



ALL EVENTS MUST HAVE A COMPLETED EVENT PERMIT TURNED IN NO LATER THAN 30 DAYS OF THE EVENT.

\$50 Permit Fee

**SPECIAL EVENT PERMIT APPLICATION
EVENT ASSISTANCE PROGRAM APPLICATION**

INTRODUCTION

Any organized activity involving the use of, or having impact upon, City property, City facilities, parks, sidewalks, street areas or the temporary use of City property in a manner that varies from its current land use or for revenue producing activities, requires a special event permit. (See City Code 3-7 "Utilization of City Property for Revenue Producing Activities") It is the City's goal to assist Event Organizers in permitting safe and successful events that create a minimal impact on the communities surrounding the events. For smaller or localized events, some of the items in this Application may not be applicable. In addition, if a proposed event meets one or more of the following criteria, the application will need to go to City Council for approval:

1. If a group wants to hold an event that will close a public facility or a collector or arterial street;
2. If a group wants to hold an event that will alter the existing physical character or nature of the City's property;
3. If a group wants to hold an event that requires the issuance of a Special Event Liquor License; or
4. If an event will require City support that was not anticipated in the budgetary process.
5. If an event is requesting City support through the Events Assistance Program administered by the Community Development Department.

CHECKLIST

Required information for initial submittal of the special event application. Applications will not be accepted without this minimal information.

| Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed and signed application (no electronic signatures) |
| <input type="checkbox"/> | <input type="checkbox"/> | Application fee (check, money order) |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of insurance - valid for event dates, set up and teardown. |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete and detailed site plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Plan (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Submit IRS letter of nonprofit status (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic Control Plan (if applicable) |

Please note that City departments affected by the proposed special event may recommend that a permit be issued only after the Applicant has met, at his or her own cost, certain stipulations. The following is a list of additional requirements that may be due upon the completion of the special event administrative and substantive review and include, but not limited to:

1. Providing a stated number of security personnel;
2. Providing a stated number of parking attendants;
3. Erecting security fencing or security barriers;
4. Providing sanitary facilities;
5. Hiring and/or providing for any and all traffic control devices and/or traffic control personnel as necessary;
6. Applying for and obtaining all other necessary permits and approvals;
7. Sign and submit a liability agreement prepared by the City;
8. Agreeing to pay for any unanticipated or unforeseen costs associated with the special event, including posting a performance bond if requested by the City.

Pursuant to City of Page Code Chapter 3, Section 7, Resolution No. 1042-10, whenever participation of the City of Page Fire Department and/or the City of Page Police Department is necessary to protect the public and participant safety during special events and seasonal activities, the following fees and charges shall be assessed by the approving agency:

Fire Department – A charge of one hundred fifty dollars (\$150.00) for the first hour/per vehicle and a charge of one hundred dollars (\$100.00) for each hour thereafter, not to exceed five hundred dollars (\$500.00) per day, shall be assessed for Fire Department standby services.

Police Department – A charge of fifty dollars (\$85.00) per hour/per officer shall be assessed for Police Department standby services. To be billed by the finance department after the event.

The City of Page reserves the right to approve or deny any application that affects City property or City right-of-way



| | | | |
|----------------------|-------------------------------------|---|---|
| Date of Application: | Non-Profit <input type="checkbox"/> | Revenue Generating <input type="checkbox"/> | Event Assistance Program Request <input type="checkbox"/> |
|----------------------|-------------------------------------|---|---|

SECTION I: APPLICANT INFORMATION

| | | | | |
|--|-------------------|----------------|-------|----------|
| Name of Applicant (must be on site during the event) | | | | |
| Phone Number | Cell Phone Number | Fax Number | | |
| Business Address | | City | State | Zip Code |
| Corporation / Organization Name or D.B.A. | | E-mail Address | | |
| State of Incorporation | State Tax ID # | EIN/SSN | | |

SECTION II: EVENT INFORMATION

| | | | |
|---|----------------|--------|-----------|
| Name of Event | | | |
| Event Date(s) | Hours of Event | Set Up | Take Down |
| Location of Event/ Address | | | |
| Sponsors of the Event | | | |
| Event Category and Description of Event: <input type="checkbox"/> Athletic/Recreation <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Crafts Fair <input type="checkbox"/> Carnival <input type="checkbox"/> Festival/Celebration <input type="checkbox"/> Special Attraction <input type="checkbox"/> Parade/Procession/March <input type="checkbox"/> Private Family Gathering <input type="checkbox"/> Other, Explain: | | | |

****PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION ****

Event Site Plan: Your detailed event site plan should be submitted on 8 ½” x 14” or 8 ½” x 11” piece of paper and must include the following:

- The location and dimensions of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The location of first aid facilities and/or ambulances.
- The location of all stages, amplified stage equipment, platforms, canopies, tents, portable toilets, booths, beer gardens, open flame and/or cooking areas, trash containers and dumpsters, carnival/amusement rides, merchandise vendors, controlled access/admission areas, and other temporary structures or activities.
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers, both for attendees and event staff and participants.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- The locations of all emergency access points.
- Other related event components not listed above.

| | |
|----------------------|--|
| Charity Name | 501(c)3 Number |
| Charity Contact Name | Contact Phone Number |
| Charity Address | Charity Phone Number (if different from above) |

****If the event involves the participation of a charity, the applicant is required to provide an acknowledgement letter from the charity***

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|--|
| Has this event ever been held at another location? () Yes () No If yes, please provide the appropriate references: |
|--|



| | | |
|---|------------------------------|---------------------------|
| Location #1 | | |
| Date: | Location: | |
| Contact Name | Phone Number | |
| Location #2 | | |
| Date: | Location: | |
| Contact Name | Phone Number | |
| Has the Applicant/Organization ever had a liquor license or event permit denied, revoked or suspended? () Yes () No If Yes, please explain: | | |
| Will there be an admission charge? () Yes () No | | |
| Anticipated daily attendance: | Anticipated peak attendance: | |
| Will there be entertainment? () Yes () No If yes, please complete the following: | | |
| Group | Performance Location | Scheduled Time |
| Will sound amplification be used? () Yes () No If yes, please provide the following: | | |
| Start Time | Finish Time | Anticipated Decibel Level |
| Will there be contracted concessionaires/caterers? () Yes () No If yes, please provide the following information: | | |
| Name of Concessionaire/Caterer | Address | |
| Phone No. | Items to be sold | |
| WILL FOOD BE SERVED () Yes () No If yes, a health permit from Coconino County will be required and attached hereto. | | |
| Will this event be marketed, promoted or advertised in any manner? If Yes, please describe: | | |
| Will there be live media coverage during the event? If Yes, please describe: | | |
| Do you have a plan to control or limit the placement and/or distribution of promotional signage, flyers and/or posters? If Yes, please describe and list areas to be distributed and posted (<i>Please attach any planned promotional materials</i>): | | |
| SECTION III: EVENT SPECIAL FEATURES | | |
| TENTS OR CANOPIES () Yes () No If yes, provide the following: | | |
| Number of Tents: | Size(s): | |
| <i>*All tents and canopies must be properly secured via tent stakes and will be subject to inspection</i> | | |
| OPEN FLAMES OR COOKING () Yes () No If yes, please describe: | | |
| <i>*Open flame may require additional permits or approval from the City of Page Fire Department</i> | | |



FIREWORKS, ROCKETS, LASERS, OR OTHER PYROTECHNICS () Yes () No If yes, provide the following:

| | |
|----------|--------|
| Company: | |
| Address: | |
| Contact: | Phone: |

**Fireworks, rockets, lasers, or other pyrotechnics require permits from the City of Page Fire Department*

TEMPORARY FENCING () Yes () No If yes, provide the following:

| | |
|----------|--------|
| Company: | |
| Address: | |
| Contact: | Phone: |

**Provide accurate dimensions of fenced area and include on site plan*

RESTROOMS: You are required to have sufficient portable restroom facilities at your event, if such facilities are not already available at the location of the event. This includes sufficient ADA accessible facilities in the immediate area of the event site, which will be available to the public during your event.

| | |
|-----------------------------------|--|
| Company: | |
| Address: | |
| Number of regular restroom units: | Number of ADA accessible restroom units: |

ELECTRICAL SERVICES / GENERATORS () Yes () No If yes, please describe your electrical site plan, including the use of any City electric hookups, the layout of extension cords, spider boxes, generators, size and quantify of any generators and anticipated amperage draw:

**Additional fees may apply if you plan on using City electrical hookups*

CARNIVAL / AMUSEMENT RIDES () Yes () No If yes, provide the following:

| | |
|----------|--------|
| Company: | |
| Address: | |
| Contact: | Phone: |

**Amusement or carnival rides must be rented by a licensed vendor who can provide evidence of insurance naming the City of Page as the additional insured*

INFLATABLES / BOUNCE HOUSES () Yes () No If yes, provide the following:

| | |
|----------|--------|
| Company: | |
| Address: | |
| Contact: | Phone: |

**Inflatables, bounce houses or similar items must be rented by a licensed vendor who can provide evidence of insurance naming the City of Page as the additional insured*

MEDICAL PLAN: Please describe your medical plan including the number of first aid staff and first aid stations within the perimeter of the event, your communications plan, certification levels (i.e., CPR and First Aid certified, MD, RN, Paramedic, EMT, etc.) and types of resources that will be at your event and the manner in which they will be managed. You may attach the plan to this application if necessary.

OTHER – Description of any other activities at the event:

SECTION IV: STREETS / TRAFFIC

DOES THE EVENT PROPOSE CLOSING, BLOCKING, OR USING ANY OF THE FOLLOWING:

CITY STREETS () Yes () No If yes, provide the following:

| Street | From/To | Date(s) | Time(s) |
|--------|---------|---------|---------|
| | | | |
| | | | |



| | | | |
|--|--------------------------|---------|---------|
| CITY SIDEWALKS () Yes () No If yes, provide the following: | | | |
| | From/To | Date(s) | Time(s) |
| | | | |
| CITY ALLEYS () Yes () No If yes, provide the following: | | | |
| Alley | From/To | Date(s) | Time(s) |
| | | | |
| PUBLIC PARKING LOTS () Yes () No If yes, provide the following: | | | |
| Parking Lot | | Date(s) | Time(s) |
| | | | |
| <p>TRAFFIC CONTROL PLAN: A Traffic Control Plan is used to indicate vehicle/pedestrian traffic control, detour routes, directional signs, barricades and street closures for your event. The Applicant is responsible for providing all required barricades and traffic control signs at no cost to the City of Page. Barricades must be set-up by a licensed and bonded traffic control company and a traffic control plan must be submitted for the proposed closure of any street, sidewalk, alley, right-of-way, parking lot or similar public access area.</p> | | | |
| SECTION V: USE OF CITY UTILITIES | | | |
| Will any City electric or water hookups be used? () Yes () No If yes, provide the following: | | | |
| Electric Location | Service Needed (in amps) | | |
| Water Location | Service Needed | | |
| SECTION VI: EVENT SECURITY | | | |
| Will the event be using private security? () Yes () No If yes, provide the following: | | | |
| Security Company: | | | |
| Address: | | | |
| Contact Person and Cellular Number: | | | |
| Number of personnel contracted for: | | | |
| Please describe your security plan including crowd control, internal security or venue safety: | | | |
| If no security company is retained, please provide the name of the responsible person that will be present at the event: | | | |
| SECTION VII: ALCOHOL (<i>Glass containers or glass bottles are NOT allowed in City parks</i>) | | | |
| Will there be alcohol at the event? () Yes () No If yes, please answer the following: | | | |
| Will alcohol be sold? () Yes () No | | | |
| Will alcohol be given away? () Yes () No | | | |
| Is alcohol included in the admission price to the event? () Yes () No | | | |
| Will 50% or more of the gross revenues from the event will be derived from alcohol sales? () Yes () No | | | |
| *If you answered Yes to any of the above, a Special Event Liquor License is required | | | |
| Charity's or Organization's Name | 501 (c)3 Number | | |
| *A letter from the charity or organization agreeing to participate as the agent for the special event liquor license is required and must accompany the original event application | | | |



| | |
|---|--------------|
| Name of Contact at Charity or Organization | Phone Number |
| On-Site Agent Responsible for Liquor | |
| How will attendees over the age of 21 be identified? | |
| Have the alcohol servers received training regarding the sale and service of alcoholic beverages? () Yes () No If yes, where & when? | |
| What controls will be used to keep underage attendees from obtaining alcohol at the event? | |
| <i>*A site plan showing locations of alcohol service areas, type and height of fencing, and security check areas must be provided and correspond to the description of the controls above</i> | |
| SECTION VIII: PARADE / RACE INFORMATION (Attach a proposed route and indicate assembly/disassembly areas) | |
| Assembly Area: | |
| Disassembly Area: | |
| Number of Units in parade: | |
| Description of the units (e.g., motorized, animals, floats, sound amplification) | |
| SECTION IV: INSURANCE REQUIREMENTS AND HOLD HARMLESS/INDEMNIFICATION | |
| <p>You will be required to provide the City of Page, thirty (30) days prior to the Event, with proof of applicable insurance that will be in effect during the license period, which shall provide a minimum of \$2,000,000.00 for professional sporting league events or \$1,000,000.00 for non-sporting events, single limit bodily injury and property damage liability on said premises in companies satisfactory to the City of Page. The City of Page shall be named as an “additional insured” and provided with a copy of the additional insured endorsement for any and all policies. The City of Page shall be given at least ten (10) days prior written notice of policy alterations, cancellations, or deletions.</p> <p><u>By executing this application, the applicant knowingly and voluntarily agrees to defend, indemnify, and hold harmless the City of Page, its employees, agents, volunteers, officials, and other representatives (“City”), from and against any and all claims, damages, losses, and expenses (including but not limited to, attorneys’ fees, court costs, expert witness fees, and the cost of appellate proceedings), arising from or related to the event, to include any acts or omissions of the permit holder or its agents, invitees, attendees, contractors or subcontractors and any claims, damages, or losses resulting from the City’s negligence, unless caused by the City’s gross negligence or willful misconduct.</u></p> | |
| <p>Applicant understands that the special event permit is not transferable to any other individual or group. Applicant certifies that the statements made in this application are true and complete to the best of my knowledge. Applicant understands that any omissions or misstatements of facts are cause for rejection of the application and that incomplete applications may not be processed.</p> <p>Applicant further understands and acknowledges that the special even permit is only applicable within the Page City limits and that any events that encroach upon any other jurisdictions are required to obtain the appropriate permission from those other entities (such as the Navajo Tribe and the National Park Service). Applicant’s failure to secure the appropriate permission from any other jurisdiction encroached upon by the event will result in the revocation of the special event permit.</p> | |
| Print Name of Applicant/Host Organization: | Title: |
| Signature | Date |
| Print Name of Event Organizer: | Title: |
| Signature | Date |



City of Page- Facility Usage & Damage Deposit Credit Card Authorization Form

FACILITY USAGE & DAMAGE DEPOSIT CREDIT CARD AUTHORIZATION FORM

Event Date: _____

Name on Rental Agreement: _____

I, _____, hereby authorize the City of Page to bill my credit card for the standard cleaning and damage deposit for my event.

DAMAGE DEPOSIT:

A valid credit card number is required to process your reservation. The credit card will be charged and refunded unless damages are incurred to the property as listed in the Policies and Procedures.

Credit Card: ___ VISA ___ MasterCard ___ Discover _____ - _____ - _____ - _____

CVV _____ Exp. Date: _____

Customer Signature: _____ Date: _____

Your signature will constitute a binding agreement for payment of the specified charges incurred for damages to the property and/or grounds directly caused from your rental, including any companies contracted by you for catering, entertainment, or other. Our finance department will notify you prior to charging your credit card.