



CITY OF FLAGSTAFF SPECIAL EVENT APPLICATION

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INTRODUCTION

Those wishing to host a special event in Flagstaff must first obtain a special event permit from City of Flagstaff Recreation Services. Special events include outdoor festivals and parades taking place on City property, and any other outdoor events taking place on City property which may require City services over and above those routinely provided or that require the exclusive use of City property. 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 20102015-04-27, Chapter 8-12, Special Events)

It is ~~our~~ the City's goal to assist Applicants/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~~ Applicants/Event Organizers through the permit process.

CONTACT INFORMATION

Questions: 928-213-2300

Fax: 928-556-1226

Email:

gpavey@flagstaffaz.gov

jbordwell@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 required to be ~~initial~~ submitted ~~del~~ with the special event application

Applications ~~without the following information~~ will not be accepted ~~without this minimal information~~.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed and signed application (no electronic signatures) |
| <input type="checkbox"/> | <input type="checkbox"/> | Application fee (check, money order) |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of insurance (see pages 4 & 56 of rules/regulations)-valid for event dates, set up and tear down. |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete and detailed Event Site Plan (see pages 6-7 of rules/regulations) |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Plan (see pages 10-11 of rules/regulations) (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Submit IRS letter of showing nonprofit status (see page 3 of rules/regulations) (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Plan (see pages 13-15 12-13 of rules/regulations) (if applicable) |

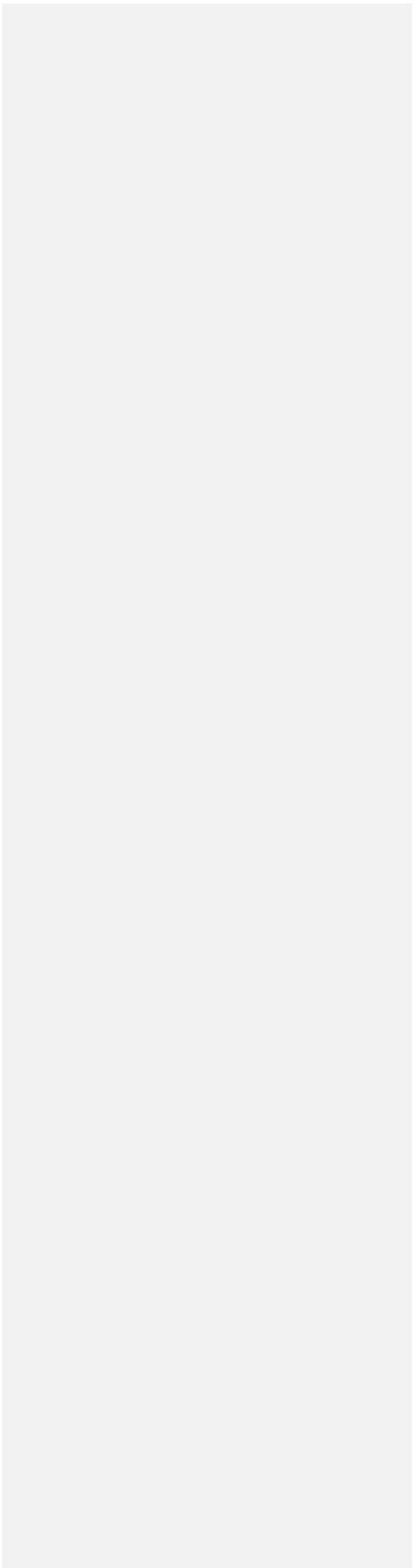
See pages 20, 15-16 of the special event rules and regulations for additional requirements that will be due upon the completion of the special event administrative and substantive review.

~~Initial if you agree to allow the City of Flagstaff to submit supplemental information during the substantive review process.~~

Comment [g1]: Old provision from SB1598 that has been replaced with new rules via HB2443.

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?



EVENT DESCRIPTION

Event Title _____

Description _____

Admission Amount _____ (if applicable)

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

Anticipated Daily 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 _____

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 have has~~ read and ~~understand-understands~~ 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~~ been held?

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

Is ~~your~~ this event affiliated with a larger organization? (i.e., Susan B.G. 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-Cell

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-Cell

Fax _____ Cell _____

Email _____

PUBLIC CONTACT (Required)

Public Contact ~~(Required)~~ Name: _____

Telephone: _____

This information may be shared in newsletters and public inquiries.

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 ~~The event~~ Event site Site plan-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) 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.~~

~~should follow the guidelines outlined in the rules and regulations document (see pages -).~~

YES NO

Does ~~your this~~ 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~~ will tents be weighted down?

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

~~Does your this event include Are there~~ any audible presentations or musical ~~entertainment 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 this event?
If yes, please describe _____
- Will inflatables, bounce houses, hot air balloons or similar items be used at your this event?
If yes, please describe: _____
- Does your this 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 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 your this 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:~~
- ~~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) _____

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

SECURITY PLAN

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

YES NO

~~Have you hired~~Has a licensed private security company ~~been hired~~ to manage ~~your~~ ~~this~~ 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 ~~at your event include~~ contracted food concessionaires/vendors?

Will ~~you food~~ be ~~distributing distributed food~~ to the general public?

~~Do you intend to cook food in the~~ 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 ~~you need~~ access to potable water ~~be required~~?

CONCESSIONAIRES/VENDORS RETAIL SALES

YES NO

Will items be sold at ~~your this~~ 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~~ 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 you 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 includes provides the layout of extension cords, spider boxes and generators, and lists the anticipated amperage draw.

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

POTABLE WATER NEEDS

YES NO
 Will ~~you need potable water at your event~~ the event need access to potable water? If no, skip rest of section.

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

Do you need 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 you need water service need to begin?

PARKING AND SHUTTLE PLAN

YES NO
 Will your this 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?~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Will there be live media coverage during the event?
~~_____~~
~~_____~~

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 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 your this 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

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 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 your the security plan to ensure the safe sale or distribution of alcohol at your 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. 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 ~~the Applicant/Host Organization~~ Chief Officer of Host Organization:

Title _____

Signature _____

Date _____

Print Name of Applicant/Event Organizer:

Title _____

Signature _____

Date _____

