

EVENT APPLICATION



EVENT: _____

DATE: _____

The request for special use for _____ as specified in the following permit form has been:

APPROVED: _____

DENIED: _____

If denied, reason why: _____

By: _____

Safety-Service Director

Date: _____

CITY OF PORT CLINTON
SPECIAL EVENTS GUIDELINES

This form is designed to help make the event planned a success. This must be completed at least one month in advance of your event so that all departments in the City that may be helping you with your special event can plan when and where they can provide the service for you. Please take time to completely fill out all areas that will pertain to your special event. In the areas that do not apply, please indicate as such – (N/A).

There will be a charge to cover the cost of any City services or personnel when applicable.

If you have any questions regarding the filling out of this form, feel free to contact the Safety-Service Director's office at 419.734.5522, ext. 239.

EVENT: _____

SPONSOR: _____

LOCATION OF EVENT: _____

DETAILED MAP WITH EVENT LAYOUT **MUST ACCOMPANY** THIS FORM.

DATE(S): _____	TIME(S): _____
_____	_____
_____	_____

DETAILS OF THE EVENT:

CHAIRPERSON(S) OF THE EVENT:

NAME: _____

ADDRESS: _____

PHONE: _____ Day Time _____ Day Time

EMAIL: _____

GENERAL INFORMATION: EVENT LAYOUT AND MAP

The following information must be completed and complied with to use any City Park or property:

Map Included _____ Provisions for emergency and fire lanes _____

ELECTRICITY:

Indicate where breaker boxes are needed. _____

Number needed: _____

Number of food/concession units _____

Number of 110 amp units _____

Number of 220 amp units _____

Time limit for usage each day: _____

Electrician in charge: _____

Phone: Day _____ Night _____

WATER:

Indicate where water is needed. _____

Number of needed hook-ups: _____

Time limit for usage each day: _____

CONCESSIONS:

Number of Food/Concessions: _____

Indicate on event layout/map the general area to be used and indicate below:

Time and Date of setting up: _____

Vehicles allowed in for deliveries only:

From _____ To _____ each day.

Person in charge of food concessions: _____

Day Time Phone _____ Evening Phone _____

CITY OF PORT CLINTON POLICY ON LIABILITY COVERAGE FOR AN EVENT:

The City of Port Clinton requires the following liability coverage for the following activities with the City named "Additional Insured":

Food Concessions, Amusement Rides, Competitive Sport Events -
\$1,000,000.00

Other Activities - \$500,000.00

Liability Insurance for the Event carried with: _____

Agent: _____ Phone Number: _____

For City Use Only:

Proof of liability insurance filed on: _____

ALCOHOLIC BEVERAGE SALES AND CONSUMPTION



1. Alcoholic sales will be permitted in approved areas only.
2. Area must be enclosed and must be indicated on the map.
3. Approved security must be provided during selling hours. If the City is to provide security, there will be a charge to cover personnel costs when applicable.
4. A minimum of two (2) security personnel must be on hand.

1. The City of Port Clinton will be charging a \$50.00 flat rate per hour.

5. Hours of sales will be from: _____ to _____
_____ to _____
_____ to _____

Only during each day of the event.

6. The City of Port Clinton reserves the right to close down the sale of alcoholic beverages for not complying with these provisions or due to problems that may arise.
7. Food **must be** served in the area of alcohol sales.
8. All State of Ohio laws must be followed.
9. **All information for alcoholic beverage sale must be completely filled out.**

Permit Issued in Name of: _____

Person(s) in charge of sales: _____

Day Time Phone Number: _____

Copy of State of Ohio Permit on file with Port Clinton Police Chief ____yes
____no

To sell from (insert dates) _____ to _____

Location of selling/consumption area: _____

Size of area: _____
(Area must also be indicated on map)

Security provided by: _____

Emergency communications provided by: _____

Secured area for sales provided by: _____

Installed by: _____

Set up of secured area: _____ To be removed on _____

SECURITY MUST BE PROVIDED DURING THE SALE OF ALCOHOLIC BEVERAGES.

IT IS THE EVENT SPONSOR'S RESPONSIBILITY TO OBTAIN SECURITY. SECURITY MUST BE APPROVED BY THE PORT CLINTON CHIEF OF POLICE AND/OR THE SAFETY-SERVICE DIRECTOR. IF SECURITY IS TO BE TAKEN CARE OF BY CITY PERSONNEL, THERE WILL BE A CHARGE TO COVER COSTS WHEN APPLICABLE.

BANDS, ENTERTAINMENT, LIVE MUSIC



Dates:

Start Time:

Finish Time:

MUSIC **MUST NOT** BE STARTED BEFORE NOON ON SUNDAYS.

ALL MUSIC **MUST BE** FINISHED BY 11:00 PM EACH DAY.

Location of the Stage Area:

Any other area that music will be played: _____

Person in Charge of Entertainment: _____

Day Time Phone _____ Evening Phone _____

COMFORT STATIONS

Number of Port-a-Jons supplied: _____

Who will contract for these: _____

(Indicate on map where they will be placed)

Maintenance contract with: _____

Phone Number: _____

When will they be maintained: _____

When will they be delivered: _____

Date and Time

Removed by: _____

LITTER CONTROL

Litter control is to be taken care of by the group or organization. The City is no longer responsible for trash or litter. Sponsor must provide dumpster. If clean up is required by City, sponsor will be billed @ a Rate of \$60.00 per hour per man.

PARADE PERMIT



IF YOUR EVENT IS PLANNING A PARADE, PLEASE MEET WITH THE CHIEF OF POLICE BEFORE COMPLETING THIS FORM TO DISCUSS TRAFFIC/PEDESTRIAN CONTROL AND ROUTE OPTIONS. AFTER COMPLETION, CONSIDERATION FOR A PARADE AND THE ROUTE WILL BE CONFIRMED. IF PARADE CONTROL IS TO BE TAKEN CARE OF BY CITY PERSONNEL, THERE WILL BE A CHARGE TO COVER COSTS WHEN APPLICABLE.

CHAIRPERSON FOR PARADE: _____

DAY TIME PHONE NUMBER: _____

DATE OF PARADE: _____

STARTING TIME: _____

ESTIMATED LENGTH: _____

INDICATE DESIRED ROUTE OF PARADE:

SECURITY



WHENEVER ALCOHOL IS BEING SOLD, LAW ENFORCEMENT SECURITY IS MANDATORY

SECURITY REQUESTED: /___/ **City** _____

No. of Officers requested (Min. of 2) _____

Contact Person: Chief Port Clinton Police Dept.

Time Needed: From: _____ To: _____

Alcohol Related: Yes _____ No _____

Private Security provided by:

Firm Name: _____

Address: _____

Phone No. _____

Contact Person _____

Phone: _____

Uniformed: Yes _____ No _____ Radio Contact: Yes _____ No _____

Vehicles: Yes _____ No _____ Cell Phone No. _____

SPECIAL NOTE: If event will use City facilities, any damage done, including grounds, buildings, etc. will be repaired by the City at the applicant's expense.