



COMMUNITY EVENT/RIVERFRONT PARK PERMIT APPLICATION

Complete and return Permit Application to the City of Salem, Department of Community Services.
Applications must be received with application fee and details of your event no later than 90 days prior to your event.

EVENT INFORMATION

TYPE OF EVENT:

- 9RUN 9WALK 9BIKE RACE 9COMMUNITY CELEBRATION/FESTIVAL
9CONCERT 9PRODUCT/ARTS & CRAFTS FAIR 9OTHER (Specify)

EVENT NAME:

EVENT DATE(S): TOTAL ANTICIPATED ATTENDANCE:

AREAS OF PARK REQUESTED: 9A 9B 9C 9D 9E 9F (see attached map)

EVENT GOALS:

ACTUAL EVENT HOURS: AM/PM - AM/PM

SET UP TIMES: AM/PM - AM/PM

DESCRIBE SPECIFICALLY YOUR SET UP WORK:

LIST ANY STREET(S) REQUIRING CLOSURE. INCLUDE STREET NAME(S), DATE AND TIME OF CLOSING AND TIME OF REOPENING:

HOLD HARMLESS / AFFIDAVIT OF APPLICANT

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED SPECIAL EVENT POLICY. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I, ON BEHALF OF THE SPONSOR, AM ALSO AUTHORIZED TO COMMIT THE SPONSOR, AND THEREFOR AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO THE CITY OF SALEM.

I AGREE, ON BEHALF OF THE SPONSOR, TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE CITY OF SALEM, ITS EMPLOYEES, AGENTS, OFFICERS AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING LEGAL FEES ARISING FROM OR IN CONNECTION WITH ACTIVITIES DURING THE SPECIAL EVENT.

I FURTHER AGREE TO PROMPTLY REIMBURSE THE CITY OF SALEM FOR ANY CLEAN-UP, LOSS OR DAMAGE TO CITY PROPERTY RESULTING FROM THIS USE.

NAME OF PRIMARY EVENT SPONSOR: (print)

NAME (PRESIDENT OR CHIEF EXECUTIVE OFFICER): (print)

SIGNATURE: DATE:

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
		Food will be served			Admission fees will be collected
		Food will be sold (Short-term Concessionaire Permit Required)			Event will be advertised to the general public
		Non food items will be sold (Short-term Concessionaire Permit Required)			Access to potable water needed
		Booths, tents, canopies, and/or stages will be used			Vehicle access to turf areas will be necessary
		Access to park electricity will be needed			Generators will be used
		Amplified sound will be used (Noise Variance Permit required)			Special services (security, traffic control, garbage, etc.) will be utilized

OVERALL EVENT DESCRIPTION

Please provide DETAILED DESCRIPTION of your event. Include details regarding use of vehicles, animals, rides, proposed schedule or any other pertinent information about the event (use additional pages if necessary):

ATTACH A SITE MAP SHOWING THE OVERALL LAYOUT AND SET-UP LOCATIONS FOR THE FOLLOWING ITEMS:

- ALCOHOLIC CONCESSION AND/OR BEER GARDEN AREAS
- FOOD CONCESSION AND/OR FOOD PREPARATION AREAS (IF YOU INTEND TO COOK FOOD IN THE EVENT AREA, PLEASE SPECIFY METHODS: ___GAS ___ELECTRIC ___CHARCOAL ___OTHER specify___)
- PORTABLE TOILET FACILITIES
- FIRST AID FACILITIES AND AMBULANCE LOCATIONS
- TABLES AND CHAIRS
- FENCING, BARRIERS AND/OR BARRICADES
- GENERATOR LOCATIONS AND/OR SOURCE OF ELECTRICITY
- CANOPIES OR TENT LOCATIONS
- BOOTH, EXHIBITS, DISPLAYS OR ENCLOSURES
- SCAFFOLDING, BLEACHERS, PLATFORMS, STAGES, GRANDSTANDS OR RELATED STRUCTURES
- VEHICLES, TRAILERS, AND/OR MOTORHOMES
- TRASH CONTAINERS AND DUMPSTERS

DESCRIBE YOUR PLAN FOR CLEAN-UP AND REMOVAL OF WASTE AND GARBAGE DURING AND AFTER THE EVENT:

INSURANCE REQUIREMENTS

A CERTIFICATE OF INSURANCE WILL BE REQUIRED WITH THIS APPLICATION. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH SHOWS \$1 MILLION IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH NAMES THE CITY OF SALEM ITS OFFICERS, EMPLOYEES, AND AGENTS AS ADDITIONAL INSURED. SOME EVENTS MAY REQUIRE A HIGHER LIMIT OF INSURANCE. EACH EVENT IS EVALUATED ON ITS RISK EXPOSURE.

SAFETY / SECURITY / ACCESSIBILITY

PLEASE DESCRIBE YOUR PROCEDURES FOR BOTH CROWD CONTROL AND INTERNAL SECURITY: _____

PLEASE DESCRIBE YOUR FIRST-AID/MEDICAL PLAN. HOW MANY FIRST-AID STATIONS AND WHERE ARE THEY LOCATED? HOW WILL THEY BE STAFFED? _____

PLEASE DESCRIBE YOUR ACCESSIBILITY PLAN FOR ACCESS AT YOUR EVENT FOR INDIVIDUALS WITH DISABILITIES: _____

PLEASE DESCRIBE YOUR PLAN FOR SECURING BICYCLES: _____

PLEASE DESCRIBE YOUR USE OF MASS TRANSIT: _____

NOTE: THE CITY OF SALEM HAS APPROVED SEVERAL SECURITY SERVICE AGENCIES TO PROVIDE SECURITY SERVICES ON CITY OF SALEM PROPERTY. SHOULD YOUR EVENT REQUIRE SECURITY, YOU WILL NEED TO CONTACT THE PUBLIC EVENTS SUPERVISOR TO OBTAIN A LIST OF THESE PROVIDERS. A "SECURITY SERVICES AGREEMENT" MUST BE COMPLETED PRIOR TO ISSUING THE EVENT AWARD PERMIT.

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO YES

9 9 WILL ADMISSION BE CHARGED? HOW MUCH? _____

9 9 ARE THERE ANY MUSICAL ENTERTAINMENT FEATURES RELATED TO YOUR EVENT? IF YES, PLEASE STATE THE NUMBER OF STAGES, NUMBER OF BANDS AND TYPE OF MUSIC.
NUMBER OF STAGES: _____ NUMBER OF BANDS: _____
TYPE OF MUSIC: _____

9 9 WILL SOUND AMPLIFICATION BE USED? IF YES, PLEASE INDICATE START TIME: _____ AM/PM - FINISH TIME: _____ AM/PM.

PLEASE DESCRIBE THE SOUND EQUIPMENT THAT WILL BE USED FOR YOUR EVENT: _____

9 9 ANY INFLATABLE DEVICES OR HOT AIR BALLOONS? IF YES, PLEASE DESCRIBE: _____

9 9 ANY FIREWORKS, ROCKETS OR OTHER PYROTECHNICS? IF YES, PLEASE DESCRIBE: _____

9 9 ANY SIGNS, BANNERS, DECORATIONS, SPECIAL LIGHTING? IF YES, PLEASE DESCRIBE: _____

SPECIAL SERVICE PROVIDERS

<u>Special Services</u>	<u>Name of Provider</u>	<u>Name of Contact</u>	<u>Phone Number</u>
Caterers			
Sound Provider			
Staging, i.e., Canopies, Tents			
Security Provider			
Insurance Carrier			
Chemical Toilet Provider			
Amusement Rides, Inflatable Play Structures, etc			
Garbage Service Provider			
Lighting and Electrical Services Provider			

If there are additional special services being provided, please attach list of the companies responsible.

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

SPONSORING ORGANIZATION: _____

PROFIT/NONPROFIT: _____ TAX EXEMPT #: _____

PRIMARY CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ FAX NUMBER: _____ EVENING PHONE: _____

CONTACT PERSON "ON SITE" DAY(S) OF EVENT: _____ PAGER/CELLULAR: _____

CO-SPONSORS: _____ EVENT BENEFICIARIES: _____