

CITY OF KENT SPECIAL EVENT PERMIT APPLICATION

*This application is used for events held on public property within the City of Kent. This application must be submitted at least **60 days prior to the event**, but no sooner than one year prior to the event. Acceptance of your application is not a final approval or confirmation of your request.*

NAME OF EVENT: _____
EVENT DATE & TIME: _____
EVENT LOCATION(S): _____
EVENT PROCEEDS BENEFICIARY: _____

APPLICANT INFORMATION

Organization Sponsoring Event: _____

Is it Nonprofit: YES NO

If so, provide documentation certifying tax exempt, nonprofit status with this application.

Applicant Name: _____ Title/Position: _____

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

Phone: _____ Email: _____

Name(s) and phone number(s) of person(s) responsible during the event: _____

Event Website (if applicable): _____

EVENT INFORMATION

Type of Event or Special Activity: _____ (ex. Parade, 5k, Festival, etc.)

Provide a detailed description of the Event (please attach flyer or additional sheet if needed): _____

REQUESTED PERMIT TIME: Start set up: _____ Start event: _____
End event: _____ End cleanup: _____

Anticipated attendance: _____

Has this Event ever been held in the past: YES NO

If so, provide documentation detailing the previous event location, date, and number of attendees.

Admission charged: YES NO If so, list the amount of the admission or participation fee: \$ _____

Who will receive the proceeds: _____

EVENT COMPONENTS

Check **all** boxes that apply to your event.

- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Clean Up/Litter Management | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Handwashing Facilities |
| <input type="checkbox"/> Generators | <input type="checkbox"/> Music/Sound Amplification | <input type="checkbox"/> Portable Toilets |
| <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Street Closures | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Vendors (Merchandise/Service) | <input type="checkbox"/> Vendors (Informational) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Other: _____ | | |

ALCOHOL SALES (if checked above)

Name of applicant/licensee: _____

A copy of the Ohio Department of Commerce, Division of Liquor Control Approval/Permit must be provided to the City prior to the event.

CLEAN UP/LITTER MANAGEMENT

Applicant is responsible for all trash/litter, grease, damages, ash, and gray water generated by an event.

Describe how you will clean the site generated by the event: _____

A \$100 deposit is required to ensure that the event area is cleaned to pre-event conditions. Refund of deposit is at the discretion of the City, based upon the appearance of the event area once it has been cleaned.

ELECTRIC & WATER SERVICE

Does your event require use of City electric: YES NO

If so, please explain: _____

Outdoor extension cords must be 3-prong, with proper grounding and rating approved for outdoor use.

Does your event require use of City water: YES NO

If so, please explain: _____

MUSIC/SOUND AMPLIFICATION

Describe any music and/or amplifying equipment that is part of your event: _____

The number and location of stages, number of bands/performers, and a schedule indicating the times and location of bands/performers must be submitted with the application.

PORTABLE RESTROOMS/HANDWASHING FACILITIES

Applicant is responsible for providing any portable restrooms and handwashing facilities needed to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity needed for your event.

Name and phone number of company supplying the portable restrooms and handwashing facilities: _____

Number of portable restrooms: _____

Number of handwashing facilities: _____

Delivery date and time: _____

Post event removal date and time: _____

Attach a copy of the contract showing proof of the Portable Restroom suppliers' liability insurance.

STREET CLOSURES

Does your event require street closure(s): YES NO

If yes, what street(s) (include specific boundaries with street addresses, use additional pages if necessary): _____

The Service Director will determine the amount and location of barricades and cones required for your event. Applicant may be required to pick up and return the barricades and cones. Barricades and cones may be picked up/returned to the Service Administration Complex, 930 Overholt Road. A \$100 deposit is required to ensure that the barricades and cones are returned in good condition. Refund of deposit is at the discretion of the City based upon condition of the barricades and cones. Additional fees may be incurred should City staff be required to be present for the event.

TENTS

Name and phone number of company supplying the tents: _____

Number of tents and size of each: _____

Method in which tent(s) will be secured: _____

Tents may require a permit and must comply with Ohio Fire Code, Ohio Building Code. Tents may also require liability insurance. Applicant is responsible for reviewing said codes and attaching a copy of the contract showing proof of the Tent supplier's liability insurance. Tent(s) may not be secured in any manner that is damaging to City property.

VENDORS/FOOD SALES

Number of Food Vendors: _____ Number of Merchandise/Service/Informational Vendors: _____

Applicant is required to submit a Vendor List with this application indicating all vendors who will participate in the event. The Vendor List must indicate what each vendor will do, sell, demonstrate, cook (including cooking method), make, hand out, etc.

