road or emailed to events@lambtonshores.ca .

GENERAL INFORMATION

Event Contact 1:	Email:
Daytime Phone:	Mobile:
Alternate Event Contact Person for the Day:	Email:
Daytime Phone:	Mobile:

Legacy Centre – Thomas Hall + Kitchen + Bar	Booking Dates (MM/DD/YYYY)	Start Time	End Time
Set Up			
Event			
Clean Up			

If additional time is needed for the set up or clean-up, contact the Community Services Department at 519-243-1400, option 3 to check on availability. Rental fees will be charged for additional time.

EVENT DETAILS

GUESTS

Number of Guests Attending:
Dinner: _____
Additional Guests After Dinner: _____

SET UP

Number of tables requested:
☐ Round (72" Diameter): _____
☐ Rectangular (2.5' wide X 8' long): _____

Number of chairs requested:

Do you want the stage set up?
☐ Yes
☐ No

If yes, where would you like it located?
☐ In between the windows
☐ On the wall opposite the windows
☐ Other (describe):

Do you need a screen?
Note: you would be required to provide your own video equipment if you want to live stream sports or show a slide show
☐ Wall Mounted Screen
☐ Portable Screen

Do you need a microphone for announcements? ☐ Yes ☐ No

Do you need a podium? ☐ Yes ☐ No

MUSIC

Music ☐ Live ☐ DJ ☐ Personal Playlist

If the music is Live or a DJ, do they have any special requirements?
Note: Facility sound system is Bluetooth compatible. Live Bands may have other special requirements.

DECORATOR

Do you have a decorator? ☐ Yes ☐ No

If yes, provide the decorator's name and contact number:

Name: _____ Contact Number: _____

Will they require a tour of the facility before the event? ☐ Yes ☐ No
Municipal staff will contact them to set up the tour if one is required.

Will they require assistance from Lambton Shores' staff with ceiling decorations? ☐ Yes ☐ No

FOOD & DRINK

Is your event being catered? ☐ Yes ☐ No

If yes, provide the caterer's name and contact number:

Name: _____ Contact Number: _____

Will they require a tour of the kitchen before the event? ☐ Yes ☐ No
Municipal staff will contact them to set up the tour if one is required.

Do you have different caterer for your late lunch? ☐ Yes ☐ No

If yes, provide the caterer's name and contact number:

Name: _____ Contact Number: _____

Will they require a tour of the kitchen before the event? ☐ Yes ☐ No
Municipal staff will contact them to set up the tour if one is required.

Have you obtained the Special Occasion Permit (SOP) from the Alcohol and Gaming Commission of Ontario (AGCO) or a Caterer's Endorsement (CE) from your caterer?
☐ Yes ☐ No

The SOP must be obtained through the AGCO's online portal https://www.iagco.agco.ca/prod/pub/#

Has a copy of the SOP or CE been forwarded to the Municipality? ☐ Yes ☐ No
Email the approved permit to events@lambtonshores.ca.

Has the Municipal Alcohol Policy has been reviewed with Lambton Shores' staff and the person listed on the SOP or CE?
☐ Yes ☐ No
Call 519-243-1400, option 3 to make an appointment to review the policy with staff once the approved SOP has been received.

Will you be purchasing general liability insurance (including alcohol liability) from the Municipality? ☐ Yes ☐ No
If yes, Lambton Shores' staff will provide you with a quote once the SOP has been received. The insurance certificate will be forwarded to you after payment has been received.

If no, forward a copy of the certificate showing proof of at least $2 million in general and alcohol liability insurance (per occurrence) for the event. Please ensure the Municipality of Lambton Shores, 9577 Port Franks Rd, Thedford, ON is named as an additionally insured party on the policy.

Other Requests or Questions:

Cancellation Policy:

a. Cancellation notice must be received by the Community Services Department in writing at least two (2) weeks prior to the event taking place. Failure to do so will result in the licensee being billed for the scheduled time.

b. Cancellation notice is not required in unforeseen circumstances beyond the licensee's control such as weather conditions; however, the licensee must contact the Community Services Department as soon as licensee becomes aware that they will not be using their booked facility time.

Signature of Licensee: _____ **Date:** _____

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information collected on this form will be used for the purpose of the administration of a special event at a facility in the Municipality of Lambton Shores.

If you have questions about this form, please contact the Municipality of Lambton Shores – Community Services Department at 519-243-1400, option 3 or events@lambtonshores.ca. If you have questions about the collection; use, and disclosure of this information, contact the municipal Director of Corporate Services at 519-243-1400, x 8414.

Request for consent: Canada's anti-spam legislation requires us to secure your consent to continue communicating with you electronically. To allow us to continue providing information that is relevant to you and your business/organization, please confirm your consent by initialing here: _____.

Office Use:

Item	***Date***	***Staff Initials***
Completed Form Received		
Proof of Insurance Received (General and Alcohol Liability)		
Special Occasions Permit Received		
Municipal Alcohol Policy Reviewed		
Facility staff have been notified		