



SPECIAL EVENT APPLICATION

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* Business City of Chandler Department/Division

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address _____ City _____ State _____ Zip Code _____

Event Chairperson

Name _____ Cell Phone Number _____

Email Address _____ Fax Number _____

Office Phone Number _____

Chairperson - Do you work directly for the Applicant Company/Organization? Yes No

If **NO**, what company/affiliation do you work for? _____

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

GENERAL EVENT INFORMATION

Name of Event

Date/Time of Event (For Date: INCLUDE Day of Week - i.e. Saturday, May 5, 2020)

Please Check One: Single Day Event Multiday Event

Single Day - only complete Day 1; Multiday - complete all needed days

Day 1: Date _____ Start Time _____ End Time _____

Day 2: Date _____ Start Time _____ End Time _____

Day 3: Date _____ Start Time _____ End Time _____

Type(s) of Event

- | | | |
|---|---|---|
| <input type="checkbox"/> Parade/March/Procession | <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Race/Walk/Cycle/Skate |
| <input type="checkbox"/> Concert/Performance/Live Music | <input type="checkbox"/> Festival | <input type="checkbox"/> Athletic/Recreation Activities |
| <input type="checkbox"/> Skate Park Showcase/Activity | <input type="checkbox"/> Extension of Premise | <input type="checkbox"/> Bike Park Showcase/Activity |
| <input type="checkbox"/> Other | | |

Proposed Location of Event on Public Property

Location _____

***Event Taking Place on Public and PARTIAL Private Property**

MUST provide written permission from the property owner. This letter must accompany the application.

Anticipated Attendance/Event History

Evaluation of Services/Needs are Based Off of These Provided Numbers City of Chandler reserves the right to INCREASE services/needs as needed should provided numbers listed not be accurate.

Anticipated TOTAL Event Attendance	Anticipated Event Attendance By Hour	Hours of Event
Day 1 _____	Opening _____	_____
Day 2 _____	Peak _____	_____
Day 3 _____	End of Night _____	_____

Audience/Demographics _____

Please Check One: New Event Re-Occurring Event^

^Include **LAST THREE** Years of Final Attendance Numbers for THIS Event

Year _____ Attendance # _____ Year _____ Attendance # _____

Year _____ Attendance # _____

GENERAL EVENT INFORMATION CONTINUED

Liquor License Holder

Nonprofit Name: _____

***Please attach a letter from the non-profit organization verifying their partnership to apply for, hold the Liquor License, and provide Liquor Liability insurance**

Event Co-Producers

Will you have event co-producers? Yes No *If Yes, complete below*

Co-Producing Organization _____
 Contact Name and Phone Number _____
 Event Responsibilities _____

Event Details

Set Up

Day 1: Date _____	Start Time _____	End Time _____
Day 2: Date _____	Start Time _____	End Time _____

Tear Down

Day 1: Date _____	Start Time _____	End Time _____
Day 2: Date _____	Start Time _____	End Time _____

Fees

Admission Yes No

Presale:	Child (Age _____)	Senior _____	Adult _____
	VIP Area: Child _____	Senior _____	Adult _____
Event Day:	Child (Age _____)	Senior _____	Adult _____
	VIP Area: Child _____	Senior _____	Adult _____

Contact Person for Media/Citizen Questions or Inquiries

Name _____ Phone Number _____
 Email Address _____
 Event Web Site _____
 Handles: Facebook _____ Twitter _____
 Instagram _____

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.

TRAFFIC CLOSURES

What closures are being proposed for the event?

If Yes, permit may be **REQUIRED**; additional instructions will be provided

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

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

Name of contracted professional barricade company _____

Contact Name _____ Phone # _____

Please describe your parking plans

VENDOR INFORMATION

Are you having any vendors at event? Yes No If Yes, permit may be REQUIRED; additional instructions will be provided

Please Check All that Apply:

Sponsors Food/Beverage Merchandise Sales
 Informational Activities/Crafts

Number of Anticipated Vendors:

Sponsors _____ Food/Beverage _____ Merchandise Sales _____
 Informational _____ Activities/Crafts _____

Food/Beverage Vendors:

Will they do any of the following? On Site Sales Free Samples Catering
 Will food be prepared on site? Yes No
 Have you notified Maricopa County Environmental Health Department? Yes No

ALCOHOL

Will your event request the service of Alcohol? If Selling, Hosting Bar, permit will be REQUIRED; additional instructions will be provided

No Alcohol Sold (City & State Permit Required) Hosted Bar (City & State Permit Required)

Answer This Section If Selling/Hosting Alcohol

Have you submitted the special events alcohol application? Yes No
 Date Submitted _____

Assigned date for special events alcohol application to be reviewed by the City Council _____

Please describe in detail how the alcohol operations will be sold/hosted and monitored
****This description should be reflected in your EVENT LAYOUT****

PUBLIC SAFETY

Fire Services - Medical

Do you want fire services? On Call On Site
 Will you have a first aid station on site? Yes No

Fire Services - Open Flames

Will you have open flames? Yes No If Yes, permit may be REQUIRED; additional instructions will be provided

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

Grilling/BBQ Deep Fryer Activity/Entertainment
 Other _____

Fire Services - Structures

Canopies

Will you have canopies? Yes No If Yes, permit may be REQUIRED; additional instructions will be provided

Indicate Size(s) 10' x 10' 20' x 20' Other Size(s) _____

Tents

Will you have tents? Yes No If Yes, permit may be REQUIRED; additional instructions will be provided

Indicate Size(s) 10' x 10' 20' x 20' Other Size(s) _____

Scaffolding

Will you have scaffolding? Yes No

What are the dimensions? _____

Where will it be placed? _____

Fencing

Will fencing be used? Yes No

Dimensions of fenced area _____

Type of fencing _____
 Height of fencing _____

Company Name Supplying ANY of the Above Items _____

PUBLIC SAFETY CONTINUED

Fire Services - Pyrotechnics

Will you be having fireworks? Yes No **If Yes, permit may be REQUIRED; additional instructions will be provided**
Fireworks Company _____ Location of anticipated launching site _____
Length of display _____
Anticipated start time _____

Private Security

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 _____
Security Guards Armed Yes No

Police

Event Guideline for Officer to Guests Ratio - 1:450; Officer to Supervisor Ratio - 7:1

Will you be Requesting/Needing Off-Duty Chandler Police Officers? Yes No
of Personnel: Officers _____ Supervisors _____
Day 1: Start Time _____ End Time _____
Day 2: Start Time _____ End Time _____
Day 3: Start Time _____ End Time _____

****After reviewing the application, the City reserves the right to require the use of ADDITIONAL Off Duty Police Officers and Civilian Staff at the expense of your organization**** _____ Initials of Acknowledgement

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 _____ Time _____
of standard units _____ # of disabled units _____ # of handwashing stations _____
Pick Up: Date _____ 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

Water Requirements

Will you be needing the city supplied water outlets? Yes No
Date Needed _____ Start Time _____ End Time _____
Item Needing Water _____ Potable/Non-Potable _____

Electrical

Will you be needing the city supplied electrical outlets? Yes No
Date Needed _____ Start Time _____ End Time _____
Equipment Needing Electricity _____ Voltage/Amperage _____ # of Outlets _____

Generators on-site? Yes No Company Name _____
Generator Size _____ Quantity _____ Generator Size _____ Quantity _____

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/use the City's showmobile or portable stage? Yes No
 Showmobile Portable Stage Downtown Stage
Confirmation of Usage of the Showmobile/Portable Stages are provided once the event application is approved. There is NO guaranteed these stages will be available.
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 Sound Check Time _____

ENTERTAINMENT / ACTIVITIES

Will Inflatables be on site? Yes No *Certificate of Insurance for Company Will Be Needed

Name of company providing services _____
 Inflatable Name _____ Quantity _____ Size _____
 Inflatable Name _____ Quantity _____ Size _____

Will Mechanical Rides be on site? Yes No *Certificate of Insurance for Company Will Be Needed

Name of company providing services _____
 Ride Name _____ Quantity _____ Size _____
 Ride Name _____ Quantity _____ Size _____

Will Animals be on site? Yes No *Certificate of Insurance for Company Will Be Needed

Name of company providing services _____
 Type of Animal _____ Quantity _____
 Type of Animal _____ Quantity _____

INSURANCE REQUIREMENTS

For consideration to hold the event and use of City property, the applicant agrees to provide general liability insurance (this includes all applicable endorsements) 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 **ONE** 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. I confirm that I have received and read the Special Event Handbook and will comply with the information requested and/or required set forth in the handbook and during the review/approval of the submitted application. Information from your application is considered public information and may be used in accordance with public requests. 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
Mail Stop 498, P.O. Box 4008, Chandler, AZ 85244