SPECIAL EVENT APPLICATION

Please complete all information; do not leave any spaces blank.
Write N/A in spaces that do not pertain to your event.
Incomplete applications will not be able to be processed.

APPLICANT INFORMATION

Name of Company/Organization

Please check One:
_____**Non-profit** _____**Business/Promoter**

Mailing Address	**City**	**State**	**Zip Code**
Physical Address	**City**	**State**	**Zip Code**

EVENT REPRESENTATIVE

Name	Office Phone Number
Email Address	Home Phone Number
Fax Number	Cell Phone Number

GENERAL EVENT INFORMATION

Name of Event_____

Event Dates_____

Event Start Time_____ Event End Time_____

Type(s) of Event

___Parade/March/Procession
___Concert/Performance/Live Music
___Farmers Market
___Extension of Premise
___Town Square Rental
___Festival
___Race/Walk/Cycle/Skate
___Athletic/Recreation Activity
___Greenway
___Block Party

Other_____

Proposed Location of Event

Location is _____ ___**Private Party** ___**Public Property**

Events taking place on Private Property must provide written permission from the property owner if not self. This letter must accompany the application.

Anticipated Attendance

Participants_____ Spectators_____

Audience Demographics_____

Event History

___New ___Recurring

Event Co-Producers

Will you have event co-producers? ___Yes ___No **If yes, complete below.**

Co-producing Organization_____

Contact Name and Phone Number_____

Event Responsibilities_____

GENERAL EVENT INFORMATION CONTINUED

Event Details

Fees

Admission ____Yes ____No Cost_____

Food Vendors ____Yes ____No *Attach Vendor List

Set Up Date/Times_____

Tear Down Time Date/Times_____

Open to the Public

If no, please describe why?_____

Contact person for media/citizen information, questions or concerns

Name_____

Phone Number_____ Email Address _____

Event Web Site_____

Event Description

Illustrative Site Map

A **site map** of the event area including location(s) of equipment and activities must be submitted with this application.

FIRE SERVICES

Medical

Do you want fire services? ____On Call ____On Site

Will you have a first aid station on site? ____Yes ____No

Fire extinguisher? ____Yes ____No

Structures

Canopies

Will you have canopies or tents? ____Yes* ____No *If yes complete Appendix C

____10' x10' ____20' x 20' _____Other size

Scaffolding

Will you have scaffolding? ____Yes ____No

Where will it be placed? _____

What are the dimensions? _____

Fencing

Will fencing be used?_____

Height of fencing_____

Dimensions of fenced area_____

Open Flames & Pyrotechnics

Will you have open flames? ____Yes * ____No *If yes complete Appendix D

What will your open flame usage be? (Check all that apply)

____Grilling/BBQ ____Deep Fryer ____Activity/Entertainment

____Other_____

Will you be having fireworks? ____Yes * ____No

*If yes complete Appendix E-fireworks, also attach Certificate of Insurance

TRAFFIC CLOSURES

What closures are proposed for the event?

Streets _____Yes _____No

Alleys _____Yes _____No

Sidewalks _____Yes _____ No

Parking Lots _____Yes _____No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices)

*A Traffic Control Plan MUST be completed.

Barricade Request _____Yes _____No

How many? _____

To be delivered to_____

Please describe your barricade placement and parking plan for your event.

VENDOR INFORMATION

Food

Food or Beverages? _____Yes* _____No *If yes complete Appendix F

_____Sold _____Free _____Catered/Served

Will food be prepared on site? _____Yes _____No

Please describe

Number of anticipated vendors_____

Do vendors have all permits/licenses with GF Finance and GF Public Health Department?

_____Yes _____No*

Is your completed vendor list attached to this application?

_____Yes _____No

Sponsors

Will you have sponsors? _____Yes _____No

Will the sponsors have booths? _____Yes _____No

Will these sponsors be selling items? _____Yes* _____No *If yes complete Appendix F

Will you have vendors that are informational/craft/or merchandise? _____Yes _____No

Number of anticipated vendors_____

Alcohol

_____No Alcohol _____Sold (*Transient Alcohol Permit Required) *Complete Appendix G
_____Allow Guests to Bring their Own (Private Party or GF Park District Permit in Parks Only)

If selling alcohol – Answer this Section

Have you submitted the transient alcohol permit paperwork? _____Yes * _____No
Date Submitted_____
Please describe in detail how the alcohol sales will be sold (ie beer garden, wristbands ,etc.) and entrances and exits monitored?

Please attach separately.

PUBLIC SAFETY

Responsible Person on site _____Cell Phone Number_____
Private security company name_____
Security guard certification_____
# of security personnel_____ How identified?_____

Police

Will you be requesting off duty Grand Forks Police Officers? _____Yes* _____No *If yes review Appendix H
# of officers requested_____ (min. of two officers)
Start time_____ End Time_____

****After reviewing the application, the City reserves the right to require the use of off duty police officers.**

RESTROOM FACILITIES

Will you bring in portable facilities? _____Yes _____No
Name of Company providing services_____Phone_____
Delivery Date_____ Delivery Time_____
# of standard units_____ # of disabled units_____ # of handwashing stations_____
Pick-Up Date_____ Pick-Up Time_____

EVENT MAINTENANCE / CLEAN -UP

90 Gallon Containers
Quantity_____ Delivery Date /Time_____ *(Placement Map should be attached.)*
Roll Off Bins
Quantity_____ Delivery Date/Time_____ ____Animal Waste _____Ash
Are you hiring a professional clean-up crew? _____Yes _____No
Name of company_____ Cell Phone Number_____
Person responsible for final clean up_____

****It is the responsibility of the event organizer to ensure trash is picked up during and at the conclusion of the event. Event organizer is responsible for all trash on the event site and any trash associated with the event or event patrons or spectators that impact the surrounding area, adjacent streets, right-of-way neighborhood homeowners' property, school, businesses or places of worship.**

AUXILIARY EVENT INFORMATION

Electrical

Will you need the city to assist with your power needs? _____Yes _____No
Date needed_____ Start Time_____ End Time_____
Please list the following

Equipment Needing Electricity	Voltage/Amperage	# of Outlets
_____	_____	_____
_____	_____	_____

Generators on-site? _____Yes _____No
Name of company providing services_____
Size of generator _____ Quantity_____

Water Requirements

Will you need the city to supply water outlets? {fire hydrants} _____Yes _____No
Date Needed_____ Start time_____ End time_____
Please list the following
# of items that need to attach to water_____ Potable/Non-potable_____

GREENWAY AND TRAIL SYSTEM

Will your event be held on the Community Greenway? _____Yes* _____No *If yes complete Appendix I

What is the nature of your event:

_____Run/Walk/Cycle/Skate _____Wedding _____Festival
_____Athletic/Recreation Activity _____Other

A Greenway Use Agreement must be completed for use. A refundable $100 damage deposit is required.

NEIGHBORHOOD BLOCK PARTY

Block Party Packet

Primary Neighborhood Contact_____
Address_____
Phone_____

Secondary Neighborhood Contact_____
Address_____
Phone_____

Special Needs:

_____Barricades
_____Signage
_____ Escort
_____Security
_____Assistances from GF Fire Department {safe house, fire truck, sparky}
_____Visit from Neighborhood Community Resource Bureau Office
_____ Assistance from GF Police Department {McGruff, Police Car, Swat)
_____Assistance from GF Sheriff Department

Other Assistance_____

List number of Officers required and total time Officers will be needed at event.

_____*Officers* *Time Needed*_____ *to* _____

Events requiring Officers to be present may require payment to the City of Grand Forks for overtime expenses incurred by the Grand Forks Police Department- Review Appendix H for details

THE SKYWAY

The Skyway is a unique gathering spot that offers a city view of both north and south 4th street in Grand Forks.

Will your event be renting The Skyway? _____Yes* _____No *If yes complete Appendix J

What is the nature of your event: _____

The Skyway Use Agreement must be completed for use. A refundable $100 damage deposit is required.

AUXILLARY EVENT INFORMATION CONTINUED

Signs - Banners

List all signs/banners being used for event | Locations | Size

_____ _____ _____
_____ _____ _____
_____ _____ _____

ENTERTAINMENT /AMPLIFIED SOUND

Will there be a stage or multiple stages? _____ Yes _____ No
Quantity_____
Stage Dimension_____
Who are you getting the stage from?_____
Will you be using the GF Park District Band Box? _____ Yes _____ No
Delivery Date_____ Pick-Up Time_____
What will take place on the stage? Explain.

Will there be amplified sound past 10:00pm? _____ Yes _____ No
What time will there be amplified sound _____ to _____

** **Police Department Noise Variance Information:** Any noise variance can be terminated during the event by the on-duty police supervisor. The decision to terminate the variance will be based on the amount and type of complaints received from the public about the event and/or public safety issues.

Will there be inflatables on site? _____ Yes _____ No
Name of the company providing services_____
List of types of inflatables | Quantity | Sizes

_____ _____ _____
_____ _____ _____

****Attach Certificate of Insurance for Inflatable Company**

Will mechanical rides be on site? _____ Yes _____ No
Name of company providing services_____
List types of rides | Quantity | Sizes

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

****Attach Certificate of Insurance for Mechanical Ride Company**

Will animals be on site? _____ Yes _____ No
Name of company providing services_____
List type of animals | Quantity

_____ _____
_____ _____
_____ _____
_____ _____

How will animals be used for your event? _____

****Attach Certificate of Insurance for Animal Company**

TOWN SQUARE RENTAL/POCKET PARK RENTAL

Will you be renting (check one) * Please review Appendix B

_____Town Square _____Pocket Park Rental Which park_____

Reservation refundable damage deposit will apply for each of these venues

Rental Costs for Town Square

_____ Permit Fee $50.00

Please select all that you will need for your event

_____Electricity $40.00

_____Public Address System – wireless microphone $40.00 _____Yes _____No

_____Chairs (100 available) 10/$5.00 - #of chairs_____

_____Picnic Tables $2.00 per table (20 available) - # of tables _____

_____Safety Fencing $5.00 uninstalled, $7.50 installed. DOLLY NEEDED - # of sections_____
50'sections, 3,000 linear feet total available. "T" fence poles and self-standing fence poles included. (6 sections are needed to enclose Town Square with one opening).

_____Temporary electric pedestals $10.00 each- 9 pedestals @ 110volts; 2 pedestals @ 220 volts. Includes all extension cords needed.

_____Garbage cans $1.00 per can – no liners (10 available) - # of cans_____

_____ Canopies $100.00 each (2 available) - # of canopies _____24 hour advance notice
Tent Permit will be needed

_____Barricades $1.00 each (15 available) - #of barricades_____
Please include a detailed explanation where barricades will be placed

Town Square Clean-up: _____On your Own

_____Contract with City **($100 min**, additional cost will be billed separately)

****Amount due may be paid "per event" as long as payment is received no fewer than fourteen days in advance of event**.

Checks need to be made payable to
City of Grand Forks, Public Info Center, P O Box 5200, Grand Forks, ND 58203
Attn: Special Events

****Permit will be created once payment is received for your event. ****

Are there any downtown businesses involved in the planning of this event? List Business Names

_____ _____
_____ _____
_____ _____
_____ _____

You are required to notify residents and businesses of your event in advance

ACCESSIBILITY

It is the responsibility of the event organizer to ensure the event site is accessible to the disabled. Such examples are public sidewalks may not be blocked with tents, portable toilets, or other structures; cables or electrical cords must not create an obstacle; ADA accessible parking and portable toilets must be available. Vendors should be prepared to meet any accessibility accommodations.

_____(INITIALS)

NEIGHBORHOOD NOTIFICATION

The applicant is required to notify residents, businesses, places of worship and schools that are affected by street closures and/or noise related to your event. This notice must be submitted to Public Information Center prior to notification of delivery. The notice must then be mailed or hand delivered to designated impacted areas at least two weeks prior to your event (or sooner per the level of impact of the event on the community). Information on the notice should include, but not limited to; the name of the event, date(s), time(s), location, the assigned Police Traffic Marshalls name and contact number (if applicable), type of activity and telephone number where the public can contact your organization for concerns and issues. Failure to comply with notification requirement can result in the cancellation, postponement or other significant restriction to your event or future events. Verification of neighborhood notification is required.

_____(INITIALS)

REIMBURSEMENT, INDEMNITY AND HOLD HARMLESS AGREEMENT

The applicant must promptly reimburse the City for any costs incurred of any kind that are a result of use by applicant under the permission granted. This includes, but is not limited to; cleanup, maintenance, preventative, or replacement costs.

Furthermore, applicant herby agrees to defend the City and its employees and hold harmless the City from any and all liability to any person or entity that may be caused by damage or injury incurred as a result of this event.

This agreement is effective on the date which this event is to take place and is complete for the entirety of the event.

Individual Applicant:

Name:_____

Signature:_____

Address:_____

_____

Drivers License #:_____

Sponsoring Organization:

Name:_____

Signature:_____

Address:_____

_____

Federal Tax ID: _____

Subscribed and sworn to me, a Notary Public, this _____ day of _____, 20____.

_____

Notary Seal

Notary Public
Grand Forks County, North Dakota

My commission Expires:_____