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| **PLEASE NOTE:**  **Applicant or their chosen representative must be present at the City Council Meeting when this application is presented** |

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| General Event Information | | |
| Name of event: |  | |
| Describe the purpose of the event |  | |
| Name of organization sponsoring event: |  | |
| Complete address of sponsoring organization:  (PO Boxes are not acceptable) |  | |
| Website of organization: |  | |
| List of activities associated with the event (i.e. parades, vendors, concerts, etc. )  \*Attach additional documentation if necessary\* |  | |
| If there are any unusual activities planned or anticipated as a result of this event, list them here:  (i.e. large groups of people, protests, gun salutes, fireworks, etc.) |  | |
| Location & Schedule | | |
| Location(s) of event |  | |
| **\*\*Note: Emergency lanes allowing for public safety access must be available at all times. \*\*** | | |
| Location & Schedule (continued) | | |
| Actual operational dates and hours of event |  | |
| If additional dates are required for setup and tear-down, list them here: |  | |
| Beginning time of event  (including setup time) |  | |
| Ending time of event  (including tear-down time) |  | |
| Funding | | |
| How will this event be funded? |  | |
| Who will be compensated for goods or services that support this event? |  | |
| Will the City of Belleville be reimbursed for any services rendered? | Yes  No | |
| Have you applied for and been granted an insurance policy for this event? | Yes  No  (If yes, please attach a copy of the policy) | |
| Public Safety / Public Services | | |
| Approximate number of participants expected: |  | |
| What is the plan for parking? |  | |
| How will this event be staffed/supervised? |  | |
| Will event require assistance from Police, Fire, or EMS? | Yes  No | |
| If this is a multi-day event, please describe how goods/supplies that may be left on site overnight will be stored and secured: |  | |
| Will this event require the closure of any City streets? | Yes  No  (If yes, please attach a map that clearly indicates which streets will be closed, and when) | |
| Public Safety / Public Services (continued) | | |
| Will event require utilization of barricades, traffic cones, or caution tape?  (Attach additional documentation if necessary) | Yes  No  (If yes, please identify how they will be setup, taken down, maintained, and returned to the City) | |
| Describe any signage to be used for the event including how they will be setup and removed, size, and location(s).  (Attach additional documentation if necessary) |  | |
| **\*\* Note: Refer to City’s Sign Ordinance for details regarding allowable types and permissible locations of signs \*\*** | | |
| Describe the plan for rubbish collection and removal:  (Attach additional documentation  if necessary) |  | |
| Will food be available/sold at event? | ☐ Yes ☐ No  If yes, describe by whom: | |
| Will alcoholic beverages be available/sold at the event? | ☐ Yes ☐ No  If yes, describe by whom: | |
| Please describe your plan for meeting State law and all requirements for sale and service of food and alcoholic beverages.  (Attach additional documentation if necessary) |  | |
| List of Document Attachments (if applicable) | | |
| 1. | | 4. |
| 2. | | 5. |
| 3. | | 6. |

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| Applicant / Responsible Party Information | |
| First Responsible Party | |
| Name |  |
| Cell phone number |  |
| 24 hour emergency number |  |
| Email address |  |
| Driver’s license number |  |
| Date of birth |  |
| Alternate Responsible Party (if applicable) | |
| Name |  |
| Cell phone number |  |
| 24-hour emergency number |  |
| Email address |  |
| Driver’s license number |  |
| Date of birth |  |

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| This Section for City Use Only – **Do Not Complete** | |
| Action | Signature/Date |
| Preliminary Approval from City Manager |  |
| Preliminary Approval from DPS Director |  |
| Preliminary Approval from Police Chief |  |
| Preliminary Approval from Fire Chief |  |
| Presented to City Council |  |
| Amendments to Application (if any) | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| Action | Signature/Date |
| Final Approval |  |

CITY STAFF: Remove this page before attaching to City Council Packet.