

City of Chamberlain

Street Dance/Special Event

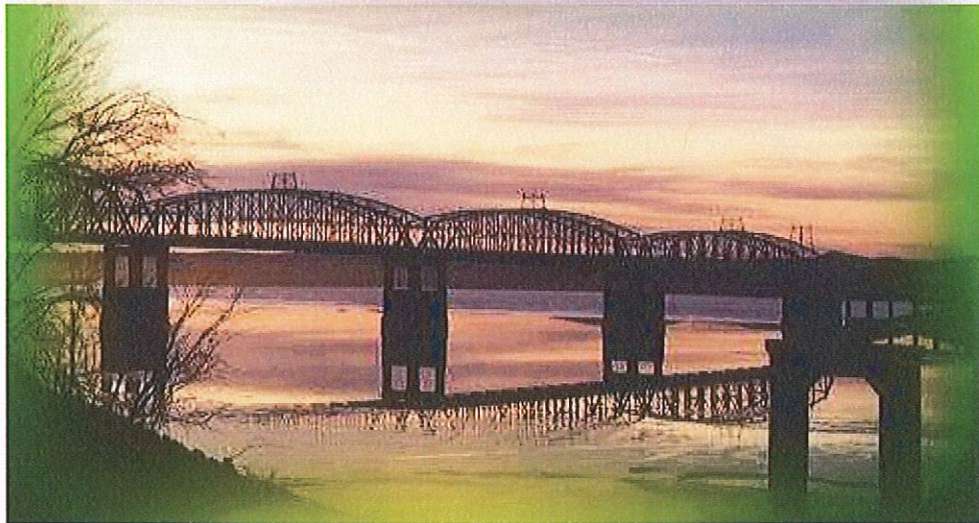
Permit Application

Date: _____

(month)

(days)

(year)



Instructions:

To apply for a Street Dance / Special Event Permit, please complete this application. Submit your application, including required attachments, no later than forty-five (45) days before your event. Facility Use Agreements should also be completed at this time (if applicable).

This application is subject to Chamberlain City Council Approval. Any violations of the approved permit will be grounds for law enforcement to require the immediate termination of the event.

EVENT INFORMATION

Type of Event:

☐ Street Dance ☐ For Profit ☐ Concert
☐ Private Dance ☐ Non-Profit ☐ Other (specify) _____

Event Title: _____

Event Date(s): _____ (month, day, year) Total Anticipated Attendance: _____

(# of Participants # of Spectators)

Actual Event Hours: (from): _____ AM / PM (to): _____ AM / PM
(dances / bands & amplified noise end no later than 12:00 a.m.)

Location / Staging Area: _____

Band Name _____

Set up/assembly/construction Date: _____ Start Time: _____ AM / PM

Please describe the scope of your setup / assembly work (specific details):

Dismantle Date: _____ Completion time: _____ AM / PM

List any street(s) requiring closure as a result of this event. Include **street name(s)**, **day**, **date** and **time** of closing and time of re-opening:

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

☐ Commercial (for profit)
☐ Noncommercial (nonprofit)

Sponsoring Organization: _____

Chief Officer of Organization (NAME): _____

Applicant (NAME): _____ Business Phone: (_____) _____

Address: _____
(city) (state) (zip code)

Daytime phone: (_____) _____ Evening Phone: (_____) _____ Fax #: (_____) _____

Please list any **professional event organizer** or **event service provider** hired by you that is authorized to work on your behalf to produce this event.

Name: _____

Address: _____
(city) (state) (zip code)

Contact person "on site" day of event or facility use _____ Pager/Cell #: _____

(Note: This person must be in attendance for the duration of the event and immediately available to city officials)

REQUIRED: Attach a written communication from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf.

FEES / PROCEEDS / REPORTING

NO

YES

9

Is your organization a "Tax Exempt, nonprofit" organization? If **YES**, you must attach a copy of your IRS 501C Tax Exemption Letter to this Special Event Permit application (providing proof and certifying your current tax exempt, non profit status).

9

Are admission, entry, vendor or participant fees required? If **YES**, please explain the purpose and provide amount(s):

**OVERALL EVENT DESCRIPTION:
ROUTE MAP / SITE DIAGRAM / SANITATION**

Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

☐ Consumption permit requested - **\$500 fee**
(consumption permits end at 12:30 a.m.)

☐ Special event license requested
(special event licenses end at 12:30 am and
applies to non-profit only)

NO

YES

☐ ☐ Does the event involve the sale or use of alcoholic beverages? If **YES**, please provide your liquor liability insurance information to the last page of this application.

☐ ☐ Will items or services be sold at the event? If **YES**, please describe:

☐ ☐ Does this event involve a moving route of any kind along streets, sidewalks or highways? If **YES**, attach a detailed map of your proposed route, indicating the direction of travel and provide a written narrative to explain your route.

☐ ☐ Does this event involve a fixed venue site? If **YES**, attach a detailed site map showing all streets impacted by the event.

In addition to the route map required above, please attach a diagram showing the overall lay-out and set-up locations for the following items:

➤ Alcoholic and Non-alcoholic Concession and / or Beer Garden Areas.

➤ Food Concession and / or Food Preparation Area(s).

Please describe how food will be served at the event: _____

If you intend to cook food in the event area, please specify the method to be used:

___ GAS ___ ELECTRIC ___ CHARCOAL ___ OTHER (specify): _____

➤ 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.

➤ Booths, Exhibits, Displays or Enclosures.

➤ Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.

➤ Vehicles and / or Trailers.

➤ Trash Containers and Dumpsters.

(NOTE): You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event, the area must be returned to a clean condition.

Number of trash cans: _____ Trash Containers w / lids: _____

Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility:

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**: _____

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

PRIVATE SECURITY IS REQUIRED AS APPROVED BY THE CHIEF OF POLICE

NO

YES

☐☐

Have you hired any Professional Security organization to handle security arrangements for this event? If **YES**, please list:

Security Organization: _____

Security Organization Address: _____

(city) (state) (zip code)

Security Director (Name): _____ Business phone: _____

☐☐

Is this a night event? If **YES**, please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators:

Please indicate what arrangements you have made for providing **First Aid Equipment**?

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event:

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO

YES

☐
☐

Are there any **musical entertainment** features related to your event or facilities rental? If **YES**, please state the number of bands and type of music.

Number of Stages: _____

Number of Bands: _____

Type of Music/Entertainers Name: _____

☐
☐

Will **sound amplification** be used?

If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

☐
☐

Will **sound checks** be conducted prior to the event?

If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

Please describe the sound equipment that will be used for your event:

☐
☐

Will any fireworks, rockets or other pyrotechnics be used? If **YES**, please attach a copy of your permit (issued by the City Commision) to this application.

☐
☐

Will any signs, banners, decorations or special lighting be used? If **YES**, please describe: _____

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO

YES

☐
☐

Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: _____

☐
☐

Will there be any live media coverage during your event? If **YES**, please explain: _____

☐
☐

Applicant acknowledges and agrees to allow the City to publish the Contact Person and media referral telephone numbers on the internet in conjunction with the Calendar of Upcoming Events in the City of Chamberlain. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage:

Refer all event public inquiries and / or media inquiries for this event to:

NAME: _____ PHONE: _____

INSURANCE REQUIREMENTS

REQUIRED: Insurance for your event will be required before final permit approval.

Name of Insurance Company: _____ Agent's Name: _____

Business Phone: _____ Policy Number: _____ Policy Type: _____

Address: _____

(city) (state) (zip code)

For final permit approval, you will need \$2,000,000 commercial general liability insurance that names "the City of Chamberlain, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. For insurance related questions, please contact the Finance Office at (605) 234-4401 – Fax # (605) 234-4401.

The City must be named as an "additional insured." Please obtain the required insurance and mail an original insurance certificate to: City of Chamberlain, Finance Office, 715 North Main Street, Chamberlain, SD 57325.

LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental. A minimum of \$500,000 liquor liability is required with City of Chamberlain named as additional insured.

Name of Insurance Company: _____ Agent's Name: _____

Business Phone: _____ Policy Number: _____ Policy Type: _____

Address: _____

Please obtain the required insurance and mail an original insurance certificate to: City of Chamberlain, Finance Office, 715 North Main Street, Chamberlain, SD 57325.

AFFIDAVIT OF APPLICANT

ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, notify the Chamberlain City Offices. Otherwise, City personnel and equipment may be needlessly dispatched.

I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event and I understand that this application is made subject to the rules and regulations established by the City Commission of Chamberlain. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore 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 Chamberlain.

Name of Applicant (PRINT): _____ Title: _____

(signature of Applicant / sponsoring organization) Date: _____

(signature of Professional Event Organizer or Renter of City-owned Facilities)