

EVENT DESCRIPTION

Event Title _____

Description _____

Admission Amount _____ (if applicable)
Anticipated Daily Attendance _____

DATE/TIME

Set Up Date and Time: _____

Date(s) and Time(s) of Event: _____

Tear-Down Date and Time including final time that this event will be out of the park/facility: _____

LOCATION Include streets, parking lots, facilities, parks (including the date and time needed for each facility, park, parking lot or street): _____

ADDITIONAL INFORMATION

YES NO

The Applicant/Event Organizer has read and understands the rules and regulations attached to this application.

Is this an annual event? If yes, how many years has this event been held?

Is this event affiliated with a larger organization? (i.e., Susan G. Komen or Great Race)

ORGANIZATION INFORMATION

Host Organization _____

Chief Officer of Host Organization _____

Telephone Day _____ 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. _____

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)?

APPLICANT/EVENT ORGANIZER

Applicant/Event Organizer Name _____

Telephone Day _____ Cell _____

Fax _____

Email _____

PUBLIC CONTACT (Required)

Public Contact Name: _____

Telephone: _____

This information may be shared in newsletters and public inquiries.

EVENT SITE PLAN

The Event Site Plan should be submitted on an 8 1/2" x 11" or an 8 1/2" x 14" piece of paper and follow the guidelines outlined in the rules and regulations document (see pages 6-7).

YES NO

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

If yes, how will tents be weighted down? _____

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

Does this event include any audible presentations or musical entertainment??

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 this event?
If yes, please describe _____

Will inflatables, bounce houses, hot air balloons or similar items be used at this event?
If yes, please describe: _____

Does this event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe: _____

MEDICAL PLAN

Please describe this event's 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 this event and the manner in which they will be managed.

SANITATION/RECYCLING

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

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) _____

SECURITY PLAN

Please describe the event's security plan, including crowd control, internal security and venue safety:

YES NO

Has a licensed private security company been hired to manage this event's security?

If yes, please provide the following information:

Private Security Personnel/Company Name: _____

Telephone Day _____ Evening _____

If you answered no, provide the following information:

Name of responsible person required to be present at Event _____

Telephone _____ Cell _____

FOOD CONCESSIONS OR PREPARATION

YES NO

Will there be contracted food concessionaires/vendors?

- Will food be distributed to the general public?
- Will food be cooked in the event area?
If yes, please specify method: _____
- In order to comply with Coconino County Temporary Food Service Requirements, will access to potable water be required?

RETAIL SALES

YES NO

- Will items be sold at this event?

If yes, please describe _____

PORTABLE RESTROOMS

YES NO

- Will portable restroom facilities be provided 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 this event 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 provides the layout of extension cords, spider boxes and generators, and lists the anticipated amperage draw.

If no, will a generator be used? (Fees may apply) YES NO

POTABLE WATER NEEDS

YES NO

- Will the event need access to potable water? If no, skip rest of section.
- Will water be hauled to the event? If yes, who will be providing the water? _____
- Will a City Water Connection be needed? If yes, please describe what the water will be used for _____

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

PARKING AND SHUTTLE PLAN

YES NO

Will this event involve the use of a parking and/or shuttle plan?
If yes, please describe or provide an attachment of your plan _____

STREET CLOSURE REQUEST

Please be advised that street closure requests are not granted as a matter of course and may require approval of the Flagstaff City Council.

YES NO

Will this event involve the closure of any streets?
If yes, list all streets and the times that streets will be closed (including set up and take down time): _____

Barricade Company _____

Telephone Day _____ Cell _____

Equipment Setup: Date _____ Time _____
Equipment Pickup: Date _____ Time _____

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

Will party favors/candy be distributed? Yes No

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

Type: _____

How: _____

ALCOHOL

YES NO

Does this 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 Applicant/Event Organizer ever had a liquor license or event permit denied, revoked, or suspended?

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

AFFIDAVIT

The Applicant/Event Organizer agrees to indemnify, defend, save, and hold harmless the City of Flagstaff, its officers, officials, agents, representatives and employees from and against any and all claims (including but not limited to claims for personal injury (including death) or property damage), demands, actions, liabilities, damages, losses, or expenses (including court costs, attorney's fees, and costs of claim processing, investigation and litigation) relating to, arising out of, or alleged to have been caused, in whole or in part, by the acts, errors, omissions, or negligence of the Applicant/Event Organizer, or any of the Applicant's/Event Organizer's directors, officers, agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the Applicant/Event Organizer, that arise from the activities at the Special Event.

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 the Chief Officer of Host Organization: _____

Title _____

Signature _____

Date _____

Print Name of Applicant/Event Organizer: _____

Title _____

Signature _____

Date _____