

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 processed.

APPLICANT INFORMATION

Name of Company/Organization		Please Check One:	
		Nonprofit** <input type="checkbox"/>	Business/Promoter <input type="checkbox"/>
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Event Coordinator			
Name	Office Phone Number		
Email Address	Home Phone Number		
Fax Number	Cell Phone Number		

****A Certificate of 501(c) (3) status from the IRS must accompany the application form.**

GENERAL EVENT INFORMATION

Name of Event	
Event Date(s)	
Event Start Time	Event End Time
Type(s) of Event	
<input type="checkbox"/> Parade/March/Procession	<input type="checkbox"/> Race/Walk/Cycle/Skate
<input type="checkbox"/> Concert/Performance/Live Music	<input type="checkbox"/> Festival
<input type="checkbox"/> Farmers' Market	<input type="checkbox"/> Athletic/Recreation Activities
<input type="checkbox"/> Extension of Premise	<input type="checkbox"/> Bike Park Showcase/Activity
<input type="checkbox"/> Skate Park Showcase/Activity	<input type="checkbox"/> Other
Proposed Location of Event	
Location Is	<input type="checkbox"/> Private Property <input type="checkbox"/> Public Property
<i>*Events taking place on Private Property must provide written permission from the property owner. This letter must accompany the application.</i>	
Anticipated Attendance	
Participants	Spectators
Audience Demographics	
Event History	
<input type="checkbox"/> New	<input type="checkbox"/> Re-Occurring
Is this considered to be an annual event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, how many years has event occurred?	
Extension of Premise	
Name of property owner where event is to be held	
Address	
Phone Number	
<i>*Please attach letter of permission from Property Owner</i>	
Nonprofit Benefactor	
<i>*Please attach a letter from the non-profit organization verifying their partnership</i>	
Event Co-Producers	
Will you have event co-producers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, complete below.</i>
Co-Producing Organization	
Contact Name and Phone Number	

GENERAL EVENT INFORMATION CONTINUED

Event Details

Fees

Admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost _____
Food Vendors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost _____
Merchandise Vendors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost _____

Set Up _____ Tear Down _____
 Date/Times _____ Date/Times _____
Open to the public Yes No
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. Please include the information listed in the handbook on page 27.

FIRE SERVICES

Medical

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

Structures

Canopies
 Will you have canopies or tents? Yes No If Yes, complete Appendix C
 10' x 10' 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? Yes No
 Type of fencing _____
 Height of fencing _____
 Dimensions of fenced area _____

Open Flames

Will you have open flames? Yes No If Yes, complete Appendix E
 What will your open flame usage be? (check all that applies)
 Grilling/BBQ Deep Fryer Activity/Entertainment
 Other _____

Pyrotechnics

Will you be having fireworks? Yes No If Yes, complete Appendix D
 Company providing service _____
 Length of display _____
 Location of anticipated launching site _____
 Anticipated start time _____
 Describe types of materials being used for show _____

*Attach Certificate of Insurance of Company

TRAFFIC CLOSURES

What closures are being proposed for the event?

- | | | |
|--------------|------------------------------|-----------------------------|
| Streets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alleys | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sidewalks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parking Lots | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, complete Appendix G

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

***A Traffic Control Plan and Road Restrictions and Closure Permit MUST be completed**

Name of contracted professional barricade company _____

Contact Name _____

Phone # _____

Please describe your parking plans

***The City of Kingman will not perform street closure services or provide traffic control barricades.**

VENDOR INFORMATION

Food

Food or Beverages?

- Sold Free

Yes

No

If Yes, complete Appendix H

Caterer

Served

Will food be prepared on site?

Yes

No

Please describe

Number of anticipated vendors _____

Do vendors have all permits/licenses with Mohave County Environmental Health Department?

Yes No

Is your completed vendor list attached to this application?

Yes No

***All vendors must have a City of Kingman business license or purchase a special event vendor permit through the event coordinator.**

Sponsors

Will you have sponsors?

Yes

No

If Yes, complete Appendix H

Will these sponsors have booths?

Yes

No

Will these sponsors be selling items?

Yes

No

Informational / Crafts / Merchandise

Will you have these types of vendors?

Yes

No

If Yes, complete Appendix H

Number of anticipated vendors _____

Alcohol

Alcohol?

- No Alcohol
 Sold (State Permit Required)

If Selling Alcohol - Answer This Section

Have you submitted the special events liquor license application? Yes No

Date Submitted _____

When will the special events alcohol application be reviewed by the City Council?

Date of City Council Meeting _____

Please describe in detail how the alcohol sales will be sold and monitored

Alcohol Continued

How do you plan on regulating the drinking of alcohol during your event? Please Explain.

PUBLIC SAFETY

Responsible person on site _____

Cell Phone Number _____

Please describe your plans for on site security.**

Private security company name _____

Security guard certification _____

of security personnel _____ How identified? _____

***The City of Kingman will not provide police services/security for special events outside of general calls for service in emergency situations.**

RESTROOM FACILITIES

If your event will be held in a City of Kingman Park, will you be using the city facilities? Yes No

Start Time _____ End Time _____

Will you bring in portable facilities? Yes No

Name of company providing services _____

Delivery Date _____ Delivery Time _____

of standard units _____ # of disabled units _____

of handwashing stations _____

Pick-Up Date _____ Pick-Up Time _____

EVENT MAINTENANCE / CLEAN-UP

Do you want to rent trash containers from the City? Yes No

90 Gallon Containers

Quantity _____ Delivery Date/Time _____

How will you dispose of the trash? On-Site Roll Off Bins Hauling Trash Off-Site

If roll off bins are brought in... What company will be used? _____

Location of roll off bin _____

Delivery Date _____ Delivery Time _____

Removal Date _____ Removal Time _____

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, schools, businesses or places of worship.*

AUXILLARY EVENT INFORMATION

Electrical

Please list the following
Equipment Utilizing Electricity _____ Voltage/Amperage _____ # of Outlets _____

Generators on-site? Yes No

Name of company providing services _____

Size of Generator _____

Quantity _____

Water Requirements

Please list the following

Item Needing Water _____

Potable/Non-Potable _____

Signs - Banners

List all signs/banners being used _____

Locations _____

Size _____

How will these banners be hung/secured? _____

Bleachers

Will you have bleachers? Yes No

Quantity _____

Bleacher Dimensions _____

Name of company providing services _____

Placement location _____

ENTERTAINMENT / AMPLIFIED SOUND

Will there be a stage or multiple stages? Yes No

Quantity _____

Stage Dimension _____

Who are you getting the stage from? _____

What will take place on the stage? Please Explain

Will there be amplified sound? Yes No

Will there be a sound check? Yes No

What time will the sound check take place? _____

ENTERTAINMENT / AMPLIFIED SOUND CONTINUED

Will Inflatables be on site? Yes No

Name of company providing services _____

List types of Inflatables _____

Quantity _____

Sizes _____

**Attach Certificate of Insurance for Inflation 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 types of Animals _____ Quantity _____

**Attach Certificate of Insurance for Animal Company*

DOWNTOWN KINGMAN EVENTS ONLY

****Complete this section if your event takes place in the Downtown Kingman Entertainment District Boundaries**

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

How and where will you be promoting this event?

Describe how this event will benefit Downtown Kingman and the local merchants.

INSURANCE REQUIREMENTS

For consideration to hold the event and use of City property, the applicant agrees to provide general liability insurance and indemnify, defend and hold the City of Kingman harmless as set forth in the Insurance Specifications and Indemnification guidelines (attached). **If your event includes alcohol, liquor liability or host liquor liability coverage must be included on your certificate of insurance.** Certificates of insurance are due NO LATER than **two** weeks before the event date. **Failure to comply with insurance requirements will result in the forfeiture of the use of city property for the event or future events.**

_____ (INITIALS) Name of Insurance Certificate Holder

MISCELLANEOUS ITEMS

Will public official(s) be invited to the event? Yes No
 Explain _____

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 the City Clerk's Office for review prior to notification delivery.** Once approved, 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 be limited to; the name of the event, date(s), time(s), location, type of activity and telephone number where the public can contact your organization for concerns or issues. **Failure to comply with notification requirement can result in the cancellation, postponement or other significant restrictions to your event or future events.** Verification of neighborhood notification is required.

_____ (INITIALS)

PLEASE READ CAREFULLY BEFORE SIGNING

The Contractor agrees to indemnify, defend, and save harmless the City of Kingman, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively, from all losses, claims, suits, actions, payments and judgments, demands, expenses, attorneys' fees, defense cost, or actions of any kind and nature resulting from personal injury to any person, including employees of the Contractor or of any subcontractor employed by the Contractor (including bodily injury and death) or damages to any property arising or alleged to have arisen out of the negligent performance of the Contractor for the work to be performed hereunder, except any such injury or damages arising out of the sole negligence of the City, its officers, agents or employees.

IT IS THE INTENTION OF THE PARTIES to this contract that the City of Kingman, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively, are to be indemnified against their own negligence or gross and except their negligence is found to be the sole cause of the injury to persons or damages to property. The amount and type of insurance coverage requirements set forth in the contract will in no way be construed as limiting the scope of indemnity in this paragraph.

I certify that the information set forth within this application is complete, true and correct to the best of my knowledge and belief, and that I have received and will comply with the information set forth on the attached Information Sheet and Fact Sheet. Information from your application is considered public information and may be used in developing a calendar of community events. Acceptance of your application should in no way be construed as final approval or confirmation of your request. The City of Kingman reserves the right to refuse the application and it is revocable if deemed in the best interest of the City of Kingman.

Authorized Agent/Event Coordinator Name (PRINT)

Signature

Title

Date

Mail or Deliver Completed Application To
City Clerk's Office
City of Kingman
310 N. Fourth Street, Kingman, AZ 86401