

**APPLICATION MUST BE RECEIVED AT LEAST 90 DAYS PRIOR TO EVENT DATE**

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Location (name of park, street(s), facility, etc.):  
\_\_\_\_\_

Is this a new event? \_\_\_\_ Yes \_\_\_\_ No      Estimated Attendance: \_\_\_\_\_

Dates and Times of Event (including load-in through load-out/clean-up)

Event Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_\_ am/pm (circle)

Set-Up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_\_ am/pm (circle)

Race/Walk Start Time (if applicable)      Time: \_\_\_\_\_ am/pm (circle)

Tear-Down Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_\_ am/pm (circle)

Event Organizer: \_\_\_\_\_ Primary Contact Person: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Primary Contact Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Type: \_\_\_\_ Profit \_\_\_\_ Non-profit/Charity (must provide a valid copy of certificate)

**ALCOHOLIC BEVERAGES**

Does event request alcoholic beverage sales/consumption on City of Owensboro property? \_\_\_\_ Yes \_\_\_\_ No  
*(If yes, Event Organizer must include the location of sale(s), outline the perimeter of consumption area, and location of staff/security for wet zone area on Event Map submitted with this Special Event Application)*

**STREET CLOSURES**

Does event request street closures? \_\_\_\_ Yes \_\_\_\_ No  
*(If yes, Event Organizer must complete the Street Closure Application and submit it with this Special Event Application).*

**MEDICAL PERSONNEL**

Will trained medical staff be on-site during event hours? \_\_\_\_ Yes \_\_\_\_ No (Provided by: \_\_\_\_\_)

**SECURITY PERSONNEL**

Will trained security staff be on-site during event hours? \_\_\_\_ Yes \_\_\_\_ No (Provided by: \_\_\_\_\_)

**RAIN/CANCELLATION**

Alternate location, date, time for event in case of rain: \_\_\_\_\_

**EVENT ELEMENTS**

Indicate with an 'X' all elements that you will be providing at your event. **NOTE: Each of these event elements in addition to any services requested by the City must be marked on the event map submitted with this application.**

EVENT ELEMENTS			
	Amplified Sound*		Portable Toilets(Quantity: __)
	Carnival Rides**		Tent(s) (Quantity: _____)
	Fireworks**		Vendors*** (Quantity: _____)
	Inflatables**		

\*Must submit a Noise Variance Application

\*\*Must submit insurance from the vendor listing City of Owensboro as additional named insured

\*\*\*Organizer will be billed \$5.00 per vendor (City Occupational License Ordinance)

**DESCRIPTION OF EVENT** (specifically explain what is taking place at the event and all event elements)

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**Marketing/Promotion** (one sentence to describe your event . This will also be used for information on the City of Owensboro calendar for Special Events to promote your event.)

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**CITY SERVICES REQUESTED**

Please indicate the quantity of ANY services you are requesting the City of Owensboro to provide for your event. **(NOTE: Below rental costs are not eligible for 60% discount for City support of non-profit organizations)**

CITY SERVICES REQUESTED	QUANTITY	CITY SERVICES REQUESTED	QUANTITY
Bleachers(\$200 per set)		Restrooms(available in some City parks)	
Electrical Service(\$150 per temp. service box plus add'l costs if not located within 100' of existing power)		Showmobile(\$375 per day plus \$1,000 damage deposit. \$50 fee for add'l opening/closing)	
Picnic Shelter (\$35 for first 4 hours, \$10 each additional hour; must reserve with Parks & Rec. Dept.)		Trash Toter(s)(\$10 each)	
Picnic Tables(\$30 each /minimum of 8 per event)			

**Note:** It is the responsibility of the event organizer to ensure clean-up at the conclusion of the event. The organizer is responsible for proper disposal of all waste (trash, cooking grease, etc.). The event space must be returned in the same condition it was received. If any clean-up is required by the City of Owensboro and its staff following the event to return the event space to its condition prior to the event, the event organizer will be billed an hourly rate for all City of Owensboro staff time required to complete the clean-up process.

\_\_\_\_\_ I have read and agree to the above clean-up policy.

**INSURANCE:** Every special event applicant must procure and maintain at their expense commercial general liability insurance with a limit of not less than \$1,000,000 per occurrence. Proof of insurance, **along with a certificate naming the City of Owensboro as additional named insured**, is required for any event on City of Owensboro public right-of-way and must be submitted to the Director Public Events a minimum of 30 days prior to the first day of the load-in/set-up of the event. The policy must cover the entire length of the event from load-in/set-up through the load-out/break-down of the event.

\_\_\_\_\_ I have read and agree to the above insurance policy.

**HOLD HARMLESS CLAUSE:** Applicant/Event Producer shall save and hold the City of Owensboro and the Owensboro Parks and Recreation Department harmless from and against all liability, claims and demands on account of personal injuries (including without limitation to the foregoing worker's compensation and death claims) or property loss or damage of any kind whatsoever, which arises out of or be in any manner connected with the performance of this contract, regardless of whether such injury, loss, or damage shall be caused by, or be claimed to be caused, by the negligence of the permit holder or the City of Owensboro and the Owensboro Parks and Recreation Department; or by any agents or employees of any of the foregoing; or by accident; or otherwise.

\_\_\_\_\_ I have read and agree to the above hold harmless clause.

Special Event Permit applied for and all terms and stipulations agreed to by:

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**SIGNATURE**

**TITLE**

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**PRINT NAME**

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECKLIST**

\_\_\_\_\_ Special Event Application Signed (under the Hold Harmless Clause above)

\_\_\_\_\_ Event Site Map (showing all event components)

\_\_\_\_\_ Event Insurance (certificate naming the City of Owensboro as additional named insured)