CITY OF FLAGSTAFF SPECIAL EVENT APPLICATION

INTRODUCTION

Any organized activity involving the use of, or having impact upon, City property, City facilities, parks, sidewalks, street areas or the temporary use of City property in a manner that varies from its current land use, requires a special event permit. (Ordinance 2010-27, Chapter 8-12, Special Events)

It is our goal to assist Event Organizers in permitting safe and successful events that create a minimal impact on the communities surrounding the events. The following pages include the Special Event Permit application and accompanying instructions to guide you through the permit process.

CONTACT INFORMATION

Questions: 928-213-2300
Fax: 928-556-1226
Email:
gpavey@flagstaffaz.gov
charper@flagstaffaz.gov
Mail:
City of Flagstaff Recreation Services
Office of Community Events
211 W Aspen Ave
Flagstaff, AZ 86001
Drop off:
The Flagstaff Aquaplex
1702 N Fourth St, Flagstaff

CHECKLIST: Required information for initial submittal of the special event application

*Applications **will not** be accepted without this minimal information.*

YES	NO	
☐	☐	Completed and signed application (no electronic signatures)
☐	☐	Application fee (check, money order)
☐	☐	Certificate of insurance (see pages 4 &5 of rules/regulations)-valid for event dates, set up and tear down.
☐	☐	Complete and detailed site plan (see page 7 of rules/regulations)
☐	☐	Electrical Plan (see pages 10-11 of rules/regulations) (if applicable)
☐	☐	Submit IRS letter of nonprofit status (see page 3 of rules/regulations) (if applicable)
☐	☐	Traffic Control Plan (see pages 13-15 of rules/regulations) (if applicable)

See page 20 of the special event rules and regulations for additional requirements that will be due upon the completion of the special event administrative and substantive review.

Office Use Only:

Date App Turned In	Staff Initials	Admin Review Date	Admin Due Date	Event Producer Due Date	Substantive Review Date	Substantive Review Deadline	Event Producer Due Date	Date Approved or Denied	Appeal?

DESCRIPTION

Event Title _____

Description _____
_____
_____

Admission Amount _____

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

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 ½" x 11" or an 8 ½" 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 _____