

Special Event Permit Application

Please complete this application by entering the information and clicking the **Submit by Email** button at the top right of this page. In the alternative, after the information is entered, the application can be printed by clicking the **Print Form** button at the top right of this page and submitting to:

		City of Flor ATTN: Office of			
		8100 Ewing Bo	oulevard		
		Florence, KY Fax: (859) 64'			
			7-5411		
			$\mathbf{D}_{\mathbf{r}}(\mathbf{r}) = \mathbf{f} \mathbf{E}_{\mathbf{r}}$	4 -	
			. /		
· -					
Anticipated Total Att	tendance:		Anticipated P	er Day Attendar	ice:
En ant One and and Inf	· · · · · · · · · · · · · · · · · · ·				
<i>Event Organizer Inf</i> Organizing Agency:	ormation		Web Address	•	
Agency Contact: On-Site Contact:			On-Site Phone:		
Billing Contact:			Billing Phone:		
Billing Address:					
Site Plan					
Event Set-up:	Date:	Day of Week:		Time	2:
Event Opens:	Date:	Day of Week:		Time	2:
	Daily Event Times:				
Event Closes:	Date:	Day of Week:		Time	2:
Event Dismantle:	Date:	Day of Week:		Time	2:
Secondary Permit R					
	permit does not negate the "Special Event Policy Inst	-		proper zoning, alc	cohol, tent, or other applicable
permits. I lease leview	Special Event Folicy Illst		ai uctalls.		
Yes \Box No \Box Is this	is an open air event?	Public Proper	ty 🗆 Pri	vate Property	\Box Parking Lot

	is this an open air event?			
Yes□ No□	Alcohol or beer on-site?	□Alcohol Sales	□Beer Sales	□Free Beverages

Yes□ No□	Concessionaires on-site?	Number of food vendors:	Number of item vendors:
Yes□ No□	Food preparation on-site?		□Gas
Yes□ No□	Tents or stages on-site?	If yes, what sizes:	
Yes□ No□	Other structures on-site?	If yes, please explain:	
Yes□ No□	Using a city park?	Name and location:	
Saarrite Mad	ingly Traffic and Destring Diana		
<u>Securuy, Meu</u> Yes□ No□	<i>ical, Traffic, and Parking Plans</i> Security or police on-site?	Agency and Phone:	
If yes, please d		of your plan:	
Yes□ No□	Medical first-aid on-site?	Agency and Phone:	
If yes, please d	lescribe or provide an attachment	of your plan:	
Yes□ No□	Is there parking available?	Please describe or provide an attachr	nent of your plan:
Yes□ No□	Using a shuttle service?	If yes, please describe or provide an	attachment of your plan:
Other Related	Activities and Information		
Yes No	Entertainment on-site?	□Live music □Recorded music	□Dancing □Inflatables
	□Fireworks □Mechanical	rides Other (specify):	
Yes□ No□	Sound amplification?	Set-up time: Start time: _	Finish time:
Yes□ No□	Portable Restrooms?	Agency and Phone:	
<u>Mitigation of I</u>		val of waste and garbage during and a	fter your event:
riease describe	e your plan for cleanup and femo	var of waste and garbage during and a	ner your event
Yes□ No□	Have you presented your event	concept to the affected residents, busi	nesses, churches, and schools?
If yes, please a		ties. If no, please explain:	
	-		
Yes□ No□	Do you have a sample of the no	tice that you propose to distribute two	weeks prior to your event?
If yes, please a	ttach in an electronic format. If n	o, please explain:	

Insurance Information

Organizations holding a special event shall provide the City of Florence a current certificate of insurance complying with specified insurance coverage and limits as prescribed by the city. The City of Florence shall be listed as an **additional insured** on the certificate. The insurance company shall have a minimum "A" rating to be acceptable. Liability limits: \$1,000,000 for general and liquor liability, if applicable.

Yes \Box No \Box Certificate of Insurance? Agency and Phone:

If yes, submit certificate. If no, please explain:

Hold Harmless Agreement and Applicant Affidavit

To the fullest extent permitted by law, ______ (Name of Organizing Agency) hereby agrees to defend, pay on behalf of, and hold harmless the City of Florence against any and all claims, demands, suits, losses, including costs connected therewith, for any damage which may be asserted, claimed, or recovered against or from the City of Florence, its elected and appointed officials, employees, volunteers, agents, or all others working on behalf of the City of Florence, by reason of personal injury, including bodily injury and death, and/or property damage or intended wrongful act, including loss of use thereof, which arose out of the alleged negligence of ______

(Name of Organizing Agency) and/or in any way connected or associated with the event(s) known as ______ (Name of Event) which is being sponsored by ______ (Name of

Organizing Agency).

Applicant declares all information submitted on this application is true and accurate. An application approval does not imply city sponsorship. Review the instructions for further information in reference to special events. Applicant will immediately notify the City of Florence of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the organizing agency, and all members thereof, applicant agrees to abide by all policies, procedures, and instructions set forth or provided by the City of Florence, its staff, officers, and designated agents, and will comply with all local, state, and federal laws or regulations. I further certify that I, on behalf of the organizing agency, am also authorized to commit that agency, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Florence.

Print Name: Signatu	re:Date:		
FOR OFFI	ICIAL USE ONLY		
Date Received:	Department Comments:		
The above special event is: \Box Approved \Box Denied	Fire:		
Approved by:	Police:		
Date:	Public Services:		
Other Notes:			