

Special Event Permit

CITY OF GREENFIELD

Please contact Bobbi Anderson at Greenfield Parks & Recreation Dept. at 317-477-4340 with any questions or concerns

APPLICANT INFORMATION

Organization		Non-Profit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street Address				
Email		Phone		
Contact Name				

EVENT INFORMATION

Name of Event		Annual Event	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event Date		Event Time(s)		

Will your event include

Concert(s)/Live Music	YES <input type="checkbox"/>	NO <input type="checkbox"/>	5k/Run/Etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tents*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inflatables, obstacles, rock walls, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Concessions*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fireworks, lasers, pyrotechnics	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alcohol*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bingo, drawings, lottery, or similar	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signs or Banners prior to the event	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Massage or similar activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional Lighting, decorations, or similar	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Portable restrooms*	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Please see page 2 for additional information required for these activities*

EVENT DESCRIPTION

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EVENT LOGISTICS

Proposed Location					
Estimated Attendance		Estimated Number of Vendors			
Event Start Date		Start Time			
Event End Date		End Time			
Set-Up Date		Time			
Tear-Down Date		Time			

PLEASE DESCRIBE YOUR PLAN FOR CLEANUP AND REMOVAL OF TRASH DURING AND AFTER YOUR EVENT

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PUBLIC SERVICES REQUESTED

Please identify any public services including street closures and traffic control, electric service, etc. that you may need for your event:

Street or Alley Closure	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Event Barricades	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Traffic Control	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EMS Presence <small>Fee is \$35/hr.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Picnic Tables	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number Requested _____/10 tables
Fire Inspection (required for tents)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Tents over 200 square feet must include "No Smoking" signage and a fire extinguisher. Please contact the Fire Department for additional information and to schedule inspections.
Public Electric Service	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amperes/Voltage Requested
Public Water Service Connection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Public water supply requires the use of an NSF-approved food grade hose, non-lead connections, and a back flow prevention device suited to the vendor's intended use. If carbonated drink systems will require a connection to the public water system, please indicate below the type of back flow prevention device that will be used.

Please describe any food or concession prep areas and/or alcohol sales and consumption planned for your event and attach a copy of your liquor license to the application.

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area which will be available to the public during your event. If you will not be providing portable restrooms, please attach a description of facility plan.

Total Number of Portable Toilets Proposed:	Number of ADA Accessible Portable Toilets:
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Portable Restroom Facility Provider:

Contact Number:

Set-Up Date: _____ Time: _____ Pick-Up Date: _____ Time: _____

You are required to provide adequate trash services for your event. Please provide the contact information for the sanitation/recycling company that will provide clean-up services:

Trash/Sanitation Company Name:

Contact Number:

Number of Trash Cans With Lids: _____ Without Lids: _____ Recycling Containers: _____

Number of Dumpsters with Lids: _____ Without Lids: _____

Set-Up Date: _____ Time: _____ Pick-Up Date: _____ Time: _____

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EVENT ATTACHMENTS

Please provide the following as applicable to your event

Event Route/Site Plan	<input type="checkbox"/> *required	Vendor List	<input type="checkbox"/>
Agenda/Proposed Activities	<input type="checkbox"/> *required	Performer List	<input type="checkbox"/> Please include sound-check start/end time(s)
Description of Security/Medical Plan	<input type="checkbox"/>	Location of Stage(s)	<input type="checkbox"/>
Parking Plan/Bus Routes	<input type="checkbox"/>	Copy of 501 C(3) Exemption Letter	<input type="checkbox"/>
Copy of Liquor License	<input type="checkbox"/>	Copy of Insurance/Contact Information	<input type="checkbox"/>
Copy of Health Department Approval	<input type="checkbox"/>	Brief Description & Locations of signage/banners proposed	<input type="checkbox"/>
Copy of notice to public/businesses of intended closures	<input type="checkbox"/>	Other Attachments (Please List):	
Contact Information for Tent Vendor/Installation	<input type="checkbox"/> *required for Fire Inspections		

THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE FOLLOWING REGULATIONS ARE MET AT ALL TIMES. FAILURE TO MEET ANY OF THE FOLLOWING WILL RESULT IN THE DENIAL OR REVOCATION OF THIS PERMIT AND POSSIBLE ENFORCEMENT ACTION BEING TAKEN AS OUTLINED BY THE CITY OF GREENFIELD CODE OF ORDINANCES.

All Applicants shall be required to submit to the City of Greenfield proof of insurance and for general liability that states that the City of Greenfield, Indiana, is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence; \$300,000 per person; and \$50,000 for legal. Amusement rides, inflatables, moving vehicles, rock walls, etc. will require proof of additional coverage. Special Event Permits are required for any obstruction, use, or activity within a public right-of-way, city property, or city easement. Any applications for encroachments must include a site plan that details specifically the number and location of encroachments. Site plans should detail uses planned for each section or route. In cases where the proposed activities will interfere with traffic flow on streets, the application will be assessed by the Greenfield Police, Fire, and Street Departments to determine the number of necessary City personnel and/or equipment. Fees will be assessed on a case-by-case basis based on the personnel needed and total time of the event. Under no circumstance does this permit give the applicant permission to set up any activity, staging area, or other event-related feature on private property. The undersigned shall notify the City 30 days prior to the event to ensure availability of resources. The applicant shall hold harmless and indemnify the City of Greenfield from, for, and against any claim of any person in tort, contract, or otherwise arising out of the act or omissions of the applicant, their agents, representatives, participants, etc.

Based upon the size, location, and nature of your event, additional City resources may be required. These resources will be assessed and required by various City personnel and the cost will be reflected in your total permit fee. The base permit fee is \$70.

APPLICANT AFFIDAVIT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. I believe that I have read, understand, and agree to abide by the rules and regulations governing the proposed Special Event under the City of Greenfield Municipal Code, and I understand that this application is made subject to the rules and regulations set forth by the City. As the applicant, I agree to comply with all of the requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and conduct of the event. I further certify that I, on behalf of the Host Organization, am authorized to commit that the organization to be financially responsible for any costs or fees that may be incurred by or on behalf of the Event to the City of Greenfield.

Applicant Signature: _____ Date: _____

Printed Name: _____

Relationship to Applying Organization: _____