CITY OF KENT SPECIAL EVENT PERMIT APPLICATION

This application is used for events held on public property within the City of Kent. This application must be submitted at least **60 days prior to the event**, but no sooner than one year prior to the event. Acceptance of your application is not a final approval or confirmation of your request.

| NAME OF EVENT: | | | | | |
|---------------------------------------|---------------------------|--------------------|---------------------|--------------|-------------------------|
| EVENT DATE & TIME: | | | | | |
| EVENT LOCATION(S): | | | | | |
| EVENT PROCEEDS BENEFIC | CIARY: | | | | |
| APPLICANT INFORM | ATION | | | | |
| Organization Sponsoring Event: | | | | | |
| Is it Nonprofit: \Box YES \Box NO | | | | | |
| If so, provide documentation cer | tifying tax exempt, | nonprofit statu | s with this appli | cation. | |
| pplicant Name: T | | Title/I | itle/Position: | | |
| Mailing Address | | City: | | State: | Zip: |
| Phone: | | Email: | | | |
| Name(s) and phone number(s)of | person(s) responsib | le during the ev | ent | | |
| | | | | | |
| | | | | | |
| Event Website (if applicable): | | | | | |
| | | | | | |
| EVENT INFORMATIO | | | | (D | |
| Type of Event or Special Activity | : | | | (ex. Para | de, 5K, Festival, etc.) |
| Provide a detailed description of | the Event (please at | ttach flyer or add | ditional sheet if n | eeded): | |
| | | | | | |
| | | | | | |
| REQUESTED PERMIT TIME: | Start set up: | | Start event: | | |
| | End event: | | End cleanup: | | |
| Anticipated attendance: | | | | | |
| 1 | | | | | |
| Has this Event ever been held in t | he past: YES | | | | |
| If so, provide documentation det | ailing the previous | event location, | date, and numb | er of attend | lees. |
| Admission charged: YES | NO If so, list the | ne amount of the | e admission or pa | rticipation | fee: \$ |
| Who will receive the proceeds: | | | | - | · • |
| | | | | | |

EVENT COMPONENTS

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| Check <u>all</u> boxes that apply to your event. | | |
|--|-----------------------------|------------------------|
| Alcohol Sales | Clean Up/Litter Management | Electric |
| Fireworks | □ Food Vendors | Handwashing Facilities |
| Generators | ☐ Music/Sound Amplification | Portable Toilets |
| Pyrotechnics | Street Closures | Tents |
| Uvendors (Merchandise/Service) | □Vendors (Informational) | Water |
| Other: | | |

ALCOHOL SALES (if checked above)

Name of applicant/licensee:

A copy of the Ohio Department of Commerce, Division of Liquor Control Approval/Permit must be provided to the City prior to the event.

CLEAN UP/LITTER MANAGEMENT

Applicant is responsible for all trash/litter, grease, damages, ash, and gray water generated by an event. Describe how you will clean the site generated by the event:

A \$100 deposit is required to ensure that the event area is cleaned to pre-event conditions. Refund of deposit is at the discretion of the City, based upon the appearance of the event area once it has been cleaned.

ELECTRIC & WATER SERVICE

Does your event require use of City electric: \Box **YES** \Box **NO**

If so, please explain:

Outdoor extension cords must be 3-prong, with proper grounding and rating approved for outdoor use.

Does your event require use of City water:
YES NO
If so, please explain:

MUSIC/SOUND AMPLIFICATION

Describe any music and/or amplifying equipment that is part of your event:

The number and location of stages, number of bands/performers, and a schedule indicating the times and location of bands/performers must be submitted with the application.

PORTABLE RESTROOMS/HANDWASHING FACILITIES

Applicant is responsible for providing any portable restrooms and handwashing facilities needed to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity needed for your event.

Name and phone number of company supplying the portable restrooms and handwashing facilities:

| Number of portable restrooms: | Number of handwashing facilities: |
|--|---|
| Delivery date and time: | Post event removal date and time: |
| Attach a copy of the contract showing proof of the H | Portable Restroom suppliers' liability insurance. |

STREET CLOSURES

Does your event require street closure(s): **YES NO** If yes, what street(s) (include specific boundaries with street addresses, use additional pages if necessary):

The Service Director will determine the amount and location of barricades and cones required for your event. Applicant may be required to pick up and return the barricades and cones. Barricades and cones may be picked up/returned to the Service Administration Complex, 930 Overholt Road. A \$100 deposit is required to ensure that the barricades and cones are returned in good condition. Refund of deposit is at the discretion of the City based upon condition of the barricades and cones. Additional fees may be incurred should City staff be required to be present for the event.

TENTS

Name and phone number of company supplying the tents:

Number of tents and size of each:

Method in which tent(s) will be secured:

Tents may require a permit and must comply with Ohio Fire Code, Ohio Building Code. Tents may also require liability insurance. Applicant is responsible for reviewing said codes and attaching a copy of the contract showing proof of the Tent supplier's liability insurance. Tent(s) may not be secured in any manner that is damaging to City property.

VENDORS/FOOD SALES

Number of Food Vendors: ______ Number of Merchandise/Service/Informational Vendors: ______ Applicant is required to submit a Vendor List with this application indicating all vendors who will participate in the event. The Vendor List must indicate what each vendor will do, sell, demonstrate, cook (including cooking method), make, hand out, etc.

SITE PLAN

All applicants are required to submit a detailed site plan for all events. Please attached a detailed site plan of your event that clearly indicates the names of all streets or areas that are part of the event footprint, and includes the locations of entrances and exits, food vendors, hand washing facilities, portable restrooms, signage, trash receptacles (not including City trash receptacles) tents, and vendors. Parade/Race applicants should include a map, which clearly indicates the names of all streets or areas, and directions of the proposed route.

COMMUNITY IMPACT

Will the normal operations of residents and businesses be affected by your event: \Box **YES** \Box **NO** If so, please explain:

For events with any street closure(s), the applicant must attach a copy of the proposed pre-event information. The City of Kent Community Development Department will provide the applicant with a list of affected residents and businesses resulting from any street closure(s). It is the responsibility of the applicant to provide all listed residents and businesses with a copy of the proposed pre-event information and written notification of any street closure(s) by hand delivery or First Class U.S. Mail.

By signing this application, I am certifying that I have received a copy of the rules and regulations of Chapter 316 of the Codified Ordinances of the City of Kent, and I fully understand that should the permit be approved, it can be revoked if any of the provisions of this Chapter are violated.

Applicant Name

Applicant Signature

Date

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE

| On | this application was sent for review to the following Departments: Fire, Health, Police, Safety, and |
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| Service. | |

| Application Status: [| APPROVED | DENIED |
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| Memorandum Agreement Required: | YES | |
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Proof of insurance reviewed and approved by the Law Director: **YES NO**

Law Director