



## 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 able to be processed.

APPLICANT INFORMATION			
<b>Name of Company/Organization</b>		<b>Please check One:</b> <input type="checkbox"/> Non-profit <input type="checkbox"/> Business/Promoter	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
EVENT REPRESENTATIVE			
<b>Name</b>	Office Phone Number		
Email Address	Home Phone Number		
Fax Number	Cell Phone Number		
GENERAL EVENT INFORMATION			
<b>Name of Event</b> _____			
Event Dates _____			
Event Start Time		Event End Time	
<b>Type(s) of Event</b>			
<input type="checkbox"/> Parade/March/Procession		<input type="checkbox"/> Festival	
<input type="checkbox"/> Concert/Performance/Live Music		<input type="checkbox"/> Race/Walk/Cycle/Skate	
<input type="checkbox"/> Farmers Market		<input type="checkbox"/> Athletic/Recreation Activity	
<input type="checkbox"/> Extension of Premise		<input type="checkbox"/> Greenway	
<input type="checkbox"/> Town Square Rental		<input type="checkbox"/> Block Party	
Other _____			
<b>Proposed Location of Event</b>			
<b>Location is</b> _____ <input type="checkbox"/> Private Party <input type="checkbox"/> Public Property			
Events taking place on Private Property must provide written permission from the property owner if not self. This letter must accompany the application.			
<b>Anticipated Attendance</b>			
Participants _____		Spectators _____	
Audience Demographics _____			
<b>Event History</b>			
<input type="checkbox"/> New		<input type="checkbox"/> Recurring	
<b>Event Co-Producers</b>			
Will you have event co-producers? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete below.</b>			
Co-producing Organization _____			
Contact Name and Phone Number _____			
Event Responsibilities _____			

## GENERAL EVENT INFORMATION CONTINUED

### Event Details

#### Fees

Admission  Yes  No Cost \_\_\_\_\_  
Food Vendors  Yes  No \*Attach Vendor List

Set Up Date/Times \_\_\_\_\_ Tear Down Time Date/Times \_\_\_\_\_

#### Open to the Public

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.

## FIRE SERVICES

### Medical

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

### Structures

#### Canopies

Will you have canopies or tents?  Yes\*  No \*If yes complete Appendix C  
\_\_\_\_\_ 10' x10' \_\_\_\_\_ 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? \_\_\_\_\_

Height of fencing \_\_\_\_\_

Dimensions of fenced area \_\_\_\_\_

### Open Flames & Pyrotechnics

Will you have open flames?  Yes \*  No \*If yes complete Appendix D

What will your open flame usage be? (Check all that apply)

Grilling/BBQ  Deep Fryer  Activity/Entertainment

Other \_\_\_\_\_

Will you be having fireworks?  Yes \*  No

\*If yes complete Appendix E-fireworks, also attach Certificate of Insurance

## TRAFFIC CLOSURES

What closures are proposed for the event?

Streets  Yes  No

Alleys  Yes  No

Sidewalks  Yes  No

Parking Lots  Yes  No

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

\*A Traffic Control Plan MUST be completed.

Barricade Request  Yes  No

How many? \_\_\_\_\_

To be delivered to \_\_\_\_\_

Please describe your barricade placement and parking plan for your event.

## VENDOR INFORMATION

### Food

Food or Beverages?  Yes\*  No \*If yes complete Appendix F  
 Sold  Free  Catered/Served

Will food be prepared on site?  Yes  No

Please describe

Number of anticipated vendors \_\_\_\_\_

Do vendors have all permits/licenses with GF Finance and GF Public Health Department?

Yes  No\*

Is your completed vendor list attached to this application?

Yes  No

### Sponsors

Will you have sponsors?  Yes  No

Will the sponsors have booths?  Yes  No

Will these sponsors be selling items?  Yes\*  No \*If yes complete Appendix F

Will you have vendors that are informational/craft/or merchandise?  Yes  No

Number of anticipated vendors \_\_\_\_\_

### Alcohol

No Alcohol  Sold (\*Transient Alcohol Permit Required) \*Complete Appendix G  
 Allow Guests to Bring their Own (Private Party or GF Park District Permit in Parks Only)  
*If selling alcohol – Answer this Section*

Have you submitted the transient alcohol permit paperwork?  Yes \*  No

Date Submitted \_\_\_\_\_

Please describe in detail how the alcohol sales will be sold (ie beer garden, wristbands ,etc.) and entrances and exits monitored?

*Please attach separately.*

### PUBLIC SAFETY

Responsible Person on site \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Private security company name \_\_\_\_\_

Security guard certification \_\_\_\_\_

# of security personnel \_\_\_\_\_ How identified? \_\_\_\_\_

### Police

Will you be requesting off duty Grand Forks Police Officers?  Yes\*  No \*If yes review Appendix H

# of officers requested \_\_\_\_\_ (min. of two officers)

Start time \_\_\_\_\_ End Time \_\_\_\_\_

**\*\*After reviewing the application, the City reserves the right to require the use of off duty police officers.**

### RESTROOM FACILITIES

Will you bring in portable facilities?  Yes  No

Name of Company providing services \_\_\_\_\_ Phone \_\_\_\_\_

Delivery Date \_\_\_\_\_ Delivery Time \_\_\_\_\_

# of standard units \_\_\_\_\_ # of disabled units \_\_\_\_\_ # of handwashing stations \_\_\_\_\_

Pick-Up Date \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

### EVENT MAINTENANCE / CLEAN -UP

90 Gallon Containers

Quantity \_\_\_\_\_ Delivery Date /Time \_\_\_\_\_ (Placement Map should be attached.)

Roll Off Bins

Quantity \_\_\_\_\_ Delivery Date/Time \_\_\_\_\_ Animal Waste  Ash

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, school, businesses or places of worship.**

### AUXILIARY EVENT INFORMATION

#### Electrical

Will you need the city to assist with your power needs?  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 need the city to supply water outlets? {fire hydrants}  Yes  No

Date Needed \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Please list the following

# of items that need to attach to water \_\_\_\_\_ Potable/Non-potable \_\_\_\_\_

## GREENWAY AND TRAIL SYSTEM

Will your event be held on the Community Greenway? \_\_\_\_\_ Yes\* \_\_\_\_\_ No **\*If yes complete Appendix I**

What is the nature of your event:

\_\_\_\_\_ Run/Walk/Cycle/Skate \_\_\_\_\_ Wedding \_\_\_\_\_ Festival  
\_\_\_\_\_ Athletic/Recreation Activity \_\_\_\_\_ Other

*A Greenway Use Agreement must be completed for use. A refundable \$100 damage deposit is required.*

## NEIGHBORHOOD BLOCK PARTY

Primary Neighborhood Contact \_\_\_\_\_ **Block Party Packet**  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Secondary Neighborhood Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Special Needs:

\_\_\_\_\_ Barricades \_\_\_\_\_ Assistances from GF Fire Department {safe house, fire truck, sparky}  
\_\_\_\_\_ Signage \_\_\_\_\_ Visit from Neighborhood Community Resource Bureau Office  
\_\_\_\_\_ Escort \_\_\_\_\_ Assistance from GF Police Department {McGruff, Police Car, Swat}  
\_\_\_\_\_ Security \_\_\_\_\_ Assistance from GF Sheriff Department

Other Assistance \_\_\_\_\_

*List number of Officers required and total time Officers will be needed at event.*

\_\_\_\_\_ Officers Time Needed \_\_\_\_\_ to \_\_\_\_\_

*Events requiring Officers to be present may require payment to the City of Grand Forks for overtime expenses incurred by the Grand Forks Police Department- **Review Appendix H for details***

## THE SKYWAY

The Skyway is a unique gathering spot that offers a city view of both north and south 4<sup>th</sup> street in Grand Forks.

Will your event be renting The Skyway? \_\_\_\_\_ Yes\* \_\_\_\_\_ No **\*If yes complete Appendix J**

What is the nature of your event: \_\_\_\_\_

*The Skyway Use Agreement must be completed for use. A refundable \$100 damage deposit is required.*

## AUXILLARY EVENT INFORMATION CONTINUED

### Signs - Banners

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

## ENTERTAINMENT /AMPLIFIED SOUND

Will there be a stage or multiple stages? \_\_\_\_\_ Yes \_\_\_\_\_ No

Quantity \_\_\_\_\_

Stage Dimension \_\_\_\_\_

Who are you getting the stage from? \_\_\_\_\_

Will you be using the GF Park District Band Box? \_\_\_\_\_ Yes \_\_\_\_\_ No

Delivery Date \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

What will take place on the stage? Explain.

Will there be amplified sound past 10:00pm? \_\_\_\_\_ Yes \_\_\_\_\_ No

What time will there be amplified sound \_\_\_\_\_ to \_\_\_\_\_

**\*\* Police Department Noise Variance Information:** Any noise variance can be terminated during the event by the on-duty police supervisor. The decision to terminate the variance will be based on the amount and type of complaints received from the public about the event and/or public safety issues.

Will there be inflatables on site? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of the company providing services \_\_\_\_\_

List of 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 type of animals	Quantity
_____	_____
_____	_____
_____	_____

How will animals be used for your event? \_\_\_\_\_

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

# TOWN SQUARE RENTAL/POCKET PARK RENTAL

Will you be renting (check one)

\* Please review Appendix B

\_\_\_\_\_ Town Square \_\_\_\_\_ Pocket Park Rental Which park \_\_\_\_\_  
\*\*Reservation refundable damage deposit will apply for each of these venues\*\*

## Rental Costs for Town Square

\_\_\_\_\_ Permit Fee \$50.00

## Please select all that you will need for your event

- \_\_\_\_\_ Electricity \$40.00  
\_\_\_\_\_ Public Address System – wireless microphone \$40.00 \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_ Chairs (100 available) 10/\$5.00 - #of chairs \_\_\_\_\_  
\_\_\_\_\_ Picnic Tables \$2.00 per table (20 available) - # of tables \_\_\_\_\_  
\_\_\_\_\_ Safety Fencing \$5.00 uninstalled, \$7.50 installed. DOLLY NEEDED - # of sections \_\_\_\_\_  
50' sections, 3,000 linear feet total available. "T" fence poles and self-standing fence poles included. (6 sections are needed to enclose Town Square with one opening).  
\_\_\_\_\_ Temporary electric pedestals \$10.00 each- 9 pedestals @ 110volts; 2 pedestals @ 220 volts.  
Includes all extension cords needed.  
\_\_\_\_\_ Garbage cans \$1.00 per can – no liners (10 available) - # of cans \_\_\_\_\_  
\_\_\_\_\_ Canopies \$100.00 each (2 available) - # of canopies \_\_\_\_\_ 24 hour advance notice  
\*\*Tent Permit will be needed\*\*  
\_\_\_\_\_ Barricades \$1.00 each (15 available) - #of barricades \_\_\_\_\_  
Please include a detailed explanation where barricades will be placed

Town Square Clean-up: \_\_\_\_\_ On your Own  
\_\_\_\_\_ Contract with City (**\$100 min**, additional cost will be billed separately)

**\*\*Amount due may be paid "per event" as long as payment is received no fewer than fourteen days in advance of event.**

Checks need to be made payable to  
City of Grand Forks, Public Info Center, P O Box 5200, Grand Forks, ND 58203  
Attn: Special Events

**\*\*Permit will be created once payment is received for your event. \*\***

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

_____	_____
_____	_____
_____	_____

*\*\*You are required to notify residents and businesses of your event in advance\*\**

## 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 Public Information Center prior to notification of delivery. 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 limited to; the name of the event, date(s), time(s), location, the assigned Police Traffic Marshalls name and contact number (if applicable), type of activity and telephone number where the public can contact your organization for concerns and issues. Failure to comply with notification requirement can result in the cancellation, postponement or other significant restriction to your event or future events. Verification of neighborhood notification is required.

(INITIALS)

## REIMBURSEMENT, INDEMNITY AND HOLD HARMLESS AGREEMENT

The applicant must promptly reimburse the City for any costs incurred of any kind that are a result of use by applicant under the permission granted. This includes, but is not limited to; cleanup, maintenance, preventative, or replacement costs.

Furthermore, applicant hereby agrees to defend the City and its employees and hold harmless the City from any and all liability to any person or entity that may be caused by damage or injury incurred as a result of this event.

This agreement is effective on the date which this event is to take place and is complete for the entirety of the event.

**Individual Applicant:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Drivers License #: \_\_\_\_\_

**Sponsoring Organization:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Subscribed and sworn to me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public  
Grand Forks County, North Dakota

My commission Expires: \_\_\_\_\_