

## Application for a Noise By-law Exemption This form is authorized under By-law 2002-09

MOUL				
Application number:	For use by Principal A	Authority Exemption number (if	different):	
Date received:		Roll number:		
32	DWN OF THE BLUE MC Mill Street Box 310, T 99-3131 Toll Free: 1-88 uemountains.ca	hornbury, ON		
A. Event Location (Location of the event		d)		
Building number, street name 201 Scenic	Caves Rd.	Unit number	Lot/con.	
Postal code L9Y 0V2		Plan number/othe	er description	
B. Applicant Applicant is:	Owner or ✓	Authorized agent o	of owner	
Last name BAILEY	First name KAITLIN	Corporation or pa		
Street address 190 GORD CANNING		BLUE MOUNTAIN RE	Unit number	Lot/con.
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ONT	ARIO
Telephone number (705) 445-0231	Fax (705) 444-175			
C. Owner (if different from applicant)			_1	
Last name BLUE MOUNTAIN RESORT	First name	Corporation or pa BLUE MOUNTAIN RES		
Street address 190 GORD CANNING		BLUE MOUNTAIN RES	Unit number	Lot/con.
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ON	FARIO
(705) 443-0231	E-Ma			
D. Event Type (Other events may be con	sidered at the sole discr	etion of Council)		
Charitable Event W	edding/ Family Gathering	Construction	Related	✓ Other
E. Event Details				
Event Name (if applicable):		Date of the Event:	Time of the Eve	ent:
Esri Canada Tech Trek 2025		June 12, 2025	5:00pm - 8:	00pm
Does the Event promote charitable, educationa	l or community objectives?		Yes	✓ No
Does the Event support the community provinci	ally, nationally or internatio	nally?	Yes	✓ No
Is the Event financially supported by the Town?			Yes	✓ No
Have there been any prior noise by-law infraction	ons associated with this eve	ent?	Yes	✓ No
Description of the source of sound:				• • • •
DJ				
Proposed provisions to mitigate impact of noise	to affected residential prer	nises <sup>.</sup>		
NATURAL SURROUNDINGS - TRI				
Reasons the noise by-law exemption should be	support (in the applicant's	opinion)		
SUPPORTING LOCAL BUSINESS	ES			
F. Declaration of Applicant (Note: if own	er is not the applicant attac	h the "Authorization to A	Act as Agent" form	)
KAITLIN BAILEY				ertify that:
(print name)				,
the information contained in this application; att documentation is true to the best of my knowled corporation or partnership.				
02/11/2025				
03/11/2025		Signature of	famlicant	
		Signature of	applicant	
Note:	ll be submitted	of eight (9) weeks in	advance of the	anaged over
<ol> <li>Every application for an exemption sha</li> <li>Every person who contravenes any pro-</li> </ol>				
conviction is liable to a penalty as prov			use is guilty of all	



C F MOUL			
Application number:	Authority Exemption number (if	different):	
Date received:	Roll number:		
Application submitted to: TOWN OF THE BLUE MO			
32 Mill Street Box 310, T			
Tel: (519) 599-3131 Toll Free: 1-8		19	
bylawinfo@thebluemountains.ca	www.thebluemountai	ns.ca	
A. Event Location (Location of the event relief is being requested	d)		
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.	
Postal code L9Y 0V2	Plan number/othe	er description	
B. Applicant Applicant is: Owner or			
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE		
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO	
Telephone number 445-0231 Fax (705) 444-175	1		
C. Owner (if different from applicant)			
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa BLUE MOUNTAIN RES		
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO	
Telephone number 443-0231 E-Mai			
D. Event Type (Other events may be considered at the sole disc	retion of Council)		
Charitable Event Wedding/ Family Gathering	Construction	Related  ✓ Other	
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Primaris Retreat - June 2025	June 16, 2025	5:00pm - 11:00pm	
Does the Event promote charitable, educational or community objectives?	,	Yes 🗸 No	
Does the Event support the community provincially, nationally or internation	Yes 🗸 No		
Is the Event financially supported by the Town?	Yes 🗸 No		
Have there been any prior noise by-law infractions associated with this ev	Yes 🗸 No		
Description of the source of sound:			
DJ			
Proposed provisions to mitigate impact of noise to affected residential pre	mises:		
NATURAL SURROUNDINGS - TREES, ROCK WALL,	ETC.		
Reasons the noise by-law exemption should be support (in the applicant's	opinion)		
SUPPORTING LOCAL BUSINESSES			
F. Declaration of Applicant (Note: if owner is not the applicant attac	ch the "Authorization to A	Act as Agent" form)	
KAITLIN BAILEY		certify that:	
(print name)			
the information contained in this application; attached schedules, attached documentation is true to the best of my knowledge. If the owner is a corpor corporation or partnership.			
03/11/2025			
 Date	Signature of	fapplicant	
Note:	Signature of		
<ol> <li>Every application for an exemption shall be submitted a minimur</li> </ol>	n of eight (8) weeks in	advance of the proposed event	
<ol> <li>Every person who contravenes any provision of the Noise By-law</li> </ol>			
conviction is liable to a penalty as provided in the Provincial Offer			



For use by Principal Authority				
Application number:	oplication number: Exemption number (if different):			
Date received:	Roll number:			
Application submitted to: TOWN OF THE BLUE MOUNTAINS				
32 Mill Street Box 310, T	hornbury, ON			
Tel: (519) 599-3131 Toll Free: 1-88				
	www.thebluemounta	INS.Ca		
A. Event Location (Location of the event relief is being requested Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.		
Destal and	Plan number/oth	er description		
Postal code L9Y 0V2 B. Applicant Applicant is: Owner or ✓		•		
Last name BAILEY	Corporation or pa			
BAILE Y KATTLIN	BLUE MOUNTAIN RE			
Street address 190 GORD CANNING DRIVE	Destal as de			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO		
Telephone number (705)         445-0231         Fax (705)         444-175	1			
C. Owner (if different from applicant)				
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa BLUE MOUNTAIN RES			
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.		
Municipality TOWN OF BLUE MOUNTAINS	Postal code	Province ONTARIO		
Telephone number (705) 443-0231 E-Mail				
D. Event Type (Other events may be considered at the sole discr	etion of Council)			
Charitable Event Vedding/ Family Gathering	Construction	Related Other		
E. Event Details				
Event Name (if applicable):	Date of the Event:	Time of the Event:		
Downey and Espinosa Wedding	June 20, 2025	4:00pm - 1:00am		
Does the Event promote charitable, educational or community objectives?		Yes ✓ No		
Does the Event support the community provincially, nationally or internatio	Yes 🗸 No			
Is the Event financially supported by the Town?	Yes ✓ No			
Have there been any prior noise by-law infractions associated with this event?				
Description of the source of sound:				
DJ				
Proposed provisions to mitigate impact of noise to affected residential pren				
NATURAL SURROUNDINGS - TREES, ROCK WALL,	ETC.			
Reasons the noise by-law exemption should be support (in the applicant's	opinion)			
SUPPORTING LOCAL BUSINESSES/WEDDING				
F. Declaration of Applicant (Note: if owner is not the applicant attack	h the "Authorization to /	Act as Agent" form)		
KAITLIN BAILEY		certify that:		
(print name)				
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03/11/2025				
	Signature o	f applicant		
Note:	<b>U</b>			
1. Every application for an exemption shall be submitted a minimum	n of eight (8) weeks in	advance of the proposed event.		
<ol> <li>Every person who contravenes any provision of the Noise By-law</li> </ol>				
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Date received:	Roll number:			
Application submitted to: TOWN OF THE BLUE MO 32 Mill Street Box 310, T				
Tel: (519) 599-3131 Toll Free: 1-8		49		
bylawinfo@thebluemountains.ca	www.thebluemounta			
A. Event Location (Location of the event relief is being requested	d)			
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.		
Postal code L9Y 0V2	Plan number/othe	er description		
	Authorized agent of	of owner		
Last name BAILEY First name KAITLIN	Corporation or pa			
Street address 190 GORD CANNING DRIVE	BLUE MOUNTAIN RE	Unit number Lot/con.		
Municipality TOWN OF BLUE MOUNTAINS	Postal code	Province ONTARIO		
Telephone number (705)         445-0231         Fax (705)         444-175				
C. Owner (if different from applicant)				
Last name BLUE MOUNTAIN RESORT	Corporation or pa			
Street address 190 GORD CANNING DRIVE	BLUE MOUNTAIN RES	Unit number Lot/con.		
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO		
Telephone number (705) 443-0231 E-Mail				
D. Event Type (Other events may be considered at the sole disc	retion of Council)			
Charitable Event 🗸 Wedding/ Family Gathering	Construction	Related Other		
E. Event Details				
Event Name (if applicable):	Date of the Event:	Time of the Event:		
Carruthers and Riddell Wedding July 4, 2025 4:00pm - 1:00am				
Does the Event promote charitable, educational or community objectives?		Yes ✓ No		
Does the Event support the community provincially, nationally or internationally? Yes 🗸 No				
Is the Event financially supported by the Town? Yes 🗸 No				
Have there been any prior noise by-law infractions associated with this event? Yes 🗸 No				
Description of the source of sound:				
DJ/Band				
Proposed provisions to mitigate impact of noise to affected residential pre	mises:			
NATURAL SURROUNDINGS - TREES, ROCK WALL,				
NATURAL SURROUNDINGS - TREES, RUCK WALL,	ETC.			
Reasons the noise by-law exemption should be support (in the applicant's	opinion)			
SUPPORTING LOCAL BUSINESSES/WEDDING				
F. Declaration of Applicant (Note: if owner is not the applicant attac	h the "Authorization to A	Act as Agent" form)		
KAITLIN BAILEY		contifu that		
(print name)		certify that:		
the information contained in this application; attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
03/11/2025				
	0!	formligent		
Date	Signature o	or applicant		
Note:				
<ol> <li>Every application for an exemption shall be submitted a minimur</li> <li>Every application of the event statement of the Naire Dulue</li> </ol>				
<ol> <li>Every person who contravenes any provision of the Noise By-law conviction is liable to a penalty as provided in the <i>Provincial Offer</i></li> </ol>		ded is guilty of an offence and on		



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Application number:	Exemption number (i	if different):		
Date received:	Roll number:			
Application submitted to: TOWN OF THE BLUE MO				
32 Mill Street Box 310, T				
Tel: (519) 599-3131 Toll Free: 1-8	•	249		
bylawinfo@thebluemountains.ca	www.thebluemounta			
A. Event Location (Location of the event relief is being requeste	d)			
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.		
Postal code L9Y 0V2	Plan number/oth	ner description		
B. Applicant Applicant is: Owner or	Authorized agent	of owner		
Last name BAILEY First name KAITLIN	Corporation or p			
Street address 190 GORD CANNING DRIVE	BLOE MOONTAIN R	Unit number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONT	ARIO	
Telephone number (705)         445-0231         Fax (705)         444-175				
C. Owner (if different from applicant)	<u> </u>			
Last name BLUE MOUNTAIN RESORT First name	Corporation or p	artnership		
	BLUE MOUNTAIN RE	Unit number	Lot/con.	
Street address 190 GORD CANNING DRIVE	Destal as de	Denvisor		
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONT	ARIO	
Telephone number 443-0231 E-Mail				
D. Event Type (Other events may be considered at the sole disc	retion of Council)			
Charitable Event Vedding/ Family Gathering	Construction	n Related	Other	
E. Event Details				
Event Name (if applicable): Date of the Event: Time of the Event:				
Reza Manriquez & Ortega Wedding	August 1, 2025	4:00pm - 1:0	0am	
Does the Event promote charitable, educational or community objectives?		Yes	✓ No	
Does the Event support the community provincially, nationally or internation	onally?	Yes	✓ No	
Is the Event financially supported by the Town?			✓ No	
			✓ No	
Description of the source of sound:			•	
DJ/Band				
Proposed provisions to mitigate impact of noise to affected residential pre				
NATURAL SURROUNDINGS - TREES, ROCK WALL,	ETC.			
Reasons the noise by-law exemption should be support (in the applicant's	opinion)			
SUPPORTING LOCAL BUSINESSES/WEDDING				
F. Declaration of Applicant (Note: if owner is not the applicant attac	h the "Authorization to	Act as Agent" form)		
KAITLIN BAILEY		се	rtify that:	
(print name)				
the information contained in this application; attached schedules, attached				
documentation is true to the best of my knowledge. If the owner is a corporation or partnership.	oration or partnership, I	have the authority to	bind the	
03/11/2025				
	Signature	of applicant		
Note:	Signature	σταρριτσατιε		
	n of oight (9) works in	advance of the second	acced event	
<ol> <li>Every application for an exemption shall be submitted a minimum</li> <li>Every application of a system of the Neise Parket</li> </ol>				
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Date received:	Roll number:				
Application submitted to: Application submitted to: 32 Mill Street Box 310, T Tel: (519) 599-3131 Toll Free: 1-84 bylawinfo@thebluemountains.ca	hornbury, ON				
A. Event Location (Location of the event relief is being requested					
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.			
Postal code L9Y 0V2	Plan number/oth	er description			
	Authorized agent of				
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE				
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO			
Telephone number (705)         445-0231         Fax (705)         444-175	1				
C. Owner (if different from applicant)					
Last name BLUE MOUNTAIN RESORT	Corporation or pa BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO			
Telephone number (705) 443-0231					
D. Event Type (Other events may be considered at the sole discr	retion of Council)				
Charitable Event Vedding/ Family Gathering	Construction	n Related Other			
E. Event Details					
Event Name (if applicable):Date of the Event:Time of the Event:Google Canada 2025 OffsiteAugust 11, 20256:00pm - 9:00pm					
Does the Event promote charitable, educational or community objectives?		Yes ✓ No			
Does the Event support the community provincially, nationally or internatio	nally?	Yes 🗸 No			
Is the Event financially supported by the Town?	Yes 🗸 No				
Have there been any prior noise by-law infractions associated with this event? Yes 🗸 No					
Description of the source of sound: DJ/Band					
Proposed provisions to mitigate impact of noise to affected residential prer	nises:				
NATURAL SURROUNDINGS - TREES, ROCK WALL,	ETC.				
Reasons the noise by-law exemption should be support (in the applicant's SUPPORTING LOCAL BUSINESSES/WEDDING	opinion)				
F. Declaration of Applicant (Note: if owner is not the applicant attac	h the "Authorization to ,	Act as Agent" form)			
KAITLIN BAILEY		certify that:			
(print name)					
the information contained in this application; attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.					
04/14/2025					
Date	Signature o	of applicant			
Note:					
1. Every application for an exemption shall be submitted a minimum	n of eight (8) weeks in	advance of the proposed event.			
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## Application for a Noise By-law Exemption This form is authorized under By-law 2002-09

Form BL574

CE MUC					
Application number:	For use by Principal /		ity nption number (if	different):	
Date received:		Roll number:			
Application submitted to: TC	WN OF THE BLUE MO		AINS		
32	Mill Street Box 310, T	hornb	oury, ON		
	99-3131 Toll Free: 1-8				
bylawinfo@theblu A. Event Location (Location of the event			thebluemountai	<u>ns.ca</u>	
Building number, street name 201 Scenic	Cauce Pd	<i>u)</i>	Unit number	Lot/con.	
Postal code L9Y 0V2	Caves Ru.		Plan number/othe	r description	
B. Applicant Applicant is:	Owner or	Aut	horized agent o	fowner	
Last name BAILEY	First name KAITLIN		Corporation or pa	rtnership	
			BLUE MOUNTAIN RES	SORTS LP Unit number	Lot/con.
Street address 190 GORD CANNING			Destal sede	Drevince	
Municipality TOWN OF BLUE MOUN			Postal code 9Y 3Z2	Province ON	TARIO
Telephone number (705) 445-0231	Fax (705) 444-175	1			
C. Owner (if different from applicant)	First name		Corporation or pa	rtnership	
Last name BLUE MOUNTAIN RESORT			BLUE MOUNTAIN RES		Lot/con.
Street address 190 GORD CANNING			Postal code		
Municipality TOWN OF BLUE MOUN			9Y 3Z2	Province ON	TARIO
Telephone number (705) 443-0231	E-Mai				
D. Event Type (Other events may be cons	sidered at the sole discr	retion	of Council)		
	dding/ Family Gathering	[	Construction	Related	Other
E. Event Details		Dete	of the Events		
Event Name (if applicable): Collins and Lehmann Wedding			of the Event: ust 22, 2025	Time of the Eve 4:00pm - 1:	
Does the Event promote charitable, educational or community objectives?			Yes	✓ No	
Does the Event support the community provincia	ally, nationally or internation	onally?		Yes	✓ No
Is the Event financially supported by the Town?			Yes	✓ No	
Have there been any prior noise by-law infractio	ns associated with this ev	ent?		Yes	✓ No
Description of the source of sound:					
DJ/Band					
Proposed provisions to mitigate impact of noise	to affected residential pre	mises:			
NATURAL SURROUNDINGS - TRE	ES, ROCK WALL,	ETC			
Reasons the noise by-law exemption should be	support (in the applicant's	opinio	n)		
SUPPORTING LOCAL BUSINESSE	ES/WEDDING				
					-
F. Declaration of Applicant (Note: if owne	r is not the applicant attac	h the "	Authorization to A	ict as Agent" form	1)
KAITLIN BAILEY				(	certify that:
the information contained in this application; atta	ched schedules, attached	l plans	and specifications	s. and other attac	hed
documentation is true to the best of my knowled corporation or partnership.					
03/11/2025					
Date			Signature of	applicant	
Note:					
1. Every application for an exemption sha	ll be submitted a minimur	n of ei	ght (8) weeks in a	advance of the pr	oposed event.



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Application number:	Exemption number (if	different):		
Date received:	Roll number:			
Application submitted to: 32 Mill Street Box 310, T Tel: (519) 599-3131 Toll Free: 1-88 bylawinfo@thebluemountains.ca	hornbury, ON			
A. Event Location (Location of the event relief is being requested				
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.		
Postal code L9Y 0V2	Plan number/othe	er description		
B. Applicant Applicant is: Owner or	Authorized agent of	of owner		
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE			
Street address 190 GORD CANNING DRIVE	BLUE MOUNTAIN RE	Unit number Lot/con.		
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO		
Telephone number (705)         445-0231         Fax (705)         444-175	1			
C. Owner (if different from applicant)				
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa BLUE MOUNTAIN RES			
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.		
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO		
Telephone number (705) 443-0231 E-Mai				
D. Event Type (Other events may be considered at the sole discr	etion of Council)			
Charitable Event Wedding/ Family Gathering	Construction	Related  Other		
E. Event Details		1		
Event Name (if applicable):Date of the Event:Time of the Event:Cdn Nuclear Society WM Conf NWMDER 2025August 26, 20254:00pm - 11:00pm				
Does the Event promote charitable, educational or community objectives? Yes 🗸 No				
Does the Event support the community provincially, nationally or internationally? Yes 🗸 No				
Is the Event financially supported by the Town? Yes 🗸 No				
Have there been any prior noise by-law infractions associated with this even	ent?	Yes ✓ No		
Description of the source of sound: DJ				
Proposed provisions to mitigate impact of noise to affected residential pren	nises:			
NATURAL SURROUNDINGS - TREES, ROCK WALL,				
Reasons the noise by-law exemption should be support (in the applicant's	opinion)			
SUPPORTING LOCAL BUSINESSES				
F. Declaration of Applicant (Note: if owner is not the applicant attack	h the "Authorization to A	Act as Agent" form)		
KAITLIN BAILEY		certify that:		
(print name)				
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Date	Signature o	fapplicant		
Note:				
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<ol> <li>Every person who contravenes any provision of the Noise By-law conviction is liable to a penalty as provided in the <i>Provincial Offen</i></li> </ol>		ded is guilty of an offence and on		



For us	e by Principal A	utho	rity				
Application number: Exemption number (if different):							
Date received:		Roll	number:				
Application submitted to: TOWN OF		UNT	AINS				
	et Box 310, Th						
Tel: (519) 599-3131				9			
bylawinfo@thebluemountain	<u>ns.ca</u> v	NWW.	thebluemountai	ns.ca			
A. Event Location (Location of the event relief is b	eing requested,	)	_				
Building number, street name 201 Scenic Caves	Rd.		Unit number	Lot/c			
Postal code L9Y 0V2			Plan number/othe				
B. Applicant Applicant is: Owner			thorized agent o				
Last name BAILEY First name	<sup>ne</sup> KAITLIN		Corporation or pa BLUE MOUNTAIN RES				
Street address 190 GORD CANNING DRIVE				Unit n		Lot/con	
Municipality TOWN OF BLUE MOUNTAINS			Postal code	Provin	<sup>ce</sup> ONT	ARIO	
Telephone number (705) 445-0231 Fax (705)	444-1751						
C. Owner (if different from applicant)				1			
Last name BLUE MOUNTAIN RESORT First name	ne		Corporation or pa		0		
Street address 190 GORD CANNING DRIVE			SECE MOON PAIN RES	Unit n	umber	Lot/con	
Municipality TOWN OF BLUE MOUNTAINS			Postal code	Provin	<sup>ce</sup> ONT	ARIO	
Telephone number (705) E-Mail							
D. Event Type (Other events may be considered a	t the sole discre	etion	of Council)				
Charitable Event 🗸 Wedding/ Fa	mily Gathering	[	Construction	Related			Other
E. Event Details							
Event Name (if applicable):		Date	of the Event:	Time	of the Eve	nt:	
Foley and van Galen WeddingAugust 30, 20254:00pm - 1:00am							
Does the Event promote charitable, educational or commu	inity objectives?				Yes	✓	No
Does the Event support the community provincially, nation	ally or internation	nally?			Yes	1	No
Is the Event financially supported by the Town?					Yes	1	No
Have there been any prior noise by-law infractions associa	ated with this eve	nt?			Yes	1	No
Description of the source of sound: DJ/Band							
Dranged provisions to mitigate impact of pains to effect	I regidential more	lece					
Proposed provisions to mitigate impact of noise to affected	•						
NATURAL SURROUNDINGS - TREES, RC	JOK WALL, E		•				
Reasons the noise by-law exemption should be support (in		opinic	n)				
SUPPORTING LOCAL BUSINESSES/WEE	DDING						
F. Declaration of Applicant (Note: if owner is not the	e applicant attach	the '	'Authorization to A	ct as Ag	gent" form)		
KAITLIN BAILEY					0	ertify that	
(print name)					0	in the second second	
the information contained in this application; attached sche documentation is true to the best of my knowledge. If the corporation or partnership.							e
03/11/2025							
Date			Signature of	applican	t		
Note:							

1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.



	For use by Principal /	Authority				
Application number:		Exemption number (if	f different):			
Date received:		Roll number:				
Application submitted to: TOWN OF THE BLUE MOUNTAINS 32 Mill Street Box 310, Thornbury, ON Tel: (519) 599-3131 Toll Free: 1-888-258-6867 ext. 249						
bylawinfo@theblu		www.thebluemounta	<u>ains.ca</u>			
A. Event Location (Location of the event	relief is being requested	d) Unit number	Lot/con.			
Building number, street name 201 Scenic	Caves Rd.					
Postal code L9Y 0V2		Plan number/oth				
B. Applicant Applicant is:	Owner or  V	Authorized agent of Corporation or pa				
Last name BAILEY	First name KAITLIN	BLUE MOUNTAIN RE	ESORTS LP			
Street address 190 GORD CANNING	DRIVE		Unit number	Lot/con.		
Municipality TOWN OF BLUE MOUN	TAINS	Postal code L9Y 3Z2	Province ON	TARIO		
Telephone number 445-0231	Fax (705) 444-175	1				
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT	First name	Corporation or pa BLUE MOUNTAIN RES				
Street address 190 GORD CANNING	DRIVE		Unit number	Lot/con.		
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ON	TARIO		
Telephone number (705) 443-0231	E-Mail					
D. Event Type (Other events may be con	sidered at the sole discr	retion of Council)				
Charitable Event 🗸 We	edding/ Family Gathering	Construction	Related	Other		
E. Event Details						
Event Name (if applicable): Anderson & Angeles Wedding		Date of the Event:	Time of the Ev			
Anderson & Angeles Wedding		September 6, 2025	4:00pm - 1	.ooam		
Does the Event promote charitable, educational	or community objectives?		Yes	✓ No		
Does the Event support the community provincially, nationally or internationally?			Yes	✓ No		
Is the Event financially supported by the Town?			Yes	✓ No		
			✓ No			
Description of the source of sound: DJ/Band						
Proposed provisions to mitigate impact of noise	to affected residential prei	mises:				
NATURAL SURROUNDINGS - TRE	EES, ROCK WALL,	ETC.				
Reasons the noise by-law exemption should be	support (in the applicant's	opinion)				
SUPPORTING LOCAL BUSINESS						
F. Declaration of Applicant (Note: if owned	er is not the applicant attac	h the "Authorization to ,	Act as Agent" form	n)		
KAITLIN BAILEY				certify that:		
(print name)				jooning man		
the information contained in this application; atta documentation is true to the best of my knowled corporation or partnership.						
03/11/2025						
Date		Signature c	of applicant			
Note:		*				
<ol> <li>Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.</li> </ol>						
<ol> <li>Every person who contravenes any processing the second seco</li></ol>			ided is guilty of an	offence and on		
conviction is liable to a penalty as prov	aca in the Provincial Offer	1000 AUL				



E MOUL				
Application number:	Exemption number (if different):			
Date received:	Roll number:			
Application submitted to: TOWN OF THE BLUE	MOUNTAINS			
32 Mill Street Box 31				
Tel: (519) 599-3131 Toll Free:				
bylawinfo@thebluemountains.ca	www.thebluemountains.ca			
A. Event Location (Location of the event relief is being reque Building number, street name 201 Scenic Caves Rd.	Unit number Lot/con.			
Postal code	Plan number/other description			
L9Y UV2				
B. Applicant         Applicant is:         Owner or           Last name         BAILEY         First name         KAITLI	Authorized agent of owner     Corporation or partnership			
	IN BLUE MOUNTAIN RESORTS LP Unit number Lot/con			
Street address 190 GORD CANNING DRIVE				
Municipality TOWN OF BLUE MOUNTAINS	Postal code Province ONTARIO			
Telephone number 445-0231 Fax (705) 444-17	751			
C. Owner (if different from applicant)				
Last name BLUE MOUNTAIN RESORT	Corporation or partnership BLUE MOUNTAIN RESORT			
Street address 190 GORD CANNING DRIVE	Unit number Lot/con.			
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2 Province ONTARIO			
Telephone number 443-0231				
D. Event Type (Other events may be considered at the sole d				
Charitable Event Vedding/ Family Gatherin	Construction Related Other			
E. Event Details Event Name (if applicable):	Date of the Event: Time of the Event:			
Holleran and Coward Wedding Sept2025 September 13, 2025 4:00pm - 1:00am				
Does the Event promote charitable, educational or community objectives?				
Does the Event support the community provincially, nationally or intern	ationally? Yes 🗸 No			
Is the Event financially supported by the Town?	Yes 🗸 No			
Have there been any prior noise by-law infractions associated with this	s event? Yes 🗸 No			
Description of the source of sound: DJ/Band				
Proposed provisions to mitigate impact of noise to affected residential	nramisas			
NATURAL SURROUNDINGS - TREES, ROCK WAL	·			
Reasons the noise by-law exemption should be support (in the applica SUPPORTING LOCAL BUSINESSES/WEDDING	nt's opinion)			
F. Declaration of Applicant (Note: if owner is not the applicant a	ttach the "Authorization to Act as Agent" form)			
KAITLIN BAILEY	certify that:			
(print name)				
the information contained in this application; attached schedules, attac documentation is true to the best of my knowledge. If the owner is a co-				
corporation or partnership.				
03/11/2025				
Date	Signature of applicant			
Note:				
1. Every application for an exemption shall be submitted a minim	num of eight (8) weeks in advance of the proposed event.			
<ol> <li>Every person who contravenes any provision of the Noise By- conviction is liable to a penalty as provided in the <i>Provincial C</i></li> </ol>				



E MOUL						
For use by Principal A Application number:		ity nption number (if	differer	nt):		
te received: Roll number:						
Application submitted to: TOWN OF THE BLUE MC		AINS				
32 Mill Street Box 310, T						
Tel: (519) 599-3131 Toll Free: 1-88	88-258	8-6867 ext. 24	9			
bylawinfo@thebluemountains.ca	www.	thebluemountai	ns.ca			
A. Event Location (Location of the event relief is being requested	d)					
Building number, street name 201 Scenic Caves Rd.		Unit number		con.		
Postal code L9Y 0V2	'	Plan number/othe	r descr	iption		
B. Applicant Applicant is: Owner or	Aut	horized agent o	f owne	r		
Last name BAILEY First name KAITLIN	(	Corporation or pa BLUE MOUNTAIN RE				
Street address 190 GORD CANNING DRIVE				number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code 9Y 3Z2	Provi	<sup>nce</sup> ONT	ARIO	
Telephone number (705)         445-0231         Fax (705)         444-175	1					
C. Owner (if different from applicant)						
Last name BLUE MOUNTAIN RESORT First name		Corporation or pa BLUE MOUNTAIN RES		ip		
Street address 190 GORD CANNING DRIVE			Unit r	number	Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS		Postal code 9Y 3Z2	Provi	nce ONT	TARIO	_
Telephone number (705) 443-0231 E-Mai						
D. Event Type (Other events may be considered at the sole discr	etion	of Council)				
✓ Charitable Event Wedding/ Family Gathering		Construction	Relate	b	Other	
E. Event Details						
Event Name (if applicable):         Date of the Event:         Time of the Event:           Device of Education Colf Close in Sent2025         1.00 mm         14.00 mm						
Power of Education Golf Classic Sept2025 September 18, 2025 4:00pm - 11:00pm						
Does the Event promote charitable, educational or community objectives? ✓ Yes No						
Does the Event support the community provincially, nationally or internationally?				Yes	✓ No	
Is the Event financially supported by the Town?				Yes	✓ No	
Have there been any prior noise by-law infractions associated with this even	ent?			Yes	✓ No	
Description of the source of sound: DJ						
Proposed provisions to mitigate impact of noise to affected residential pren	nises:					
NATURAL SURROUNDINGS - TREES, ROCK WALL, I						
Reasons the noise by-law exemption should be support (in the applicant's	opinio	n)				
SUPPORTING LOCAL BUSINESSES	-	,				
F. Declaration of Applicant (Note: if owner is not the applicant attack	h the ".	Authorization to A	ct as A	gent" form	)	
KAITLIN BAILEY					ertify that:	
(print name)					and the second sec	
the information contained in this application; attached schedules, attached documentation is true to the best of my knowledge. If the owner is a corpor corporation or partnership.						
03/11/2025						
Date		Signature of	applica	nt		-
Note:						
<ol> <li>Every application for an exemption shall be submitted a minimum</li> </ol>	nofei	aht (8) weeks in :	advano	e of the pro	posed event	
			~~ • a • 0		a source overil.	



Contraction of the second seco		uth a vitu	
Application number:	For use by Principal A	Exemption number (i	f different):
Date received:		Roll number:	
Application submitted to: TO	WN OF THE BLUE MC		
	Mill Street Box 310, T		
	9-3131 Toll Free: 1-88		249
bylawinfo@theblu	emountains.ca	www.thebluemounta	ains.ca
A. Event Location (Location of the event	relief is being requested	1)	
Building number, street name 201 Scenic	Caves Rd.	Unit number	Lot/con.
Postal code L9Y 0V2		Plan number/oth	er description
B. Applicant Applicant is:	Owner or 🗸	Authorized agent	of owner
Last name BAILEY	First name KAITLIN	Corporation or p	
		BLUE MOUNTAIN R	ESORTS LP Unit number Lot/con.
Street address 190 GORD CANNING		Postal code	Drovince
Municipality TOWN OF BLUE MOUN	Fau	L9Y 3Z2	ONTARIO
Telephone number (705) 445-0231	(705) 444-175 <sup>2</sup>	1	
C. Owner (if different from applicant)			
Last name BLUE MOUNTAIN RESORT	First name	Corporation or p BLUE MOUNTAIN RE	SORT
Street address 190 GORD CANNING			Unit number Lot/con.
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ONTARIO
Telephone number (705) 443-0231	E-Ma		
D. Event Type (Other events may be cons	sidered at the sole discr	etion of Council)	
✓ Charitable Event We	dding/ Family Gathering	Construction	n Related Other
E. Event Details			
Event Name (if applicable):		Date of the Event:	Time of the Event:
Arthritis Society Canada Fundraising Event September 20, 2025 4:00pm - 11:00pm			
Does the Event promote charitable, educational	or community objectives?		✓ Yes No
Does the Event support the community provincia	lly, nationally or internatio	nally?	✓ Yes No
Is the Event financially supported by the Town? Yes 🗸			Yes ✓ No
Have there been any prior noise by-law infraction	ns associated with this eve	ent?	Yes 🗸 No
Description of the source of sound:			
DJ/Band			
Dreneged provisions to mitigate impact of point	a offected residential prop		
Proposed provisions to mitigate impact of noise t NATURAL SURROUNDINGS - TRE			
Reasons the noise by-law exemption should be a SUPPORTING LOCAL BUSINESSE		opinion)	
SUFFORTING LOCAL BUSINESSE	-0		
F. Declaration of Applicant (Note: if owner is not the applicant attach the "Authorization to Act as Agent" form)			
KAITLIN BAILEY			
(print name)			certify that:
the information contained in this application; attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
02/11/2025			
03/11/2025 Date		Signature	of applicant
		Signature	or applicant
Note:			
1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.			
<ol> <li>Every person who contravenes any provision of the Noise By-law N0. 2002-09, as amended is guilty of an offence and on conviction is liable to a penalty as provided in the <i>Provincial Offences Act</i>.</li> </ol>			



For use by Principal Authority			
Application number:	Exemption number (if	different):	
Date received:	Roll number:		
Application submitted to: TOWN OF THE BLUE MC			
32 Mill Street Box 310, T	hornbury, ON		
Tel: (519) 599-3131 Toll Free: 1-8	88-258-6867 ext. 24	19	
bylawinfo@thebluemountains.ca	www.thebluemountai	ns.ca	
A. Event Location (Location of the event relief is being requested	d) Unit number	Lot/con.	
Building number, street name 201 Scenic Caves Rd.			
Postal code L9Y 0V2	Plan number/othe	er description	
B. Applicant Applicant is: Owner or			
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE		
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO	
Telephone number (705)         445-0231         Fax (705)         444-175	1		
C. Owner (if different from applicant)			
Last name BLUE MOUNTAIN RESORT	Corporation or pa BLUE MOUNTAIN RES		
Street address 190 GORD CANNING DRIVE		Unit number Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONTARIO	
Telephone number (705) 443-0231			
D. Event Type (Other events may be considered at the sole discr	retion of Council)		
Charitable Event Wedding/ Family Gathering	Construction	Related  ✓ Other	
E. Event Details	T	1	
Event Name (if applicable):	Date of the Event:	Time of the Event:	
Zipline 2025	September 23, 2025	4:00pm - 11:00pm	
Does the Event promote charitable, educational or community objectives?		Yes 🗸 No	
Does the Event support the community provincially, nationally or internation	onally?	Yes 🗸 No	
Is the Event financially supported by the Town?		Yes ✓ No	
Have there been any prior noise by-law infractions associated with this evo	ent?	Yes ✓ No	
Description of the source of sound: DJ/Band			
Proposed provisions to mitigate impact of paics to affected residential pro-	micoo		
Proposed provisions to mitigate impact of noise to affected residential prevention NATURAL SURROUNDINGS - TREES, ROCK WALL,			
Reasons the noise by-law exemption should be support (in the applicant's SUPPORTING LOCAL BUSINESSES	opinion)		
F. Declaration of Applicant (Note: if owner is not the applicant attac	h the "Authorization to A	Act as Agent" form)	
KAITLIN BAILEY		certify that:	
(print name)			
the information contained in this application; attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
04/14/2025			
Date	Signature o	fapplicant	
Note:			
1. Every application for an exemption shall be submitted a minimum of eight (8) weeks in advance of the proposed event.			
<ol> <li>Every person who contravenes any provision of the Noise By-law conviction is liable to a penalty as provided in the <i>Provincial Offer</i></li> </ol>		ded is guilty of an offence and on	



AL MORE			
Application number:	Authority Exemption number (if	different):	
Date received:	Roll number:		
Application submitted to: TOWN OF THE BLUE MC			
Application submitted to: TOWN OF THE BLUE MC 32 Mill Street Box 310, T			
Tel: (519) 599-3131 Toll Free: 1-86		19	
bylawinfo@thebluemountains.ca	www.thebluemountai	ns.ca	
A. Event Location (Location of the event relief is being requested	, , , , , , , , , , , , , , , , , , , ,	1	
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.	
Postal code L9Y 0V2	Plan number/othe	er description	
B. Applicant Applicant is: Owner or	Authorized agent o	f owner	
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE		
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ONT	TARIO
Telephone number (705)         445-0231         Fax (705)         444-175	1		
C. Owner (if different from applicant)		-	
Last name BLUE MOUNTAIN RESORT	Corporation or pa BLUE MOUNTAIN RES		
Street address 190 GORD CANNING DRIVE		Unit number	Lot/con.
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2	Province ON	TARIO
Telephone number (705) 443-0231 E-Mail			
D. Event Type (Other events may be considered at the sole discr	etion of Council)		
Charitable Event Wedding/ Family Gathering	Construction	Related	✓ Other
E. Event Details			
Event Name (if applicable):	Date of the Event:	Time of the Eve	
MealSuite Summit	September 24, 2025	4:00pm - 11	:00pm
Does the Event promote charitable, educational or community objectives?		Yes	✓ No
Does the Event support the community provincially, nationally or internatio	nally?	Yes	✓ No
Is the Event financially supported by the Town?		Yes	✓ No
Have there been any prior noise by-law infractions associated with this even	ent?	Yes	✓ No
Description of the source of sound: DJ/Band			
Proposed provisions to mitigate impact of noise to affected residential prer	nises:		
NATURAL SURROUNDINGS - TREES, ROCK WALL,			
Reasons the noise by-law exemption should be support (in the applicant's	opinion)		
SUPPORTING LOCAL BUSINESSES	opiniony		
F. Declaration of Applicant (Note: if owner is not the applicant attac	h the "Authorization to A	Act as Agent" form	)
KAITLIN BAILEY			certify that:
(print name)			
the information contained in this application; attached schedules, attached documentation is true to the best of my knowledge. If the owner is a corpo			
corporation or partnership.		ave the dutionty	
03/11/2025			
Date	Signature of	fapplicant	
Note:			
1. Every application for an exemption shall be submitted a minimum	n of eight (8) weeks in	advance of the pro	oposed event.
<ol> <li>Every person who contravenes any provision of the Noise By-law conviction is liable to a penalty as provided in the <i>Provincial Offer</i></li> </ol>		ded is guilty of an	offence and on



	For use by Principal A	uthority	
Application number:		Exemption number (if	different):
Date received:		Roll number:	
Application submitted to: TOWN OF THE BLUE MOUNTAINS 32 Mill Street Box 310, Thornbury, ON Tel: (519) 599-3131 Toll Free: 1-888-258-6867 ext. 249			
bylawinfo@theblu	emountains.ca	www.thebluemountai	ins.ca
A. Event Location (Location of the event	relief is being requested		L at/aan
Building number, street name 201 Scenic	Caves Rd.	Unit number	Lot/con.
Postal code L9Y 0V2		Plan number/othe	
B. Applicant Applicant is:	Owner or ✓	Authorized agent of Corporation or pa	
Last name BAILEY	First name KAITLIN	BLUE MOUNTAIN RE	SORTS LP
Street address 190 GORD CANNING			Unit number Lot/con.
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ONTARIO
Telephone number (705) 445-0231	Fax (705) 444-1751	1	
C. Owner (if different from applicant)			
Last name BLUE MOUNTAIN RESORT	First name	Corporation or pa BLUE MOUNTAIN RES	
Street address 190 GORD CANNING			Unit number Lot/con.
Municipality TOWN OF BLUE MOUN		Postal code L9Y 3Z2	Province ONTARIO
(705) 443-0231	E-Mai		
D. Event Type (Other events may be cons	sidered at the sole discr	etion of Council)	
Charitable Event 🗸 We	dding/ Family Gathering	Construction	Related Other
E. Event Details			
Event Name (if applicable): Bouchard and Carter Wedding		Date of the Event: September 26, 2025	Time of the Event: 4:00pm - 11:00pm
Does the Event promote charitable, educational	or community objectives?		Yes 🗸 No
Does the Event support the community provincia	ally, nationally or internation	nally?	Yes ✓ No
Is the Event financially supported by the Town?			Yes 🗸 No
Have there been any prior noise by-law infractio	ns associated with this eve	nt?	Yes ✓ No
Description of the source of sound: DJ/Band			
Proposed provisions to mitigate impact of noise	to affected residential pren	nises:	
NATURAL SURROUNDINGS - TRE	ES, ROCK WALL, I	ETC.	
Reasons the noise by-law exemption should be	support (in the applicant's	opinion)	
SUPPORTING LOCAL BUSINESSE	ES/WEDDING		
F. Declaration of Applicant (Note: if owned	r is not the applicant attacl	n the "Authorization to A	Act as Agent" form)
KAITLIN BAILEY			certify that:
(print name)			
the information contained in this application; atta documentation is true to the best of my knowled corporation or partnership.			
03/11/2025			
Date		Signature o	fapplicant
Note:			
1. Every application for an exemption sha	Il be submitted a minimum	n of eight (8) weeks in	advance of the proposed event.
<ol> <li>Every person who contravenes any pro conviction is liable to a penalty as provi</li> </ol>			ded is guilty of an offence and on



UE MOU	
For use by Principal Application number:	Authority Exemption number (if different):
Date received:	Roll number:
Application submitted to: TOWN OF THE BLUE M	
32 Mill Street Box 310,	
Tel: (519) 599-3131 Toll Free: 1-8	
<u>bylawinfo@thebluemountains.ca</u> A. Event Location (Location of the event relief is being requested	www.thebluemountains.ca
Building number, street name 201 Scenic Caves Rd.	Unit number Lot/con.
Postal code L9Y 0V2	Plan number/other description
	Authorized agent of owner
Last name BAILEY First name KAITLIN	Corporation or partnership BLUE MOUNTAIN RESORTS LP
Street address 190 GORD CANNING DRIVE	Unit number Lot/con.
Municipality TOWN OF BLUE MOUNTAINS	Postal code Province ONTARIO
Telephone number 445-0231 Fax (705) 444-175	1
C. Owner (if different from applicant)	
Last name BLUE MOUNTAIN RESORT First name	Corporation or partnership BLUE MOUNTAIN RESORT
Street address 190 GORD CANNING DRIVE	Unit number Lot/con.
Municipality TOWN OF BLUE MOUNTAINS	Postal code L9Y 3Z2 Province ONTARIO
Telephone number (705) 443-0231 E-Mail	
D. Event Type (Other events may be considered at the sole disc	retion of Council)
Charitable Event Wedding/ Family Gathering	Construction Related 🗸 Other
E. Event Details	
Event Name (if applicable): Larry Hudson Chevrolet Buick GMC Staff Retreat Sept2025	Date of the Event:Time of the Event:September 27, 20254:00pm - 11:00pm
Does the Event promote charitable, educational or community objectives?	Yes 🗸 No
Does the Event support the community provincially, nationally or international	onally? Yes 🗸 No
Is the Event financially supported by the Town?	Yes 🗸 No
Have there been any prior noise by-law infractions associated with this ev	vent? Yes ✓ No
Description of the source of sound: DJ	
Proposed provisions to mitigate impact of noise to affected residential pre	mises:
NATURAL SURROUNDINGS - TREES, ROCK WALL,	ETC.
Reasons the noise by-law exemption should be support (in the applicant's	s opinion)
SUPPORTING LOCAL BUSINESSES	
F. Declaration of Applicant (Note: if owner is not the applicant attac	ch the "Authorization to Act as Agent" form)
I KAITLIN BAILEY (print name)	certify that:
the information contained in this application; attached schedules, attached	plans and specifications, and other attached
documentation is true to the best of my knowledge. If the owner is a corporation or partnership.	pration or partnership, I have the authority to bind the
03/11/2025	
Date	Signature of applicant
Note:	
1. Every application for an exemption shall be submitted a minimu	m of eight (8) weeks in advance of the proposed event.



EMOUR				
Application number:	For use by Principal Au	i <b>thority</b> Exemption number (if	different):	
Date received:		Roll number:		
Application submitted to: TO				
	Mill Street Box 310, Th			
	9-3131 Toll Free: 1-888		19	
bylawinfo@theblu		ww.thebluemountai	ns.ca	
A. Event Location (Location of the event)	relief is being requested)	Unit number	Lot/con.	
Building number, street name 201 Scenic	Caves Rd.			
Postal code L9Y 0V2		Plan number/othe	er description	
B. Applicant Applicant is:	Owner or ✓	Authorized agent of		
Last name BAILEY	First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE		
Street address 190 GORD CANNING	DRIVE		Unit number Lot/con.	
Municipality TOWN OF BLUE MOUN	TAINS	Postal code L9Y 3Z2	Province ONTARIO	
Telephone number 445-0231	Fax (705) 444-1751			
<b>C. Owner</b> ( <i>if different from applicant</i> )				
Last name BLUE MOUNTAIN RESORT	First name	Corporation or pa		
Street address 190 GORD CANNING	DRIVE	BEDE MOONTMANNE	Unit number Lot/con.	
Municipality TOWN OF BLUE MOUN	TAINS	Postal code L9Y 3Z2	Province ONTARIO	
Telephone number (705) 443-0231	E-Mail			
D. Event Type (Other events may be cons	sidered at the sole discre	tion of Council)		
Charitable Event We	dding/ Family Gathering	Construction	Related	ner
E. Event Details			1	
Event Name (if applicable): OHBA 2025		Date of the Event: September 28, 2025	Time of the Event: 4:00pm - 11:00pm	
	0	september 20, 2025		
Does the Event promote charitable, educational				No
Does the Event support the community provincia	ally, nationally or internationa	ally?		No
Is the Event financially supported by the Town?		10		No
Have there been any prior noise by-law infraction Description of the source of sound:	hs associated with this even		Yes ✓	No
DJ/Band				
Proposed provisions to mitigate impact of noise	to affected residential premi	ses:		
NATURAL SURROUNDINGS - TRE				
Reasons the noise by-law exemption should be	support (in the applicant's o	pinion)		
SUPPORTING LOCAL BUSINESSE				
F. Declaration of Applicant (Note: if owned	r is not the applicant attach	the "Authorization to A	Act as Agent" form)	
KAITLIN BAILEY			certify that:	
(print name)				
the information contained in this application; atta documentation is true to the best of my knowled corporation or partnership.				
03/11/2025				
Date		Signature o	fapplicant	
Note:				
1. Every application for an exemption shal	l be submitted a minimum	of eight (8) weeks in	advance of the proposed ever	nt.
<ol> <li>Every person who contravenes any pro conviction is liable to a penalty as provi</li> </ol>			ded is guilty of an offence and	on



For use by Principal A	Authority		
Application number:	Exemption number (if	different):	
Date received:	Roll number:		
Application submitted to: TOWN OF THE BLUE MC			
32 Mill Street Box 310, T			
Tel: (519) 599-3131 Toll Free: 1-88	88-258-6867 ext. 24	19	
bylawinfo@thebluemountains.ca	www.thebluemountai	ns.ca	
A. Event Location (Location of the event relief is being requested	d)		
Building number, street name 201 Scenic Caves Rd.	Unit number	Lot/con.	
Postal code L9Y 0V2	Plan number/othe	er description	
B. Applicant Applicant is: Owner or	Authorized agent of	fowner	
Last name BAILEY First name KAITLIN	Corporation or pa BLUE MOUNTAIN RE		
Street address 190 GORD CANNING DRIVE	BLUE MOUNTAIN RE	Unit number Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code	Province ONTARIO	
Telephone number (705)         445-0231         Fax (705)         444-1757			
C. Owner (if different from applicant)	·		
Last name BLUE MOUNTAIN RESORT First name	Corporation or pa		
Street address 190 GORD CANNING DRIVE	BLUE MOUNTAIN RES	Unit number Lot/con.	
Municipality TOWN OF BLUE MOUNTAINS	Postal code	Province ONTARIO	
Telephone number (705) 443-0231 E-Mai	L91 322		
D. Event Type (Other events may be considered at the sole discr	retion of Council)		
Charitable Event Vedding/ Family Gathering	Construction	Related Othe	er
E. Event Details Event Name (if applicable):	Date of the Event:	Time of the Event:	
Primi and Devitt Wedding - Oct 2025	October 4, 2025	4:00pm - 1:00am	
Does the Event promote charitable, educational or community objectives?		Yes ✓ N	lo
Does the Event support the community provincially, nationally or internatio	nally?	Yes 🗸 N	lo
Is the Event financially supported by the Town?		Yes ✓ N	lo
Have there been any prior noise by-law infractions associated with this eve	ent?	Yes 🗸 N	lo
Description of the source of sound:			
DJ/Band			
Proposed provisions to mitigate impact of noise to affected residential pren	nises <sup>.</sup>		
NATURAL SURROUNDINGS - TREES, ROCK WALL,			
Reasons the noise by-law exemption should be support (in the applicant's	oninion)		
SUPPORTING LOCAL BUSINESSES	opinion)		
F. Declaration of Applicant (Note: if owner is not the applicant attack	h the "Authorization to A	Act as Agent" form)	
KAITLIN BAILEY		certify that:	
(print name)		comy man	
the information contained in this application; attached schedules, attached documentation is true to the best of my knowledge. If the owner is a corpor			
corporation or partnership.			
03/11/2025			
Date	Signature of	fapplicant	
Note:	Signature of	r sappriðski it	
<ol> <li>Every application for an exemption shall be submitted a minimum</li> </ol>	n of eight (8) weeke in	advance of the proposed even	+
<ol> <li>Every application for an exemption shall be submitted a minimum</li> <li>Every person who contravenes any provision of the Noise By-law</li> </ol>			
conviction is liable to a penalty as provided in the <i>Provincial Offen</i>		act is guilty of all olience and (	211