



City of Chillicothe Special Events Application



This form is used exclusively for Public Events (Festivals, Concerts, Races, Walks, etc.).

SEP # _____

1. INSTRUCTIONS

The Parks & Recreation Board *must* receive applications at least 60 days prior to your event date(s). Incomplete applications cannot be processed and submitting an application does not guarantee your event will be approved.

2. APPLICANT INFORMATION

Organization putting on the event: _____ Is it a non-profit? _____

Applicant Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant's contact information: Office Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

On site coordinator name: _____ Cell Phone: _____

Event Web site: _____

3. EVENT OPERATIONS

Name of event: _____

Type of event: Festival Concert Car Show Charity Benefit Race/Walk Other

If other please specify: _____ Anticipated Attendance: _____

Specific Park and areas to be used for event: _____

Street closure: Will you be filing an application for a street closure? Yes No

Set up date:	/	/	/	Set up hours:	am or	pm to	am or	pm
Event day #1	/	/	/	Operation hours:	am or	pm to	am or	pm
Event day #2	/	/	/	Operation hours:	am or	pm to	am or	pm
Event day #3	/	/	/	Operation hours:	am or	pm to	am or	pm
Event day #4	/	/	/	Operation hours:	am or	pm to	am or	pm
Teardown date:	/	/	/	Operation hours:	am or	pm to	am or	pm

Rain date(s) _____

Will you be charging a fee for this event? _____ Yes _____ No If so, how much? _____

Is the fee per person _____ per team _____ other _____

4. **EVENT COMPONENTS**

Please check all boxes that apply to your event and provide numbers when requested:

- On site cooking
- Beer Sales
- Food Giveaway
- Carnival
- Product Giveaway
- Shuttle Service
- Sport Competitions
- Soliciting Donations
- Vehicles on Display
- Parade
- Job Fair
- Exhibits/Displays
- Portable Stage, Size? _
- Shelter House Rental
- Inflatable (bounce amusements) # _
- Health Screening
- Banners/Signage

Vending: Number of Food Vendors: _ Number of Merchandise Vendors: _

ELECTRIC SERVICE: There is a \$25/day fee for basic electric (standard outlets), when available.

Do you need to hook up to our basic electric source? Yes No

Will a generator be used to provide event power? Yes No

Do you need access to power in excess of standard outlets? Yes No

Name and cell # of your electrical contractor: _

WATER SERVICE: Water sources in parks are for cleaning purposes only. Access must be prearranged.

Do you need to hook up to a park water source for cleaning purposes? Yes No

PARKING: Parking is permitted only in designated areas of city parks. Please describe the parking arrangements you have made for staff, volunteers, entertainers, patrons, supply trucks and/or vendors:

How many handicap parking spaces will you be providing? _____

RESTROOMS: You are responsible for providing portable restrooms to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity.

Name and telephone number of company supplying restrooms: _

Number of single units: _ Number of multi units: _ Number of handicap units: _

Delivery date and time: _ Pick up date and time: _

TEMPORARY STRUCTURES: Tents and booths cannot be staked in asphalt areas of parks. Please indicate on site map location of each tent and booth.

Describe type of temporary structures to be used: _

Tents: Size(s) _ Total number: _

Name of tent supply company and contact person: _

Telephone number of supplier: _ Emergency Cell Number: _

Delivery date and time: _ Pick up date and time: _

4. **EVENT COMPONENTS**

FENCING: Name of fence contractor and contact person: _

Emergency cell number: _ Date of installation: _ Removal Date _

Reason for erecting temporary fence: _

Please indicate on site map location of all fencing.

ADVERTISING/SIGNAGE: What type and size of advertising displays are you planning? _

- Please indicate on site map.

PARK CLEAN UP/LITTER MANAGEMENT: You are responsible for all litter, grease/ash, and gray water generated by your event. Arrangements should be made with a private power-washing contractor to remove all stains left by your event. Please locate waste containers on site map.

How will you collect and remove trash generated at your event? _

What is the name and telephone number of your trash hauler? _

Number of dumpsters ordered? _ Size of dumpsters? _

Delivery date and time for dumpsters: _ Removal date and time: _

Name and telephone number of your power wash contractor: _

FIRST AID SERVICES: Who will be providing you on site first aid? _

If a race or walk, will first aid providers follow participants on route? Yes No

POLICE/SECURITY SERVICE: Have you hired Chillicothe Police Officers? Yes No

Have you hired a Private Security Company? Yes No If yes, total number hired _

Name of security service/contact person: _ Emergency phone # _

TRAFFIC CONTROL: Vehicles and equipment should not come in contact with pedestrian at events.

How will you manage deliveries, entertainment transporting, and support vehicles for your event? _

5. **ALCOHOL SALES:** If you are planning to sell alcohol at your event, you will need to obtain permission from the city to permit sales on city streets.

Does your non-profit organization plan to apply for an "F Permit" from the State of Ohio? Yes No

Name of Licensee: _

6. **SITE ROUTE MAP**

You **MUST ATTACH** your event site map/route to this application. It should include:

- An outline of the entire event venue including names of all street or areas that are part of the venue and the surrounding area. If the event is a parade/race, indicate the direction of travel.
- The location of all stages, fencing, barricades, scaffolding, tents, portable restrooms, booths, cooking areas, trash dumpsters, grease/ash containers, gray water containers and other temporary units.
- The location of first aid, location of handicap parking, and parking area for vehicles and/or trailers.

7. INSURANCE

In addition to completing the application form and paying the permit and park rental fees, applicant is required to submit an original Certificate of Insurance in an amount not less than one million dollars (\$1,000,000.00) combined single limit bodily injury and property damage for each occurrence. Your insurance certificate should list as the Certificate Holder: City of Chillicothe Parks & Recreation Department, 35 South Paint Street, Chillicothe, Ohio 45601

8. PARK USAGE FEES

Shelters \$75/day	Folding Tables \$10/table	Chairs \$1 each
Ball Diamond \$30/day	Soccer Field \$30/day	Volleyball Courts \$30/day
Tennis Courts \$30/day	Skate Park \$30/day	Bleachers \$60/set (moved by Parks staff)

Additional fees may be applied at the discretion of the Parks & Recreation Department.

9. ACKNOWLEDGEMENT/SIGNATURE

I, the applicant understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by Chillicothe Parks & Recreation. I further accept responsibility to hold free and harmless the City of Chillicothe and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before a permit is issued is the sole responsibility of the applicant.

Applicant’s Signature _

Date _

Return this application to: Chillicothe Parks & Recreation
35 South Paint Street
Chillicothe, Ohio 45601

Applications are processed in the order they are received.

The Chillicothe Parks & Recreation Department is run by rulesNot Exceptions



IMPORTANT REQUIRED ATTACHMENTS MUST BY INCLUDED WITH APPLICATION

IF YOUR EVENT IS CANCELLED OR POSTPONED, A COURTESY CALL TO THE OFFICE (740-772-5626) WOULD BE APPRECIATED

For Office Use Only:

Do not write below this line

Date received _

Received by _

Total fees owed \$ _