



## Special Event Permit Application

311 Hauss Square Room 316, New Albany, IN 47150  
812-948-5333  
www.cityofnewalbany.com

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone : (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Onsite event day contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Event Information

#### Type of Event

Run/Walk     Rally     Parade     Wedding Ceremony/Photos

Fair     Concert     Picnic     Other (Specify) \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Requested Park:  Bicentennial Park     Riverfront Amphitheater     City Square  
 Other (Specify) \_\_\_\_\_

Event Hours: \_\_\_\_\_ AM/PM - \_\_\_\_\_ AM/PM

Set Up Hours: \_\_\_\_\_ AM/PM - \_\_\_\_\_ AM/PM    Tear Down Hours: \_\_\_\_\_ AM/PM - \_\_\_\_\_ AM/PM

Please indicate all of the following that apply to your event

Yes    No

\_\_\_    \_\_\_    FOOD CONCESSIONS

\_\_\_    \_\_\_    ALCOHOLIC BEVERAGES

\_\_\_    \_\_\_    FIRST AID FACILITY AND AMBULANCE

\_\_\_    \_\_\_    TABLES AND CHAIRS SET UP, IF YES HOW MANY \_\_\_\_\_

\_\_\_    \_\_\_    FENCING, BARRIERS, BARRICADES

\_\_\_    \_\_\_    ELECTRICITY REQUIRED, IF YES SOURCE \_\_\_\_\_

\_\_\_    \_\_\_    BOOTHS, EXHIBITS, DISPLAYS

\_\_\_ \_\_\_ CANOPIES, TENTS, STRUCTURES (must be approved by building commissioner/ fire marshal)

\_\_\_ \_\_\_ VEHICLES, TRAILERS, IF YES HOW MANY \_\_\_\_\_

\_\_\_ \_\_\_ TRASH CONTAINERS, DUMPSTERS

\_\_\_ \_\_\_ PORTABLE TOILETS

\_\_\_ \_\_\_ ENTERTAINMENT, IF YES PLEASE DESCRIBE \_\_\_\_\_

\_\_\_ \_\_\_ INFLATABLES, AMUSEMENT, IF YES PLEASE DESCRIBE \_\_\_\_\_

**Voluntary Donations**

While there is no fee for the use of our non-parks public spaces, donations are accepted for the use of the City of New Albany Bicentennial Park, Riverfront Amphitheater, City Square or any other non-parks public space. Contributions support a broad array of recreational activities for residents and visitors, as well as helping to maintain our ever evolving park system. Donations made to New Albany Parks and Recreation Department are tax deductible.

**Other permits**

All components of the event are subject to Board of Works approval and may require approval by and/or permits from other agencies. Board of Works approval permits use of the specified space under the terms of the permit and does not constitute permission from other agencies. Events that impact other agencies must seek proper approval and permitting from said agencies. It is the express responsibility of the applicant to secure all necessary permissions and paperwork.

**Insurance Requirements**

Proof of insurance may be required before final permit approval. Each event is evaluated on its risk and exposure. The City of New Albany is not responsible for any accidents to persons or property resulting from the issuance of this permit.

**Affidavit of Applicant**

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand and agree to abide by the policies, rules and regulations listed on this and all applicable forms, including City of New Albany ordinances, as they pertain to the requested usage. Applicant agrees and understands any significant damage to city property will be the sole responsibility of the applicant. By signing this application, the applicant agrees to follow all rules and regulations and city ordinances. The permit, if granted, is not transferrable and is revocable at any time at the absolute discretion of the New Albany Board of Public Works. All programs and facilities of the City of New Albany are open to all citizens regardless of race, sex, age, color, religion, national origin or handicap.

For any questions regarding special event permitting, please contact Krystina Jarboe at [kjarboe@cityofnewalbany.com](mailto:kjarboe@cityofnewalbany.com) or 812.948.5333.

Name of Applicant: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

\_\_\_ Approved Notes: \_\_\_\_\_

\_\_\_ Denied Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Board of Works President)