

## **NEIGHBORHOOD EVENT APPLICATION**

FOR COMMUNITY BLOCK PARTIES

## **Return completed application to:**

City of Sandusky, ATTN: Parks & Recreation 1918 Mills Street, Sandusky, OH 44870

recreation@cityofsandusky.com 419.627.5886

# INSTRUCTIONS

It is recommended that you <u>submit the Neighborhood Events Application at least 21 days prior (3+ days for events with amplified sound)</u> to your requested event. <u>Submitting an application does not guarantee a permit.</u>

APPLICANT INFORMATION	I					
Persons(s) Coordinating Ev	ent:					
Applicant Name:	Email:	Email:				
Mailing Address:	City:	State: _	Zip:			
Applicant's Contact Inform		Cell:				
NEIGHBORHOOD AFFECTE	D					
Name of Event:		Anticipated Attendance:				
Location to be used for eve	ent:					
Event Day:	Operation Hours:	🗆 am	□ pm to	🗆 am 🗆 pm		
Rain Date(s):	(must be approved at time of applying for permit)					
Application Submission:	☐ 30+ days prior ☐ 21 days	☐ Less tha	n 14 days			
<b>EVENT COMPONENTS</b> Please check all boxes that	apply to your event and provide d	etails when requ	ested:			
☐ On-site cooking	cooking					
☐ Other: Explain						
be required depending on	ement and anchoring of tents, stag the size of the membrane structure te on your site map the location of	e. Contact the Di	vision of Building at 4			
Tents: Size(s):			Total N	umber:		
Indicate the intended met	nod of anchoring tents:					
Name of tent supply comp	any and contact person:					
Delivery date/time:	elivery date/time: Removal date/time:					

<b>FENCING</b> Do you plan to erect any temporary fence? □ Yes □ No	
PROPERTY CLEAN UP/LITTER MANAGEMENT  Person signing application is responsible for collection and proper disposal of all generated by your event.	litter, grease, ash, and gray water
What trash/recycling receptacles will be utilized for your event?	
How will the trash/recycling containers be emptied?	
How will the trash/recycling be disposed?	
FIRST AID SERVICES	
Who will be providing your on-site first aid?	
POLICE/SECURITY SERVICES  Have you hired Sandusky police for your event? ☐ Yes ☐ No  Contact 419.627.5798 to arrange for police officers at your event.	
STREET CLOSURES  Will you be requesting street closures for your event? □ Yes □ No	
If yes, please specify the streets that you are requesting to close off and the time	e frame:
AMPLIFIED SOUND  Do you plan on having amplified sound (DJ, band, speakers, etc.) at your event?	□ Yes □ No
If yes, please specify:	
All events with amplified sound must have a Sound Waiver issued by Sandusky to event). Failure to secure a permit can result in closing of event. Visit <a href="https://www.city.com/www.city">www.city</a> SITE MAP You MUST ATTACH your event site map to this application if more than one street	ofsandusky.com/police to access form.
ACKNOWLEDGEMENT/SIGNATURE	
I, the applicant understand that I am responsible to provide all information necessary to meet the conditions that by providing such information it is no guarantee that my proposed event will be issued a permit by the caccept responsibility to hold free and harmless the City of Sandusky and to meet all city rules and regulation detailed site map, and details for any contract services required to make the proposed event safe and succes licenses if my event grosses more than \$25,000.00 in revenue. I understand that all information listed on my documents are subject to public disclosure by the City of Sandusky. I verify that I have read and understand request will be considered. The risk of promoting an event before a permit is issued is the sole responsibility impractical for use by any cause, the City of Sandusky may, at its discretion, reissue the permit for another ciuser expressly waives any and all claims for damage or loss of profit and other compensation should the per	City of Sandusky Recreation Department. I further s including submitting proof of proper insurance, a sful. I also accept responsibility for securing music application, permit, attachments and supporting this application and the conditions under which my of the applicant. Should the premises be made ty property, or terminate and void the permit. The
Applicant Signature:	Date:
Received by City Staff:	Date:



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Street:
Block Street at:

Date:
Alternate Date (rain date):

### LIST OF NEIGHBORS IN AFFECTED NEIGHBORHOOD

#### DO YOU WANT A BLOCK PARTY?

ADDRESS	NAME	SIGNATURE	YES	NO	NEUTRAL