

DESCRIPTION

Event Title _____

Description _____

Admission Amount _____

Event Category Athletic/Recreation Concert/Performance
 Crafts Fair Carnival
 Festival/Celebration Special Attraction
 Parade/Procession/March Private Family Gathering
 Other, Explain _____

Anticipated Attendance Per Day _____

Peak Attendance Time _____ Total _____

DATE/TIME:

If this is a series event, please attach a piece of paper to this application with applicable dates and times.

Setup Date _____ Time _____

Event Starts Date _____ Time _____

Events Ends Date _____ Time _____

Time Exiting Park Date _____ Time _____

LOCATION:

ADDITIONAL INFORMATION:

YES NO

I have read and understand the rules and regulations attached to this application.

Is this an annual event? If yes, how many years have you been holding this event?

Has this event ever been held at other locations? If yes, explain where and when?

Is your event affiliated with a larger organization? (i.e. Susan B Komen or Great Race)
If yes, please list and include contact information for each organization

ORGANIZATION INFORMATION

Host Organization _____

Chief Officer of Host Organization _____

Telephone Day _____ Evening _____

Fax _____ Cell _____

Email _____

Business Address Street _____

City _____ State _____ Zip _____

Mailing Address Street _____
(If different than above)

City _____ State _____ Zip _____

State of Incorporation _____ Tax I.D. No. _____ City Sales Tax No. _____

ORGANIZATION STATUS

YES NO

Is the Host Organization a commercial entity, for profit, or out-of-town community organization?

Is the Host Organization a bona fide tax exempt, nonprofit entity or local service organization (i.e. church, club, school)?

(If a bona fide tax exempt nonprofit, submit a copy of your tax exemption letter, providing proof and certifying your current tax exempt, nonprofit status.)

APPLICANT/EVENT ORGANIZER

Applicant/Event Organizer Name _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____

Fax _____ Cell _____

Email _____

Public Contact (Required) Name: _____

Telephone: _____

NARRATIVE

To supplement your Special Event Permit Application, please provide a detailed narrative and/or timeline of your event including a description of activities within your event. This narrative and/or timeline will assist us in better understanding the components and activities within your event.

EVENT SITE PLAN

Your event site plan should be submitted on an 8 1/2" x 11" or an 8 1/2" x 14" piece of paper and need to include:

- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The location of first aid facilities and/or ambulances.
- The location of all stages, amplified stage equipment, platforms, canopies, tents, portable toilets, booths, Beer Gardens, cooking areas, trash containers and dumpsters, carnival/amusement rides, merchandise vendors, controlled access/admission areas, and other temporary structures or activities.
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Other related event components not listed above.

YES NO

Does your event include the use of tents or canopies?
If yes, list size(s) and quantity:

If yes, how do you plan on weighting down the tents?

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

Are there any audible presentations or musical entertainment features related to your event?

Will sound amplification be used?

If yes, Start time _____ Finish time _____

If yes, anticipated decibel level: _____

Will sound checks be conducted prior to the event?

If yes, Start time _____ Finish time _____

If yes, anticipated decibel level: _____

Will amusement or carnival games and/or rides be used at your event?

If yes, please describe _____

Will inflatables, bounce houses, hot air balloons or similar items be used at your event?

If yes, please describe: _____

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

If yes, please describe: _____

ACCESSIBILITY PLAN

YES

The event will be able to adhere to the accessibility guidelines outlined in the Rules and Regulations.

MEDICAL PLAN

Please describe your medical plan including the number of first aid staff and first aid stations within the perimeter of the event, your communications plan, certification levels (i.e., CPR and First Aid certified, MD, RN, Paramedic, EMT, etc.) and types of resources that will be at your event and the manner in which they will be managed. You may attach the plan to this application if necessary.

SANITATION/RECYCLING

YES NO

Will you provide your own sanitation and recycling services?

YES NO

Will you need City sanitation and recycling services? (fees apply)

YES NO

Will you make arrangements for sanitation and recycling services through a private company? If yes, please complete the following information:

Sanitation Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Cell _____

Date and Time of Service: _____

Date and Time of Service: _____

Date and Time of Service: _____

Number of Trash and Recycling Containers/ Dumpsters _____

Please specify size(s) _____

Please describe your plan for cleanup and removal of recyclable goods and garbage during and after your event.

SECURITY PLAN

YES NO

Have you hired a licensed private security company to manage your event's security?

If yes, please provide the following information:

Private Security Personnel/Company Name: _____

Telephone Day _____ Evening _____

If you answered no, please provide the following information:

Name of responsible person required to be present at Event _____

Telephone _____ Cell _____

Please describe your security plan, including crowd control, internal security or venue safety:

FOOD CONCESSIONS OR PREPARATION

YES NO

Will there be contracted food concessionaires/vendors?

Will you be distributing food to the general public?

Do you intend to cook food in the event area?

If yes, please specify method: _____

In order to comply with Coconino County Temporary Food Service Requirements, will you need access to potable water?

CONCESSIONAIRES/VENDORS

YES NO

Will items be sold at your event?

If yes, please describe:

YES NO

Will there be contracted concessionaires/vendors?

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

YES NO

Do you plan to provide portable restroom facilities at your event?

If yes: Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no: Please explain:

Portable Restroom Company _____

Telephone Day _____ Evening _____ Cell _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

ELECTRICAL SITE PLAN

Will you need City electrical connections? (fees apply) YES NO
(Only available at Wheeler Park and Heritage Square)

If yes, please attach an electrical site plan that includes the layout of extension cords, spider boxes, generators, lists the anticipated amperage draw.

If no, will you be using a generator? (fees may apply) YES NO

POTABLE WATER NEEDS

YES NO

Will you need potable water at your event? If no, skip rest of section.

Will you have water hauled to the event? If yes, who will be providing the water? _____

Do you need a City Water Connection? If yes, please describe what the water will be used for _____

On what date and at what time will you need water service to begin? _____

PARKING AND SHUTTLE PLAN

YES NO

Will your event involve the use of a parking and/or shuttle plan?

If yes, please describe or provide an attachment of your plan

MARKETING

YES NO

Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe

Will there be live media coverage during the event?

If yes, please describe

Do you have a plan to control or limit the placement and/or distribution of promotional signage, flyers, and/or posters?

If yes, please describe and list areas where these items will be distributed and posted

TRAFFIC CONTROL PLAN

YES NO

Will your event involve the closure of any streets?

If yes, please list all streets and the times that streets will be closed (including set up and take down time):

Street _____	Closure Time _____
Street _____	Closure Time _____
Street _____	Closure Time _____
Street _____	Closure Time _____
Street _____	Closure Time _____
Street _____	Closure Time _____
Street _____	Closure Time _____
Street _____	Closure Time _____

Barricade Company _____

Telephone Day _____ Evening _____ Cell _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

Number of parking attendants provided for the Main Library if Aspen Avenue is closed: _____

Parades, Motorcades, Running/Walking/Cycling/Skating Events (*if applicable*)

Location of Assembly Area: _____ Assembly Time: _____

Location of Disassembly Area: _____ Disassembly Time: _____

Will party favors/candy be distributed? Yes No

* Note: Throwing of candy or party favors is strictly prohibited.

Type: _____

How: _____

ALCOHOL

YES NO

Does your event involve the consumption of alcoholic beverages?

If yes, please check all that apply:

Alcohol will be sold at the event.

Alcohol will be given away at the event.

Alcohol will be brought into the event by attendees.

Alcohol will be included in the ticket/admission price.

50% or more of the gross revenues from the event will be derived from alcohol sales.

YES NO

Has the Event Organizer ever had a liquor license or event permit denied, revoked, or suspended?

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. Include how event attendees of legal drinking age (21 years or older) will be identified.

AFFIDAVIT

The Applicant agrees to defend, indemnify, and hold harmless the City of Flagstaff, its agents, representatives, officials, and employees, from and against any and all claims, damages, losses, and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the Applicant, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the Applicant, in connection with the Special Event described in this Application, provided that such claims, damages, losses and expenses are attributable to bodily injury or to injury to or destruction of property.

I have read and understand all of the attached policies and will abide by all policies, rules, regulations, and conditions of use as written. I understand that the special event permit is not transferable to any other individual or group.

Print Name of Applicant/Host Organization _____

Title _____

Signature _____

Date _____

Print Name of Event Organizer _____

Title _____

Signature _____

Date _____