



TSPE 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: _____

Address _____ City _____ State _____ Zip Code _____

AZDOR Tax License Number (TPT) _____

Primary Contact

Name _____ Cell Phone Number _____

Email Address _____ Office Phone Number _____

Affiliation to Applicant Company/Organization

Please Check One: Owner Manager Hired Representative _____
Name of Hired Company

GENERAL EVENT INFORMATION

Name of Event _____

Estimated Attendance _____

Section A - Annual/Non-Seasonal Permit (Only complete ONE Section - A or B)

Date/Time of Event (Four Consecutive Day Limit for this Permit)

Day 1: Date _____	Start Time _____	End Time _____
Day 2: Date _____	Start Time _____	End Time _____
Day 3: Date _____	Start Time _____	End Time _____
Day 4: Date _____	Start Time _____	End Time _____

Type of Event

<input type="checkbox"/> Extension of Premise	<input type="checkbox"/> Food Truck Event	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grand Opening	<input type="checkbox"/> Sidewalk Sale	

Section B - Seasonal Permit (Only complete ONE Section - A or B)

Date/Time of Event (45 Consecutive Day Limit for this Permit)

Start Date _____ End Date _____

Open Time _____ Close Time _____

Type of Event

<input type="checkbox"/> Pumpkin Patch Lot	<input type="checkbox"/> Christmas Tree Lot	<input type="checkbox"/> Fireworks Stand Lot
<input type="checkbox"/> Other _____		

Location of Event

Address _____

Are you the Property Owner? Yes No

IF NO, You MUST provide written permission from the property owner. This letter must accompany the application.

Event Site Map

A site map of the event area including location(s) of equipment and activities
MUST BE SUBMITTED WITH THIS APPLICATION. Please include but not limited to the following:

• Vendors	• Tents/Canopies	• Tables/Chairs etc.	• Bar Locations	• Portable Restrooms	• Fencing/Barricades
• Stages	• Entrances/Exits	• Emergency Exits	• Amusement Rides/Games	• Power/Portable Generators	
• Parking	• Light Towers	• Security Positions	• Location of Establishment	• Dimensions of Tents/Canopies, Fencing, Stages, etc.	

GENERAL EVENT INFORMATION CONTINUED

Event Description

Include a complete description for the purpose of the event, activities/programs/entertainment taking place during the event, closures that are needed, parking needs, etc.

Event Details

Set Up

Date _____ Start Time: _____ End Time _____

Advertising Outlets

Event Web Site: _____

Handles: Facebook _____ Twitter _____

Instagram _____ TikTok _____

Amplified Sound

Will there be a stage? Yes No Stage Dimension _____

Will there be amplified sound? Yes No

Hours of Amplified Sound: *(These days correspond to Event Dates listed on Page 1)*

Day 1: _____ to _____ Day 3: _____ to _____

Day 2: _____ to _____ Day 4: _____ to _____

Activities

Will Mechanical Rides be on site? Yes No Quantity _____

Name of company providing services _____

Restroom Facilities

Will you be using the locations' facilities? Yes No Total Quantity* _____ Non-Accessible

Will you bring in portable facilities? Yes No Total Quantity* _____ Accessible

Electrical

Generator(s) on-site? Yes No **If Yes, additional form will be REQUIRED; additional instructions will be provided**

VENDOR INFORMATION

Are you having any vendors at event? Yes No **If Yes, additional form will be provided for completion**

Number of Anticipated Vendors: Food/Beverage _____ Merchandise Sales _____
Sponsors _____ Informational _____ Activities/Crafts _____

Food & Beverage Form is REQUIRED for each food/beverage vendor

It is the **RESPONSIBILITY** of the **Applicant** to **NOTIFY & COMPLY** with the Maricopa County Health Department.

ALCOHOL

Will you be selling Alcohol at this event? Yes No
Does the event location hold an existing Alcohol License? Yes No

Answer This Section If Selling Alcohol

Are you a nonprofit organization? Yes No

Number of security guards present _____

Have you submitted the State and City Liquor License application:

To the City? Yes No Date Submitted _____

Do you have an APPROVED Extension of Premise Liquor License with the AZ Department of Liquor? Yes No

If Yes, License Expiration Date: _____

If selling alcohol, liquor licenses will be required for BOTH City of Chandler and the AZ Department of Liquor.

TRAFFIC / PARKING CLOSURES

What closures are being proposed for the event? **If Yes, to Streets or Alleys this application no longer applies**

Sidewalks Yes No | Streets Yes No
Parking Lots Yes No | Alleys Yes No

Please describe your parking plans

PUBLIC SAFETY

Fire Services - General Fire Form

Applicant MUST read, complete, sign, and return the FIRE GENERAL APPLICATION PERMIT Form on Page 5 of this application

Fire Services - Open Flames

Will you have open flames from any of these categories:

If Yes, permit fee MAY BE REQUIRED

Outdoor Cooking: Grilling, Deep Frying Yes No | Sternos/Warmers Yes No

Cooking within Food Truck/Trailer/Carts Yes No | Ambient Lighting: Candles, Tiki Torches Yes No

Other: _____

Fire Services - Structures

Canopies/Tents

If Yes, additional forms/fees may be REQUIRED; additional instructions will be provided

Will you have canopies? Yes No Size(s)/Quantity _____

Will you have tents? Yes No Size(s)/Quantity _____

Fencing

Will fencing be used? Yes No If Yes, Dimensions of Fenced Area: _____

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

****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

INSURANCE REQUIREMENTS

Applicant MUST read, review, sign, and return the COVENANT OF INDEMNIFICATION on Page 6 of this application

The applicant **MUST** provide proof of general liability insurance with the completed application as outlined in the Handbook. Certificates of insurance are due **NO LATER** than two weeks before the event date.

NEIGHBORHOOD NOTIFICATION

The applicant **may be required** to notify residents, businesses, places of worship and schools that are affected by street closures and/or noise related to your event. **If required, this notice must be submitted to the Special Event Sr. Specialist for review prior to notification delivery/posting.** Once approved, the notice must then be mailed, hand delivered or posted to designated impacted areas at least **ONE** week 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, type of impact 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.**

_____ INITIALS of Acknowledgement

PLEASE READ CAREFULLY BEFORE SIGNING

The Applicant agrees to indemnify, defend, and hold harmless the City of Chandler, its Mayor and Council, appointed boards and commissions, officials, officers, employees, and volunteers, individually and collectively, from all losses, claims, damages, actions, judgments, demands, expenses, attorneys' fees, defense cost, or actions of any kind and nature resulting from personal injury to any person, including employees or volunteers of the Applicant or of any subcontractor employed by the Applicant (including bodily injury and death) or damages to any property arising or alleged to have arisen out of the negligent acts of the Applicant, except any such injury or damages arising out of the sole negligence of the City, its officers, agents or employees. The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of indemnity in this paragraph. Applicant certifies that the information set forth within this application is complete, true, and correct to the best of their knowledge and belief. Applicant confirms that they have received and read the TSPE Handbook and will comply with the requirements set forth in the handbook and during the review/approval of the submitted application. Applicant understands that information from this application is considered public information and may be released in accordance with public records law. Acceptance of this application should in no way be construed as final approval or confirmation of Applicant's request. The City of Chandler reserves the right to refuse this application, and any permission granted as a result of this application is revocable if deemed in the best interest of the City of Chandler.

Authorized Agent/Event Chairperson Name (PRINT)

Signature

Title

Date

Email Completed Application To:

Special Event Sr. Specialist

TSPE@chandleraz.gov



Chandler Fire Department Prevention Division General Application/Permit

Business Name: _____ ADOR/Sales Tax #: _____ Date(s) of Event: _____

Event Location: _____ Time(s) Event Will Operate: _____

Event Description: _____ On-site phone number for event: _____

EVENT TYPE:	<input type="checkbox"/> Carnival*	<input type="checkbox"/> Fair*	<input type="checkbox"/> Amusement Event*	<input type="checkbox"/> Trade Show*	<input type="checkbox"/> Vehicle Display*
	<input type="checkbox"/> Other (please specify) _____			<input type="checkbox"/> Open Flame	<input type="checkbox"/> Firework Display
	<input type="checkbox"/> Hot Work (specify) _____			<input type="checkbox"/> Tent or Membrane Structure	
Site Plan Submitted for Event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				<input type="checkbox"/> Consumer Firework Sales	
I anticipate there will be _____ (number) of people attending the event.					
I will be selling consumer fireworks from:		<input type="checkbox"/> A Tent*	<input type="checkbox"/> Out of a Commercial Building*	<input type="checkbox"/> N/A	
This event will be located on:		<input type="checkbox"/> Private Property	<input type="checkbox"/> City Property		
I have permission from the property owner (Documentation shall be on site.):				<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will be using a tent or membrane structure: <input type="checkbox"/> Yes <input type="checkbox"/> No		The tent is: <input type="checkbox"/> 401-800 sq. ft. <input type="checkbox"/> Over 801 sq. ft.*		List actual size: _____	
All tents and membrane structures 401 sq.ft. or larger shall be staked. Staking plans and flame certificate shall be submitted with this application. Show <i>all</i> tent and membrane structures on the site plan submitted with this application.					
I will be using additional tents or membrane structures: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number: _____		Size(s): _____	
The tent or membrane structure will have less than 50 people at any given time:			<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
I will be cooking on a residential type grill with a cooking surface less than 400 sq. inches.			<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
The propane tank on my grill is less than seven (7) gallons.			<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
There will be Mobile Food Units (trucks/vans/trailers) at my event.			<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
There will be other open flames on site (candles/torches/etc.).			<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The event will be held on:		<input type="checkbox"/> Asphalt/Concrete	<input type="checkbox"/> Grass	<input type="checkbox"/> Gravel	<input type="checkbox"/> Dirt*

A member of the Prevention & Education staff will contact you if a box with an asterisk () has been checked.

I certify that the information and responses provided above are true and accurate to the best of my knowledge and belief; I also acknowledge that a false or inaccurate response may cause me to be in violation of the Chandler City Code and/or Fire Code.

Owners/Occupants/Applicants shall be liable for structural stability of tent, canopy or other membrane structures. Structural stability documentation and this permit shall be kept on site at all times. Structural stability of tents and other membrane structures shall be in accordance with manufacturer's specifications and the Fire Code.

Responsible Party Name: _____ Date: _____

Phone No.: _____ Email: _____

Requested Inspection Date: _____ Requested Inspection Time: _____

FD ONLY: Approved Not Approved Date: _____ Reviewer: _____

Mailing Address:
P.O. Box 4008, M.S. 801
Chandler, AZ 85244-4008
www.chandleraz.gov/fire

CHANDLER FIRE DEPARTMENT
151 E. Boston St.
Chandler, AZ 85225
Email: fire.prevention@chandleraz.gov

Telephone: 480-782-2120
FAX: 480-782-2125



COVENANT OF INDEMNIFICATION

Purpose. The undersigned applicant ("Applicant") intends to sponsor a Special Event, as that term is defined in Chapter 32 of the Chandler City Code, and has made application with the City of Chandler for a Special Event Permit in order to do so. Applicant's Special Event is identified and described in the application form submitted by the Applicant requesting the issuance of the Special Event Permit. Applicant provides this Covenant of Indemnification in connection with the request for the Special Event Permit. It is intended to be attached to the application form, but will be deemed in effect if fully and properly executed regardless of whether or not it is physically attached to the form.

Commitment of Indemnification. Applicant covenants and agrees to indemnify, defend and hold harmless the City of Chandler, its officers, employees and agents, individually and collectively, from and against any and all losses, claims, demands, suits, actions or proceedings of any kind or nature, payments and judgments, expenses, attorneys fees, defense costs, or actions of any kind or nature resulting from personal injury (including bodily injury and/or death) to any person (whether an individual or legal entity) or from damages to property, which results from, arises out, or is claimed to have resulted from or arisen out of, the activities or any portion of the activities that comprise the Special Event for which Applicant has applied for and been issued a Special Event Permit.

Reliance. This Covenant of Indemnification, including the commitment of indemnification stated above, is provided for the purpose of inducing the City of Chandler to issue the Special Event Permit requested by Applicant, and is intended as a statement of commitment upon which the City of Chandler, its officer, employees and agents, can reasonably rely, and Applicant understands that the City of Chandler, its officer, employees and agents do in fact rely upon this Covenant of Indemnification in issuing the Special Event Permit.

Survival. This covenant of indemnification shall survive the termination, cancellation, or expiration of the Special Event Permit.

Applicant: _____

Date: _____

By: _____

Its: _____