

CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH:(541)726-3753 • FAX: (541)726-3689



LICENSE NUMBER: _____

SPECIAL COMMUNITY EVENT APPLICATION - APPLICATION FEE: \$98.70
(Completed OLCC application must be submitted) \$123.70 with liquor
(*Includes 5% tech fee) All fees are non-refundable

1 NAME OF EVENT: _____

LOCATION OF EVENT: (Required) _____

DESCRIBE TYPE OF EVENT AND PURPOSE: CARNIVAL - *\$315/day CIRCUS *\$315/day

2 OTHER: _____ HOURS OF OPERATION: _____

Fee of Event per day: _____ plus application fee: _____

Date(s) of Event: _____ Total number of days: _____

*Property Owner: _____ *Property Owner's Phone: (____) _____

*Property Address where event is to be conducted: _____

*Dates for use of Property: _____ to _____ Total number of days: _____

***WRITTEN PERMISSION TO USE PROPERTY IS REQUIRED FROM THE PROPERTY OWNER, By signature of this form, I have authorized applicant to use of property on dates indicated above.**

PRINTED PROPERTY OWNER'S NAME

SIGNATURE OF PROPERTY OWNER

DATE SIGNED:

3 SPONSOR INFORMATION: (Person or group responsible for all aspects and liability of planning and carrying out the event)

NAME	LOCAL ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

4 ARE ANY OF THE SPONSORS REGISTERED WITH NON-PROFIT ORGANIZATIONS? YES NO

IF YES, INDICATE WHICH ONE(S) AND THE REGISTRATION NUMBER(S):

5 APPLICANT INFORMATION: (Authorized agent of sponsor and primary contact for event)

NAME: _____ PHONE: _____

LOCAL ADDRESS _____

DATE OF BIRTH: _____

6 DAY-OF-EVENT COORDINATOR

NAME: _____ PHONE CONTACT ON DAY OF EVENT: (____) _____

LOCAL ADDRESS: _____

DATE OF BIRTH: _____

7 EXPECTED ATTENDANCE: _____ IS THIS A NON-PROFIT EVENT? YES NO

8 PLEASE PROVIDE A CLEAR STATEMENT OF THE SPECIFIC REASON(S) YOU BELIEVE THE EVENT WILL SIGNIFICANTLY CONTRIBUTE TO AND BENEFIT THE SPRINGFIELD COMMUNITY:

9 PLEASE PROVIDE A CLEAR STATEMENT OF THE OPPORTUNITY FOR CITY-WIDE CITIZEN PARTICIPATION IN THE EVENT:

10 PLEASE PROVIDE THE FOLLOWING SPECIFIC INFORMATION REGARDING EACH OF THE ACTIVITIES ANTICIPATED TO OCCUR AS PART OF THE EVENT (Attach additional pages if necessary).

<u>ACTIVITY</u>	<u>LOCATION</u>	<u>DATE(S)</u>	<u>TIME(S)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11 HAS LIABILITY INSURANCE BEEN OBTAINED FOR THE EVENT? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

FACE AMOUNT OF POLICY: _____ POLICY HOLDER(S): _____

ADDITIONAL INSURED(S): _____

IMPORTANT

THE CITY OF SPRINGFIELD REQUIRES THE FOLLOWING VERBAGE ON CERTIFICATE OF INSURANCE. (LOWER LEFT HAND CORNER OF THE CERTIFICATE) FOR THE DATE(S) OF EVENT.

ADDITIONAL INSURED: CITY OF SPRINGFIELD
225 5TH STREET
SPRINGFIELD, OR 97477

12 WILL THE EVENT INCLUDE:

A CARNIVAL: YES NO A CIRCUS: YES NO

IF YES TO EITHER OF THESE, PLEASE BE SURE TO INCLUDE INFORMATION IN QUESTION #12.

13 PLEASE INDICATE THE NUMBER OF EACH OF THE FOLLOWING TYPES OF BOOTHS AND VENDORS AT THE EVENT AND ATTACH A MAP SHOWING THE SET-UP FOR THE FOLLOWING: (see attached site plot plan requirements)

	NUMBER:		NUMBER:
INFORMATIONAL BOOTHS	_____	OTHER FOR-PROFIT BOOTHS	_____
DISPLAY BOOTHS	_____	MONEY RAISING BOOTHS OF NON-PROFIT ORGANIZATIONS	_____
FOOD/REFRESHMENT BOOTHS	_____	OTHER BOOTHS	_____
AMUSEMENT STANDS	_____	GAMES	_____
STREET VENDORS	_____	GENERATORS	_____
RIDES	_____		_____

14 WILL ALCOHOLIC BEVERAGES BE AVAILABLE AS PART OF THIS EVENT? YES NO

IF YES, ATTACH A MAP INDICATING (A) DISPENSING LOCATIONS, (B) INGRESS/EGRESS, AND (C) LOCATION OF SECURITY PERSONNEL. YOU WILL ALSO NEED TO SUBMIT THE OLCC SPECIAL EVENT APPLICATION FORM AS PART OF THIS PROCESS. PLEASE INDICATE BELOW THE ARRANGEMENTS YOU HAVE MADE FOR THE FOLLOWING:

SECURITY: _____
CONFINEMENT: _____
DISPENSING: _____

15 PLEASE DESCRIBE ANY ARRANGEMENTS WHICH HAVE BEEN MADE WITH RESPECT TO EACH OF THE FOLLOWING:

PARKING: _____
TRAFFIC CONTROL: _____
FIRE SUPPRESSION: _____
RESTROOMS: _____
CROWD CONTROL: _____
OBSTRUCTED STREETS, ALLEYS, SIDEWALKS: _____

USE OF CITY FACILITIES: _____
LITTER CONTROL: _____
SITE CLEANUP: _____
TRASH REMOVAL: _____
DATE: _____ APPLICANT'S SIGNATURE: _____

FOR OFFICIAL USE ONLY

EXTRA ORDINARY PERSONNEL, MATERIALS AND SERVICES:

Approved By:		Estimated Costs:	Actual Costs:
_____	Public Works Department	_____	_____
_____	Police Department	_____	_____
_____	Fire Department	_____	_____
_____	Planning	_____	_____
_____	Traffic	_____	_____
_____	Communications Manager	_____	_____
_____	Risk Management	_____	_____
_____	Other Departments	_____	_____
	TOTAL:	_____	_____
		AMOUNT DUE:	_____

