

Special Event Permit

TOWN OF FORTVILLE

APPLICANT INFORMATION

Organization		Non-Profit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address			
Email		Phone	
Contact Name			

EVENT INFORMATION

Name of Event		Annual Event	Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Date		Event Time(s)	

Will your event include

Concert(s)/Live Music	YES <input type="checkbox"/>	NO <input type="checkbox"/>	5k/Run/Etc	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tents*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inflatables, obstacles, rock walls, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Concessions*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fireworks, lasers, pyrotechnics	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alcohol*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bingo, drawings, lottery, or similar	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signs or Banners prior to the event	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Massage or similar activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional Lighting, decorations, or similar	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Portable restrooms*	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Please see page 2 for additional information required for these activities*

EVENT DESCRIPTION

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EVENT LOGISTICS

Proposed Location			
Estimated Attendance		Estimated Number of Vendors	
Event Start Date		Start Time	
Event End Date		End Time	
Set-Up Date		Time	
Tear-Down Date		Time	

Special Event Permit

TOWN OF FORTVILLE

PUBLIC SERVICES REQUESTED

Please identify any public services including street closures and traffic control, electric service, etc. that you may need for your event:

Street or Alley Closure	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Event Barricades	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Traffic Control	YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMS Presence	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Picnic Tables	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number Requested _____/10 tables \$10 deposit per table for cleanup and returning to storage. Replacement cost will be charged for damaged tables.
Fire Inspection (required for tents)	YES <input type="checkbox"/> NO <input type="checkbox"/>	*Tents over 200 square feet must include "No Smoking" signage and a fire extinguisher. Please contact the Fire Department for additional information and to schedule inspections.
Public Electric Service	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amperes/Voltage Requested
(If Applicable)	Electrician Name/Company	
	Contact Number:	
	License Number:	

The Town will provide up to (2) 50' power cords (240V Twist Lock RV Cable) and one Spider box with (6) 120v outlets. EQUIPMENT IS NOT GUARANTEED TO BE AVAILABLE. Any electric needed beyond the scope of materials listed above, the event sponsor must work with a licensed electrician for lay out and service setup for the event. It is the responsibility of the event sponsor to provide additional electrical equipment if needed.

Please describe any food or concession prep areas and/or alcohol sales and consumption planned for your event and attach a copy of your liquor license to the application.

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area which will be available to the public during your event. If you will not be providing portable restrooms, please attach a description of facility plan.

Total Number of Portable Toilets Proposed:	Number of ADA Accessible Portable Toilets:
Portable Restroom Facility Provider:	
Contact Number:	
Set-Up Date:	Time:
Pick-Up Date:	Time:

Special Event Permit

TOWN OF FORTVILLE

You are required to provide adequate trash services for your event. Please provide the contact information for the sanitation/recycling company that will provide clean-up services:

Trash/Sanitation Company Name:

Contact Number:

Number of Trash Cans With Lids:

Without Lids:

Recycling Containers:

Number of Dumpsters with Lids:

Without Lids:

Set-Up Date:

Time:

Pick-Up Date:

Time:

PLEASE DESCRIBE YOUR PLAN FOR CLEANUP AND REMOVAL OF TRASH DURING AND AFTER YOUR EVENT

EVENT ATTACHMENTS

Please provide the following as applicable to your event – if deemed applicable, paperwork is required

Event Route/Site Plan	<input type="checkbox"/> *required	Vendor List	<input type="checkbox"/>
Agenda/Proposed Activities	<input type="checkbox"/> *required	Performer List	<input type="checkbox"/> Please include sound-check start/end time(s)
Description of Security/Medical Plan	<input type="checkbox"/>	Location of Stage(s)	<input type="checkbox"/>
Parking Plan/Bus Routes	<input type="checkbox"/>	Copy of 501 C(3) Exemption Letter	<input type="checkbox"/>
Copy of Liquor License	<input type="checkbox"/>	Copy of Insurance/Contact Information	<input type="checkbox"/>
Copy of Health Department Approval	<input type="checkbox"/>	Brief Description & Locations of signage/banners proposed	<input type="checkbox"/>
Copy of notice to public/businesses of intended closures	<input type="checkbox"/>	Other Attachments (Please List):	
Contact Information for Tent Vendor/Installation	<input type="checkbox"/> *required for Fire Inspections		

THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE FOLLOWING REGULATIONS ARE MET AT ALL TIMES. FAILURE TO MEET ANY OF THE FOLLOWING WILL RESULT IN THE DENIAL OR REVOCATION OF THIS PERMIT AND POSSIBLE ENFORCEMENT ACTION BEING TAKEN AS OUTLINED BY THE TOWN OF FORTVILLE CODE OF ORDINANCES.

Special Event Permit

TOWN OF FORTVILLE

All Applicants shall be required to submit to the Town of Fortville proof of insurance and for general liability that states that the Town of Fortville, Indiana, is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence; \$300,000 per person; and \$50,000 for legal. Amusement rides, inflatables, moving vehicles, rock walls, etc. will require proof of additional coverage. Special Event Permits are required for any obstruction, use, or activity within a public right-of-way, town property, or town easement. Any applications for encroachments must include a site plan that details specifically the number and location of encroachments. Site plans should detail uses planned for each section or route. In cases where the proposed activities will interfere with traffic flow on streets, the application will be assessed by the Fortville Police, Vernon Township Fire Dept., and Fortville Street Departments to determine the number of necessary town personnel and/or equipment. Fees will be assessed on a case-by-case basis based on the personnel needed and total time of the event. Under no circumstance does this permit give the applicant permission to set up any activity, staging area, or other event-related feature on private property. The undersigned shall notify the town 30 days prior to the event to ensure availability of resources. The applicant shall hold harmless and indemnify the Town of Fortville from, for, and against any claim of any person in tort, contract, or otherwise arising out of the act or omissions of the applicant, their agents, representatives, participants, etc.

Per Town of Fortville Resolution No. 2011-11B

(f) Unless otherwise described in the application materials and approved by the Town Council, within 24 hours of the end of the special event, the area in which the event was held shall be cleaned and returned to the same condition before the event

(g) Should the area of the special event not be returned to the condition required in (f), the Town may cause the area to be cleaned and returned to its prior condition at the sole expense of the person(s), organization(s), and/or entity(ies) identified in (b)(1)(ii).

(h) Should any person(s), organization(s), and/or entity(ies) responsible for a special event approved under this section fail to satisfy any of the requirements of the section, may be subject to automatic denial for two years, unless otherwise determined by the Town Council.

Any service provided by the Town of Fortville outside the scope of the services listed in this Special Event Permit will be assessed accordingly. Person(s), organization(s), and or entity(ies) will be invoiced \$35.00 per man, per hour for the scope of work assessed. Outstanding invoices could affect future requests to host a special event.

Please Initial

APPLICANT AFFIDAVIT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. I believe that I have read, understand, and agree to abide by the rules and regulations governing the proposed Special Event under the Town of Fortville Municipal Code, and I understand that this application is made subject to the rules and regulations set forth by the Town. As the applicant, I agree to comply with all the requirements of the town, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and conduct of the event. I further certify that I, on behalf of the Host Organization, am authorized to commit that the organization to be financially responsible for any costs or fees that may be incurred by or on behalf of the Event to the Town of Fortville.

Applicant Signature:

Date:

Printed Name:

Relationship to Applying Organization: