

SPECIAL EVENT APPLICATION

Those holding events wholly on private property are not required to submit this Special Event Application (See Madison City Code Section 24-102). If you have questions about whether your organization needs to apply for a Special Event Permit, please contact the Madison Police Department at (256) 772-2569.

As Applicant, you must:

- fully complete the application.**
- provide a copy of your Madison business license, if applicable.**
- include the non-refundable fifty dollar (\$50.00) application fee.**
- fulfill any insurance requirements set forth herein.**
- obtain any necessary permits.**
- provide all referenced maps, drawings, descriptions, etc.**
- turn in the application and any attachments to the City Clerk-Treasurer NO LATER THAN SIXTY (60) DAYS PRIOR TO THE EVENT.**

Please remit the application and \$50.00 fee to:

**City of Madison
City Clerk-Treasurer
100 Hughes Road
Madison, Alabama 35758**

**If you have any questions, please call the Police Department at:
(256) 772-2569**

SUMMARY OF PROPOSED EVENT

Event Title/Purpose:

Type(s) of Activities:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Concert | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Parade | <input type="checkbox"/> Car Show |
| <input type="checkbox"/> Art Show | <input type="checkbox"/> Theatrical Performance | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Other _____ | | |

Description of Activities:

Requested Dates & Times of Event-Related Activities:

Set-Up:	Date _____	Time _____
Event Starts:	Date _____	Time _____
Event Ends:	Date _____	Time _____
Clean-Up:	Date _____	Time _____

Anticipated Total Number of Participants* : _____ Per Day: _____

Name, Description and/or Physical Address of Requested Location(s):

* "Participant" is defined as any person taking part in or attending the event in any capacity, including, but not limited to, sponsors, organizers, promoters, invited attendees, paying attendees, vendors, volunteers, and the targeted population group.

APPLICANT INFORMATION

Full Legal Name of Individual Submitting Application:

FIRST

MIDDLE

LAST

SUFFIX

In what capacity are you applying?

As an individual

ADDRESS

CITY/STATE/ZIP

PRIMARY PHONE #

SECONDARY PHONE #

PRIMARY E-MAIL ADDRESS

SECONDARY E-MAIL ADDRESS

On behalf of _____, an incorporated organization

Address of Organization: _____

MAILING ADDRESS

CITY/STATE/ZIP

On behalf of an unincorporated organization

Name of Organization: _____

Address of Organization: _____

MAILING ADDRESS

CITY/STATE/ZIP

Additional Contacts/Representatives:

1.

NAME

PRIMARY PHONE #

PRIMARY E-MAIL ADDRESS

2.

NAME

PRIMARY PHONE #

PRIMARY E-MAIL ADDRESS

3.

NAME

PRIMARY PHONE #

PRIMARY E-MAIL ADDRESS

INSURANCE REQUIREMENTS

The applicant shall provide a Certificate of Insurance evidencing a policy of commercial general liability insurance providing coverage for the applicant for the requested event and naming the City as an additional insured. Such policy shall have the following minimum coverage limits:

- | | |
|--|-------------|
| (1) Products/Completed Operations Aggregate: | \$1,000,000 |
| (2) Personal and Advertising Injury: | \$1,000,000 |
| (3) Each Occurrence: | \$1,000,000 |

In the event alcohol is to be served at the event, the applicant shall also provide proof of Liquor Liability Insurance in the amount of one hundred thousand dollars (\$100,000) or the then-current coverage limit required by the Alabama Beverage Control Board.

Each policy must:

- (1) insure the named applicant for the duration of the event described in the application;
- (2) list the City as an additional insured as set forth below; and
- (3) be issued by a private insurance carrier properly certified and licensed to do business in the State of Alabama or by a Tenant User Liability Insurance Program (TULIP) approved by the City Attorney.

AS APPLICANT, I WILL PROVIDE SUFFICIENT PROOF OF INSURANCE IN THE FOLLOWING MANNER:

- Certificate of Insurance to be obtained from the provider of the City's Tenant User Liability Insurance Program (TULIP).
- Certificate of Insurance to be obtained from applicant's own insurance agent.

Name of Insurance Agency: _____

Address: _____

Phone: _____

Contact Name: _____

Policy Number, if known: _____

As an additional insured, the City of Madison shall be identified and named as follows:

***City of Madison, Alabama, a municipal corporation, and its officials, employees, and agents
100 Hughes Road
Madison, Alabama 35758***

EVENT PLAN

Have you hired or are you going to hire a licensed professional security company to develop and manage your event's security plan?

Yes No If yes, please list the name and contact information for the security company:

Will there be a clear path of travel throughout your event for emergency vehicles and personnel?

Yes No If yes, please describe:

Estimated number of vehicles involved in the event as part of the activities: _____

Estimated number of parking spaces/amount of parking area needed: _____

Will your event involve the use of a parking and/or shuttle plan?

Yes No If yes, please attach a copy of your plan.

Are animals part of the activities planned for this event?

Yes No If yes, how many and what kind?

What provisions have been made for the clean-up and removal of animal waste, food, etc.?

Will portable toilets be used at this event?

Yes No

Will any food or drink be sold?

Yes No

Will alcohol be served?

Yes No

If yes, have you already devised a plan for the safe distribution and sale of alcohol at the event in accordance with City of Madison Municipal Code § 4-37 and § 14-138?

Yes No If no, be advised that failure to provide such a plan is grounds for denial of your permit application.

If the event will involve the sale and/or consumption of alcoholic beverages, please check all that apply:

- Free/Host-Provided Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled Spirits

EVENT PLAN, continued

Will an admission fee be charged to attend the event?

Yes No If yes, please indicate the fee(s) to be charged: _____

Will sound checks be conducted prior to the event?

Yes No If yes, when? _____

Will electrical connections be required for the event?

Yes No If yes, a separate electrical permit may be required, please check with the City of Madison Building Department at (256)772-5644.

Does the event include the use of fireworks, rockets, lasers or other pyrotechnics?

Yes No If yes, please describe: _____

Will your event include the use of signs or banners for the advertisement of the event?

Yes No If yes, please describe the type and number of signs to be used: _____

If yes, a separate banner permit will be required through the City of Madison Planning and Community Development Department. Please contact them at (256) 772-5630 for more information.

Will food be served or sold at the event?

Yes No

SUBMISSION OF APPLICATION & LIABILITY WAIVER

By submitting the application for this special event permit, I, the Applicant/authorized agent of the Applicant, do hereby agree to release and discharge the City of Madison, Alabama, and its officers, agents and employees from any and all actions, sums of money, claims, suits, judgments, responsibility or potential liability whatsoever which may arise out of or be associated with any activity conducted pursuant to or otherwise related to the issuance of the requested permit or any activities conducted pursuant thereto. Further, on behalf of myself or the entity on behalf of which I make this application, I hereby agree to indemnify and forever hold harmless the City of Madison, Alabama, its officers, agents and employees from any and all claims, suits, judgments, responsibility or potential liability which has or may in the future arise out of or be associated with any activity conducted pursuant to or otherwise related to the issuance of the requested permit or any activities conducted pursuant thereto. Provided, however, this provision shall not apply to any claims arising solely out of Permittee's assertion of constitutionally protected First Amendment rights.

DONE THIS _____ day of _____, 20__.

Printed Name of Applicant

By: _____
Signature of Applicant or Applicant's Authorized Agent

Address of Applicant

City/State/Zip

Primary Phone Number of Applicant

FOR INTERNAL USE ONLY

Necessary Department Recommendations & Approvals:

- Public Works** _____
- Fire Chief** _____
- Recreation** _____
- Revenue** _____
- Legal** _____
- City Clerk** _____
- Planning** _____

APPROVED

This Special Event Permit Application is hereby approved and a permit shall be issued for the requested event to be held on _____, 20__, at the location and in the manner described herein and in accordance with any conditions set forth by the Police Chief and attached hereto.

DENIED

This Special Event Permit Application is hereby denied for the reasons set forth in the attached documentation.

Police Chief

Date