



LEISURE SERVICES DEPARTMENT

Special Event Proposal

EVENT NAME: _____

| EVENT ORGANIZER INFORMATION | | |
|--|-------------------------------|------------------|
| Organizer's Name: | Date: | |
| Company/Organization Name: | | |
| Mailing Address: | City/Zip: | |
| Phone (Daytime): | Phone (Cell): | |
| Phone (Work/Alt): | Fax: | |
| Email Address: | Nonprofit ID # | |
| Public Contact Name: | Phone (Daytime): | |
| Will the organizer be present at the event and in charge of the event at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, who will be the contact for your event: | | |
| EVENT INFORMATION | | |
| Proposed Location: | | |
| Date of Event: | Times (as published): | |
| Date of Event Set-Up: | Times: | |
| Date of Take Down: | Times: | |
| Lights Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Hours lights are needed: | |
| Estimated Event Attendance: | # of lead personnel: | # of Volunteers: |
| Is there an admission fee? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount: \$ | |
| Has the event or activity been held before? ____yes/ ____no. If so, when and with what results. | | |
| Will this event be advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify what type of advertising (ex. Douglas Daily Dispatch, Facebook, and flyers around town). | | |
| ** All applicants must attach a copy of their insurance to the application. The City of Douglas must be named as additional insured up to 1,000,000.00 ** | | |
| EVENT COMPONENTS (*require additional form and/or fee) | | |
| <input type="checkbox"/> Alcohol* <input type="checkbox"/> Parade* <input type="checkbox"/> Portable Lights* <input type="checkbox"/> Barricades* <input type="checkbox"/> Bleachers* <input type="checkbox"/> Trash Cans <input type="checkbox"/> Stage <input type="checkbox"/> Other: | | |

Note: All applications for a Special Event Permit Shall be accompanied by a nonrefundable processing fee of 45.00. this fee is for administrative purposes only and is not consideration for us of the premises, nor does it guarantee that the requested permit will be issued.

The undersigned applicant hereby agrees to assume the defense of and indemnify and hold harmless the City of Douglas, its Mayor, councilmembers, officers, employees and agents, from all suits, actions, damages and claims of any nature, caused by, arising out of or resulting from the event, except that which arises out of the sole negligence of the City. Applicant further agrees to provide the City, at least 45days prior to the permitted event, with evidence of general liability insurance in a minimum amount of \$1,000,000 (one million dollars) covering all claims and injuries that might arise out of the permitted activities and naming the City as additional insured. This insurance policy shall be primary, and any coverage by the City shall be excess.

I, the undersigned, hereby certify that the statements made in this application are true and complete to the best of my knowledge. I understand that intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit.

Signature: _____ (Responsible Party) Date: _____

THIS PERMIT APPLICATION, ALONG WITH ALL OTHER REQUIRED PERMITS MUST BE RECEIVED IN COMPLETE FORM AT LEAST 7 DAYS PRIOR TO THE EVENT DATE.

****For Official Use Only****

NOTES: _____

Approved
 Denied

Leisure Services Manager Date