



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 able to be processed.

APPLICANT INFORMATION			
Name of Company/Organization		Please check One: <input type="checkbox"/> Non-profit <input type="checkbox"/> Business/Promoter	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
EVENT REPRESENTATIVE			
Name	Office Phone Number		
Email Address	Home Phone Number		
Fax Number	Cell Phone Number		
GENERAL EVENT INFORMATION			
Name of Event _____			
Event Dates _____			
Event Start Time _____		Event End Time _____	
Type(s) of Event			
<input type="checkbox"/> Parade/March/Procession		<input type="checkbox"/> Festival	
<input type="checkbox"/> Concert/Performance/Live Music		<input type="checkbox"/> Race/Walk/Cycle/Skate	
<input type="checkbox"/> Farmers Market		<input type="checkbox"/> Athletic/Recreation Activity	
<input type="checkbox"/> Extension of Premise		<input type="checkbox"/> Greenway	
<input type="checkbox"/> Town Square Rental		<input type="checkbox"/> Block Party	
Other _____			
Proposed Location of Event			
Location is _____ <input type="checkbox"/> Private Party <input type="checkbox"/> Public Property			
Events taking place on Private Property must provide written permission from the property owner if not self. This letter must accompany the application.			
Anticipated Attendance			
Participants _____		Spectators _____	
Audience Demographics _____			
Event History			
<input type="checkbox"/> New		<input type="checkbox"/> Recurring	
Event Co-Producers			
Will you have event co-producers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.			
Co-producing Organization _____			
Contact Name and Phone Number _____			
Event Responsibilities _____			

TRAFFIC CLOSURES

What closures are proposed for the event?

Streets Yes No

Alleys Yes No

Sidewalks Yes No

Parking Lots Yes No

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

*A Traffic Control Plan MUST be completed.

Barricade Request Yes No

How many? _____

To be delivered to _____

Please describe your barricade placement and parking plan for your event.

VENDOR INFORMATION

Food

Food or Beverages? Yes* No *If yes complete Appendix F
 Sold Free Catered/Served

Will food be prepared on site? Yes No

Please describe

Number of anticipated vendors _____

Do vendors have all permits/licenses with GF Finance and GF Public Health Department?

Yes No*

Is your completed vendor list attached to this application?

Yes No

Sponsors

Will you have sponsors? Yes No

Will the sponsors have booths? Yes No

Will these sponsors be selling items? Yes* No *If yes complete Appendix F

Will you have vendors that are informational/craft/or merchandise? Yes No

Number of anticipated vendors _____

Alcohol

No Alcohol Sold (*Transient Alcohol Permit Required) *Complete Appendix G
 Allow Guests to Bring their Own (Private Party or GF Park District Permit in Parks Only)
If selling alcohol – Answer this Section

Have you submitted the transient alcohol permit paperwork? Yes * No

Date Submitted _____

Please describe in detail how the alcohol sales will be sold (ie beer garden, wristbands ,etc.) and entrances and exits monitored?

Please attach separately.

PUBLIC SAFETY

Responsible Person on site _____ Cell Phone Number _____

Private security company name _____

Security guard certification _____

of security personnel _____ How identified? _____

Police

Will you be requesting off duty Grand Forks Police Officers? Yes* No *If yes review Appendix H

of officers requested _____ (min. of two officers)

Start time _____ End Time _____

****After reviewing the application, the City reserves the right to require the use of off duty police officers.**

RESTROOM FACILITIES

Will you bring in portable facilities? Yes No

Name of Company providing services _____ Phone _____

Delivery Date _____ Delivery Time _____

of standard units _____ # of disabled units _____ # of handwashing stations _____

Pick-Up Date _____ Pick-Up Time _____

EVENT MAINTENANCE / CLEAN -UP

90 Gallon Containers

Quantity _____ Delivery Date /Time _____ *(Placement Map should be attached.)*

Roll Off Bins

Quantity _____ Delivery Date/Time _____ Animal Waste Ash

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, school, businesses or places of worship.**

AUXILIARY EVENT INFORMATION

Electrical

Will you need the city to assist with your power needs? Yes No

Date needed _____ Start Time _____ End Time _____

Please list the following

Equipment Needing Electricity	Voltage/Amperage	# of Outlets
_____	_____	_____
_____	_____	_____

Generators on-site? Yes No

Name of company providing services _____

Size of generator _____ Quantity _____

Water Requirements

Will you need the city to supply water outlets? {fire hydrants} Yes No

Date Needed _____ Start time _____ End time _____

Please list the following

of items that need to attach to water _____ Potable/Non-potable _____

GREENWAY AND TRAIL SYSTEM

Will your event be held on the Community Greenway? _____ Yes* _____ No *If yes complete Appendix I

What is the nature of your event:

_____ Run/Walk/Cycle/Skate _____ Wedding _____ Festival
_____ Athletic/Recreation Activity _____ Other

A Greenway Use Agreement must be completed for use. A refundable \$100 damage deposit is required.

NEIGHBORHOOD BLOCK PARTY

Primary Neighborhood Contact _____ Block Party Packet
Address _____
Phone _____

Secondary Neighborhood Contact _____
Address _____
Phone _____

Special Needs:

_____ Barricades _____ Assistances from GF Fire Department {safe house, fire truck, sparky}
_____ Signage _____ Visit from Neighborhood Community Resource Bureau Office
_____ Escort _____ Assistance from GF Police Department {McGruff, Police Car, Swat}
_____ Security _____ Assistance from GF Sheriff Department

Other Assistance _____

List number of Officers required and total time Officers will be needed at event.

_____ Officers Time Needed _____ to _____

Events requiring Officers to be present may require payment to the City of Grand Forks for overtime expenses incurred by the Grand Forks Police Department- Review Appendix H for details

THE SKYWAY

The Skyway is a unique gathering spot that offers a city view of both north and south 4th street in Grand Forks.

Will your event be renting The Skyway? _____ Yes* _____ No *If yes complete Appendix J

What is the nature of your event: _____

The Skyway Use Agreement must be completed for use. A refundable \$100 damage deposit is required.

AUXILLARY EVENT INFORMATION CONTINUED

Signs - Banners

List all signs/banners being used for event	Locations	Size
_____	_____	_____
_____	_____	_____

ENTERTAINMENT /AMPLIFIED SOUND

Will there be a stage or multiple stages? _____ Yes _____ No

Quantity _____

Stage Dimension _____

Who are you getting the stage from? _____

Will you be using the GF Park District Band Box? _____ Yes _____ No

Delivery Date _____ Pick-Up Time _____

What will take place on the stage? Explain.

Will there be amplified sound past 10:00pm? _____ Yes _____ No

What time will there be amplified sound _____ to _____

**** Police Department Noise Variance Information:** Any noise variance can be terminated during the event by the on-duty police supervisor. The decision to terminate the variance will be based on the amount and type of complaints received from the public about the event and/or public safety issues.

Will there be inflatables on site? _____ Yes _____ No

Name of the company providing services _____

List of types of inflatables	Quantity	Sizes
_____	_____	_____
_____	_____	_____

****Attach Certificate of Insurance for Inflatable 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 type of animals	Quantity
_____	_____
_____	_____
_____	_____

How will animals be used for your event? _____

****Attach Certificate of Insurance for Animal Company**

TOWN SQUARE RENTAL/POCKET PARK RENTAL

Will you be renting (check one)

* Please review Appendix B

_____ Town Square _____ Pocket Park Rental Which park _____
Reservation refundable damage deposit will apply for each of these venues

Rental Costs for Town Square

_____ Permit Fee \$50.00

Please select all that you will need for your event

- _____ Electricity \$40.00
_____ Public Address System – wireless microphone \$40.00 ____ Yes ____ No
_____ Chairs (100 available) 10/\$5.00 - #of chairs _____
_____ Picnic Tables \$2.00 per table (20 available) - # of tables _____
_____ Safety Fencing \$5.00 uninstalled, \$7.50 installed. DOLLY NEEDED - # of sections _____
50' sections, 3,000 linear feet total available. "T" fence poles and self-standing fence poles included. (6 sections are needed to enclose Town Square with one opening).
_____ Temporary electric pedestals \$10.00 each- 9 pedestals @ 110volts; 2 pedestals @ 220 volts.
Includes all extension cords needed.
_____ Garbage cans \$1.00 per can – no liners (10 available) - # of cans _____
_____ Canopies \$100.00 each (2 available) - # of canopies _____ 24 hour advance notice
Tent Permit will be needed
_____ Barricades \$1.00 each (15 available) - #of barricades _____
Please include a detailed explanation where barricades will be placed

Town Square Clean-up: _____ On your Own
_____ Contract with City (**\$100 min**, additional cost will be billed separately)

****Amount due may be paid "per event" as long as payment is received no fewer than fourteen days in advance of event.**

Checks need to be made payable to
City of Grand Forks, Public Info Center, P O Box 5200, Grand Forks, ND 58203
Attn: Special Events

****Permit will be created once payment is received for your event. ****

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

_____	_____
_____	_____
_____	_____

You are required to notify residents and businesses of your event in advance

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 Public Information Center prior to notification of delivery. 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 limited to; the name of the event, date(s), time(s), location, the assigned Police Traffic Marshalls name and contact number (if applicable), type of activity and telephone number where the public can contact your organization for concerns and issues. Failure to comply with notification requirement can result in the cancellation, postponement or other significant restriction to your event or future events. Verification of neighborhood notification is required.

(INITIALS)

REIMBURSEMENT, INDEMNITY AND HOLD HARMLESS AGREEMENT

The applicant must promptly reimburse the City for any costs incurred of any kind that are a result of use by applicant under the permission granted. This includes, but is not limited to; cleanup, maintenance, preventative, or replacement costs.

Furthermore, applicant hereby agrees to defend the City and its employees and hold harmless the City from any and all liability to any person or entity that may be caused by damage or injury incurred as a result of this event.

This agreement is effective on the date which this event is to take place and is complete for the entirety of the event.

Individual Applicant:

Name: _____

Signature: _____

Address: _____

Drivers License #: _____

Sponsoring Organization:

Name: _____

Signature: _____

Address: _____

Federal Tax ID: _____

Subscribed and sworn to me, a Notary Public, this _____ day of _____, 20____.

Notary Seal

Notary Public
Grand Forks County, North Dakota

My commission Expires: _____