SPECIAL EVENT APPLICATION



Application Submission: ☐ 30+ days prior

FOR EVENTS UTILIZING PUBLIC PROPERTY THAT FEATURE CONCERTS, SALES OR VENDORS

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 Special Event Application at least 30 days prior to your requested event</u>. <u>Submitting an application does not guarantee a permit will be issued.</u>

APPLICANT INFORMATION				
Organization Coordinating Eve	nt:			
Non-Profit □ yes □ no	If yes, Non-Profit ID#:			
Applicant Name:		Email:		
Mailing Address:		City:	State:	Zip:
Applicant's Contact Information	on: Phone:		Cell:	
EVENT OPERATIONS				
Jame of Event: Anticipated Attendance:				ndance:
Type of Event: \Box Festival \Box	Concert 🗆 Car Show 🗆 Cha	arity Benefit 🛮 Parade	e ☐ Community	Event
☐ Other Plea	se specify:			
Specific parks or location to be	e used for event:			
Set-up Date:	Set-up Hours:	🗆 am 🗆 pm to	o	l am □ pm
Event Day #1:	Operation Hours:	🗆 am 🗆 pm to) □	l am □ pm
Event Day #2:	Operation Hours:	🗆 am 🗆 pm to	o □	l am □ pm
Event Day #3:	Operation Hours:	🗆 am 🗆 pm to) □] am □ pm
Tear Down Date:	Tear Down Hours:	🗆 am 🗆 pm to	o □	am □ pm
Rain Date(s):		(must be a	pproved at time of a	pplying for permit)

☐ Less than 30 days

☐ Less than 14 days

☐ 7 days or less

EVENT COMPONENTS

Please check all boxes that app	ly to your event and provid	de details when requested:	
☐ On-site cooking	☐ Shuttle Service	\square Soliciting Donations	☐ Amplified Sound
☐ Alcohol Sales	☐ Exhibits/Displays	\square Vehicles on Display	☐ Parade
☐ Inflatable Bounce Houses	☐ Carnival	☐ Food Giveaway	☐ Flame Effect/ Fireworks
VENDING Number of Food Vendors:		Number of Merchandise	e Vendors:
Will participants be required to	pay to access any areas of	f the public property? \square yes	□ no
If yes, please specify the admis	sion costs for the event:		
ELECTRIC SERVICE			
Do you need to hook up to a ba	asic electric source?	☐ yes How Many ☐ no	0
Will a generator be used to pro	vide event power?	☐ yes How Many	Type $\ \square$ no
Do you need access to power in	n excess of standard outle	ts? \square yes $__$ How Many $_$	Type 🛚
no If so, list the name and num	ber of your electrical cont	ractor:	
WATER SERVICE The City of Sandusky Water Deleneeds of water and location:	partment may be able to p	provide temporary water servic	ce for your event. Please list any
PARKING			

Parking is permitted in designated areas of city property. Please describe the parking arrangements you have made for staff, volunteers, entertainers, patrons, supply trucks, vendors and persons with disabilities:

RESTROOMS

Your organization is responsible for providing portable restrooms to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity. Name and contact number of company supplying restrooms: _____ Number of single units: ______ Number of multi-units: _____ Number of ADA units: Delivery date and time: ______ Removal date and time: _____ TEMPORARY STRUCTURES Specific rules apply to placement and anchoring of tents, stages/platforms and booths within city property. A permit may be required depending on the size of the membrane structure. Contact the Division of Building at 419.627.5940 for more information. Please indicate on your site map the location of each tent, stage/platform and booth. Tents: Size(s): _____ Total Number: Indicate the intended method of anchoring tents: Name of tent supply company and contact person: Delivery date/time: ______ Removal date/time: _____ **FENCING** Do you plan to erect any temporary fence? \square Yes \square No **ADVERTISING** How will you promote your event? ☐ Website ☐ TV ☐ Radio ☐ Newspaper ☐ Flyers ☐ Social Media PROPERTY CLEAN UP/LITTER MANAGEMENT Person signing application is responsible for collection and proper disposal of all litter, grease, ash, and gray water generated by your event. 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? Number of dumpsters ordered: Size and location of dumpsters: List the name and telephone number of all companies providing waste collection and removal services: Delivery date and time for dumpsters: ______ Removal date and time: _____

Special Event Application
FIRST AID SERVICES
Who will be providing your on-site first aid?
POLICE/SECURITY SERVICES
Have you hired Sandusky police for your event? \square Yes \square No
Contact 419.627.5798 to arrange for police officers at your event.
STREET CLOSURES
Will you be requesting street closures for your event? \square Yes \square No
If yes, please specify the streets that you are requesting to close off and the time frame:
ALCOHOL SALES Will alcoholic beverages be sold? Yes No
If yes, a special permit is required by the State of Ohio and must be executed by the sponsoring organization.
Do you plan on applying for an "F" Permit from the State of Ohio? \Box Yes \Box No
What non-profit will be applying for the temporary alcohol permit?

MUSIC LICENSES

The City of Sandusky maintains music licenses covering all performance events hosted at city owned property and locations provided the event does not gross over \$25,000 in revenue. Events exceeding this level are responsible for necessary licensing and accept complete responsibility for failure to secure appropriate licenses from all performing rights organization (e.g. BMI, ASCAP, SESEC, etc...)

AMPLIFIED SOUND

If yes, please specify:

Do you plan on having amplified sound (DJ, band, speakers, etc.) at your event? \square Yes \square No

All events with amplified sound must have a Sound Waiver issued by Sandusky Police (must be approved 30 days prior to event). Failure to secure a permit can result in closing of event. Visit www.cityofsandusky.com/police to access form.

SITE MAP

You MUST ATTACH your event site map to this application. It should include:

- An outline of the entire event venue including names of all streets or areas that are part of the venue and the surrounding area.
- The location of all stages, tents, inflatables, portable restrooms, booths, cooking areas, dumpsters, and other temporary items.
- The location of first aid, handicap parking, and parking areas for supply vehicles and/or trailers.

INSURANCE

Applicant is required to submit a Certificate of Insurance in an amount not less than one million dollars (\$1,000,000) listing the City of Sandusky as an additional insured. <u>This must be received at least seven (7) days prior to the first day</u> of the event or the City has the right to cancel the event.

ACKNOWLEDGEMENT/SIGNATURE

I, the applicant understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the City of Sandusky Recreation Department. I further accept responsibility to hold free and harmless the City of Sandusky and to meet all city rules and regulations including submitting proof of proper insurance, a detailed site map, and details for any contract services required to make the proposed event safe and successful. I also accept responsibility for securing music licenses if my event grosses more than \$25,000.00 in revenue. I understand that all information listed on my application, permit, attachments and supporting documents are subject to public disclosure by the City of Sandusky. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before a permit is issued is the sole responsibility of the applicant. Should the premises be made impractical for use by any cause, the City of Sandusky may, at its discretion, reissue the permit for another city property, or terminate and void the permit. The user expressly waives any and all claims for damage or loss of profit and other compensation should the permit be terminated.

Applicant Signature:	Date:	
Received by City Staff:	Date:	