

SPECIAL EVENT



APPLICATION

Chandler · Arizona
Where Values Make The Difference

Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed.

APPLICANT INFORMATION

| | | | |
|-------------------------------------|---------------------|--------------------------------------|--|
| Name of Company/Organization | | Please Check One: | |
| | | Nonprofit** <input type="checkbox"/> | Business/Promoter <input type="checkbox"/> |
| Mailing Address | City | State | Zip Code |
| Physical Address | City | State | Zip Code |
| Event Chairperson | | | |
| Name | Office Phone Number | | |
| Email Address | Home Phone Number | | |
| Fax Number | Cell Phone Number | | |

****A Certificate of 501(c) (3) status from the IRS must accompany the application form.**

GENERAL EVENT INFORMATION

| | |
|--|--|
| Name of Event | |
| Event Date(s) | |
| Event Start Time | Event End Time |
| Type(s) of Event | |
| <input type="checkbox"/> Parade/March/Procession | <input type="checkbox"/> Race/Walk/Cycle/Skate |
| <input type="checkbox"/> Concert/Performance/Live Music | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Athletic/Recreation Activities |
| <input type="checkbox"/> Extension of Premise | <input type="checkbox"/> Bike Park Showcase/Activity |
| <input type="checkbox"/> Skate Park Showcase/Activity | <input type="checkbox"/> Other _____ |
| Proposed Location of Event | |
| Location Is _____ | <input type="checkbox"/> Private Property <input type="checkbox"/> Public Property |
| <i>*Events taking place on Private Property must provide written permission from the property owner. This letter must accompany the application.</i> | |
| Anticipated Attendance | |
| Participants _____ | Spectators _____ |
| Audience Demographics _____ | |
| Event History | |
| <input type="checkbox"/> New | <input type="checkbox"/> Re-Occurring |
| Is this considered to be an annual event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Extension of Premise | |
| Name of property owner where event is to be held _____ | |
| Address _____ | |
| Phone Number _____ | |
| <i>*Please attach letter of permission from Property Owner</i> | |
| Nonprofit Benefactor | |
| <i>*Please attach a letter from the non-profit organization verifying their partnership</i> | |
| Event Co-Producers | |
| Will you have event co-producers? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, complete below.</i> | |
| Co-Producing Organization _____ | |
| Contact Name and Phone Number _____ | |
| Event Responsibilities _____ | |

GENERAL EVENT INFORMATION CONTINUED

Event Details

Fees

| | | | |
|---------------------|------------------------------|-----------------------------|------------|
| Admission | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost _____ |
| Food Vendors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost _____ |
| Merchandise Vendors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cost _____ |

| | |
|------------------|------------------|
| Set Up _____ | Tear Down _____ |
| Date/Times _____ | Date/Times _____ |

Open to the public Yes No

If no, please describe why? _____

Contact person for media/citizen information, questions or concerns

Name _____

Phone Number _____ Email Address _____

Event Web Site _____

Event Description

Illustrative Site Map

A **site map** of the event area including location(s) of equipment and activities must be submitted with this application. Please include the information listed in the handbook on page 27.

FIRE SERVICES

Medical

Do you want fire services? On Call On Site

Will you have a first aid station on site? Yes No

Structures

Canopies

Will you have canopies or tents? Yes No If Yes, complete Appendix C

10' x 10' 20' x 20' Other Size

Scaffolding

Will you have scaffolding? Yes No

Where will it be placed? _____

What are the dimensions? _____

Fencing

Will fencing be used? Yes No

Type of fencing _____

Height of fencing _____

Dimensions of fenced area _____

Open Flames

Will you have open flames? Yes No If Yes, complete Appendix E

What will your open flame usage be? (check all that applies)

Grilling/BBQ Deep Fryer Activity/Entertainment

Other _____

Pyrotechnics

Will you be having fireworks? Yes No If Yes, complete Appendix D

Company providing service _____

Length of display _____

Location of anticipated launching site _____

Anticipated start time _____

Describe types of materials being used for show

***Attach Certificate of Insurance of Company**

TRAFFIC CLOSURES

What closures are being proposed for the event?

| | | | | |
|--------------|--------------------------|-----|--------------------------|----|
| Streets | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Alleys | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sidewalks | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Parking Lots | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If Yes, complete Appendix G

Provide a detailed description of all traffic closures for this event (include location, times and closure devices)

***A Traffic Control Plan and Road Restrictions and Closure Permit MUST be completed**

Name of contracted professional barricade company _____

Contact Name _____ Phone # _____

Please describe your parking plans

VENDOR INFORMATION

Food

| | | | | | |
|-------------------------------|--------------------------|---------|--------------------------|--------|-----------------------------|
| Food or Beverages? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, complete Appendix H |
| <input type="checkbox"/> Sold | <input type="checkbox"/> | Caterer | <input type="checkbox"/> | Served | |
| <input type="checkbox"/> Free | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Will food be prepared on site?

Please describe

Number of anticipated vendors _____

Do vendors have all permits/licenses with Maricopa County Environmental Health Department?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is your completed vendor list attached to this application?

Sponsors

| | | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|----|-----------------------------|
| Will you have sponsors? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, complete Appendix H |
| Will these sponsors have booths? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Will these sponsors be selling items? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Informational / Crafts / Merchandise

| | | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|----|-----------------------------|
| Will you have these types of vendors? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If Yes, complete Appendix H |
| Number of anticipated vendors | _____ | | | | |

Alcohol

Alcohol?

| | |
|--|---|
| <input type="checkbox"/> No Alcohol | <input type="checkbox"/> Allowing Guests to Bring Their Own |
| <input type="checkbox"/> Sold (City & State Permit Required) | (City Beer Permit Required) |

If Selling Alcohol - Answer This Section

Have you submitted the special events alcohol application? Yes No

Date Submitted _____

When will the special events alcohol application be reviewed by the City Council?

Date of City Council Meeting _____

Please describe in detail how the alcohol sales will be sold and monitored

Alcohol Continued

Allowing Guests to Bring Their Own Alcohol - Answer This Section

Are you aware that this option only applies to city parks? Yes No

Have you purchased the City's beer permit? Yes No

Permit Number _____

How do you plan on regulating the drinking of alcohol during your event? Please Explain.

PUBLIC SAFETY

Responsible person on site _____

Cell Phone Number _____

Please describe your plans for on site security.**

Private security company name _____

Security guard certification _____

of security personnel _____ How identified? _____

Police

Will you be requesting off duty Chandler Police Officers? Yes No

of officers requested _____

Start Time _____ End Time _____

****After reviewing the application, the City reserves the right to require the use of off duty police officers at the expense of your organization.**

RESTROOM FACILITIES

Will you be using the city facilities? Yes No

Start Time _____ End Time _____

Will you bring in portable facilities? Yes No

Name of company providing services _____

Delivery Date _____ Delivery Time _____

of standard units _____ # of disabled units _____

of handwashing stations _____

Pick-Up Date _____ Pick-Up Time _____

EVENT MAINTENANCE / CLEAN-UP

Do you want to rent trash containers from the City? Yes No

90 Gallon Containers

Quantity _____ Delivery Date/Time _____

How will you dispose of the trash? On-Site Roll Off Bins Hauling Trash Off-Site

If roll off bins are brought in...

What company will be used? _____

Location of roll off bin _____

Delivery Date _____ Delivery Time _____

Removal Date _____ Removal Time _____

Are you hiring a professional clean up crew? Yes No

Name of company _____ Cell Phone Number _____

Person responsible for final clean up _____

***It is the responsibility of the event organizer to ensure trash is picked up during and at the conclusion of the event. Event organizer is responsible for all trash on the event site and any trash associated with the event or event patrons or spectators that impact the surrounding area, adjacent streets, right-of-way neighborhood homeowners property, schools, businesses or places of worship.**

AUXILLARY EVENT INFORMATION

Electrical

Will you be needing the city supplied electrical outlets? Yes No
 Date Needed _____ Start Time _____ End Time _____

Please list the following

| Equipment Needing Electricity | Voltage/Amperage | # of Outlets |
|-------------------------------|------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Generators on-site? Yes No
 Name of company providing services _____
 Size of Generator _____ Quantity _____

Water Requirements

Will you be needing the city supplied water outlets? Yes No
 Date Needed _____ Start Time _____ End Time _____

Please list the following

| Item Needing Water | Potable/Non-Potable |
|--------------------|---------------------|
| _____ | _____ |
| _____ | _____ |

Signs - Banners

List all signs/banners being used _____ Locations _____ Size _____

How will these banners be hung/secured? _____

Bleachers

Will you have bleachers? Yes No
 Quantity _____ Bleacher Dimensions _____
 Name of company providing services _____
 Placement location _____

Do you want to rent the City's bleachers? Yes No
 Delivery Date _____ Pick-Up Date _____
 Delivery Time _____ Pick-Up Time _____

ENTERTAINMENT / AMPLIFIED SOUND

Will there be a stage or multiple stages? Yes No
 Quantity _____
 Stage Dimension _____
 Who are you getting the stage from? _____

Do you want to rent the City's showmobile or portable stage? Yes No
 Showmobile Portable Stage

Delivery Date _____ Pick-Up Date _____
 Delivery Time _____ Pick-Up Time _____

What will take place on the stage? Please Explain

Will there be amplified sound? Yes No
 Will there be a sound check? Yes No
 What time will the sound check take place? _____

ENTERTAINMENT / AMPLIFIED SOUND CONTINUED

Will Inflatables be on site? Yes No

Name of company providing services _____
 List types of Inflatables _____ Quantity _____ Sizes _____

****Attach Certificate of Insurance for Inflatable Company***

Will Mechanical Rides be on site? Yes No

Name of company providing services _____
 List types of Rides _____ Quantity _____ Sizes _____

****Attach Certificate of Insurance for Mechanical Ride Company***

Will Animals be on site? Yes No

Name of company providing services _____
 List types of Animals _____ Quantity _____

****Attach Certificate of Insurance for Animal Company***

DOWNTOWN CHANDLER EVENTS ONLY

*****Complete this section if your event takes place in the Downtown Chandler Enhanced Municipal Services District (south of Chandler Blvd, north of Frye Rd.)***

Are there any downtown businesses involved in planning this event? List Business Names

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

How and where will you be promoting this event?

Describe how this event will benefit Downtown Chandler and the local merchants.

*****Only Complete if Requesting Funding from the Downtown Chandler Community Partnership*****

Financial Sponsor* (a separate grant request needs to be completed - will be sent to you)

Amount Requested _____ *Include your event budget

By requesting funding, I understand that the Downtown Chandler Community Partnership has the right to audit all receipts and expenses to this event. I will make these records available within one week of event completion.

Signature _____

Date _____

INSURANCE REQUIREMENTS

For consideration to hold the event and use of City property, the applicant agrees to provide general liability insurance and indemnify, defend and hold the City of Chandler harmless as set forth in the Insurance Specifications and Indemnification guidelines (attached). If your event includes alcohol, liquor liability or host liquor liability coverage must be included on your certificate of insurance. Certificates of insurance are due NO LATER than two weeks before the event date. **Failure to comply with insurance requirements will result in the forfeiture of the use of city property for the event or future events.**

(INITIALS)

Name of Insurance Certificate Holder

MISCELLANEOUS ITEMS

Will public official(s) be invited to the event? _____

Yes

No

Explain _____

If this is a NEW event to the City of Chandler, please provide three references of past coordinators that have worked with you and your organization on events:

Name _____ Venue _____ Phone # _____

Name _____ Venue _____ Phone # _____

Name _____ Venue _____ Phone # _____

ACCESSIBILITY

It is the responsibility of the event organizer to ensure the event site is accessible to the disabled. Such examples are public sidewalks may not be blocked with tents, portable toilets or other structures; cables or electrical cords must not create an obstacle; ADA accessible parking and portable toilets must be available. Vendors should be prepared to meet any accessibility accommodations.

(INITIALS)

NEIGHBORHOOD NOTIFICATION

The applicant is **required** to notify residents, businesses, places of worship and schools that are affected by street closures and/or noise related to your event. **This notice must be submitted to the Special Event Coordinator for review prior to notification delivery.** Once approved, the notice must then be mailed or hand delivered to designated impacted areas at least **two** weeks prior to your event (or sooner per the level of impact of the event on the community). Information on the notice should include, but not be limited to; the name of the event, date(s), time(s), location, the assigned Police Traffic Sergeants name and phone number (if applicable), type of activity and telephone number where the public can contact your organization for concerns or issues. **Failure to comply with notification requirement can result in the cancellation, postponement or other significant restrictions to your event or future events. Verification of neighborhood notification is required.**

(INITIALS)

PLEASE READ CAREFULLY BEFORE SIGNING

The Contractor agrees to indemnify, defend, and save harmless the City of Chandler, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively; from all losses, claims, suits, actions, payments and judgments, demands, expenses, attorneys' fees, defense cost, or actions of any kind and nature resulting from personal injury to any person, including employees of the Contractor or of any subcontractor employed by the Contractor (including bodily injury and death) or damages to any property arising or alleged to have arisen out of the negligent performance of the Contractor for the work to be performed hereunder, except any such injury or damages arising out of the sole negligence of the City, its officers, agents or employees.

IT IS THE INTENTION OF THE PARTIES to this contract that the City of Chandler, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively, are to be indemnified against their own negligence unless and except their negligence is found to be the sole cause of the injury to persons or damages to property. The amount and type of insurance coverage requirements set forth in the contract will in no way be construed as limiting the scope of indemnity in this paragraph.

I certify that the information set forth within this application is complete, true and correct to the best of my knowledge and belief, and that I have received and will comply with the information set forth on the attached Information Sheet and Fact Sheet. Information from your application is considered public information and may be used in developing a calendar of community events. Acceptance of your application should in no way be construed as final approval or confirmation of your request. The City of Chandler reserves the right to refuse the application and it is revocable if deemed in the best interest of the City of Chandler.

Authorized Agent/Event Chairperson Name (PRINT)

Signature

Title

Date

Mail Completed Application To
Special Event Coordinator
City of Chandler Recreation Division
Mail Stop 500, P.O. Box 4008, Chandler, AZ 85244