



Special Event Permit Application

311 Hauss Square, Room 316
New Albany, IN 47150

(812) 948-5333

www.cityofnewalbany.com

Applicant and Host Organization Information

Host Organization—The Host Organization is legally and financially responsible for the overall permitting process, management and implementation of an event and its associated dynamics and activities.

Host Organization Name: _____

Host Organization Event Representative—The Event Representative will be the main point of contact for all planning activities and day-of activities.

Event Representative: _____

Host Organization Website: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Please list any additional person, professional event organizer or service contractor hired by the Host Organization that is authorized to make decisions on the Host Organization's behalf for this event.

Name: _____

Company: _____

Email: _____

Phone number: _____

Name: _____

Company: _____

Email: _____

Phone number: _____

Why would you like to hold your event in New Albany?

Event Specific Information

Event Name: _____

Is this an annual event? _____ Yes _____ No

Anticipated Attendance-The estimated amount of people expected at the event. _____

Anticipated Participants –If the proposed event has registered participants,
the estimated number expected. _____

Anticipated Number of Event Staff/Volunteers - _____

Event Description (including purpose, target audience, and description):

Requested Venue:

_____ Riverfront Amphitheater _____ City Square
_____ Bicentennial Park _____ Other (Specify) _____

Type of Event:

_____ Run/Walk _____ Rally _____ Parade _____ Concert _____ Wedding Ceremony/Photos
_____ Fair _____ Picnic _____ Concert _____ Other (Specify) _____

Proposed Event Date: _____ Day of the week: _____

Set-Up **Begin** Time*: _____ AM/PM Set-Up **End** Time: _____ AM/PM

Event **Begin** Time: _____ AM/PM Event **End** Time: _____ AM/PM

Break-Down **Begin** Time: _____ AM/PM Break-Down **End** Time**: _____ AM/PM

Proposed Rain Date: _____ Day of the Week: _____

* The **Set-Up Begin Time** is the time the venue reservation contract time begins and the earliest any event-related activity can happen in the venue/space.

** The **Break-Down End Time** is the time the venue reservation contract ends and the latest any event-related activity can happen in the venue/space.

Weather:

Is this event rain or shine? _____ Yes _____ No

Description of inclement weather plan:

Event Logistics & Site Plan/Route Map Information:

Will normal operations of residents or businesses be affected by your Event? _____ Yes _____ No

If yes, please **attach a copy of the notification letter** to be approved by the Board of Public Works before being sent to the affected residents/businesses.

Is this event open to the public? _____ Yes _____ No

Will you charge admission or participation fees? If so, what is the charge? What will the monies collected at this event go towards?

A site plan/route map must be submitted along with the completed application. Applications without site plans/route maps are incomplete and will be rejected and returned to the applicant.

Please attach a clear and legible site plan or map with the following indicated:

1. Directional orientation, indicated by arrows.
2. An outline of the entire event venue footprint, including labeling the streets that are requested to be closed as a part of the event venue. If the event involves a route, please indicate the direction of travel with all street closures and barricade placement clearly marked.
3. The location of all physical equipment and structures being placed within the event footprint including, but not limited to, stage(s), vendors, concessions, tents, portable restrooms, and fencing.
4. Location of event-based alcohol sales including the proposed consumption area. If a confined area is requested, provide dimensions of this area and what will be used to determine boundaries, i.e., fencing, enclosed tents, etc.
5. Generator locations, if used to power the event vendors or contract services.
6. Proposed placement of vehicles and/or trailers.
7. Entry and exit gate locations for events that are using fencing as boundaries.
8. Location of accessible viewing area.
9. General Parking and Accessible Parking areas.

Road Closure Request:

Do you require a road closure? _____ Yes _____ No

If yes, list the street or lane closures (including full closures, partial closures, etc.)

Closure Type	Street Name	Start Date	Start Time	End Date	End Time	Description

Food and Beverage:

Will there be food concessions at your event? _____ Yes _____ No

If yes, describe: _____

If yes, each vendor must obtain a food vendor license. If they do not have a license, please contact the appropriate County Health office to secure one.

Alcohol:

Will alcohol be served at your event? _____ Yes _____ No

If yes, please attach the Special Events Liquor Permit obtained from the Indiana Alcohol & Tobacco Commission. For further permit information, contact the Indiana Alcohol & Tobacco Commission at (317) 232-2430 or www.in.gov/atc/.

*Events serving alcohol will also require a representative from their organization to attend the Board of Public Works meeting **at least 60 days** in advance to answer any questions regarding their event.*

Security and First Aid:

Describe your internal security procedures:

Will you request New Albany Police safety/traffic control services? _____ Yes _____ No

Will you have an on-site provider of primary first aid? _____ Yes _____ No

Please list the provider of first aid:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Trash Plan (during and after the event):

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Equipment and Decorations:

Will you use tents? _____ Yes _____ No

Will other temporary structures be used? _____ Yes _____ No

If so, please list specifics and locations: _____

DO NOT put nails or staples into trees/structures or stake anything to the ground. Any apparatus such as a canopy must be free weighted.

*All temporary structures **must** be inspected, please contact the City Fire Marshall for further details.*

Entertainment Activities:

Will you have music? _____ Yes _____ No

If yes, what type of music/amplification? _____

Time(s) of music during the event: _____

Will you have inflatables? _____ Yes _____ No

If yes, please list the provider:

Company: _____

Contact Name: _____

Email: _____

Phone Number: _____

Please note events may require an Amusement & Entertainment permit through the Indiana Department of Homeland Security.

Electric:

Will you use electricity? _____ Yes _____ No Generators? _____ Yes _____ No

Outdoor extension cords must be 3-prong UL listed extension cords.

Describe electrical usage:

Banner Permit:

Will you be filling out a banner permit? _____ Yes _____ No

Please contact the City Clerks Office for more information regarding the City's policy on banners and banner permits.

Affidavit of Application:

Everything that I have stated on this Special Event Permit Application is correct to the best of my knowledge. I have read, understand and agree to abide by the polices, rules and regulations listed on this and all applicable forms, including the 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.

Name of Applicant (please print): _____

Signature: _____

Date: _____

Completed Special Event Permit Applications may be mailed or delivered in person to:

**City of New Albany, ATTN: Krystina Jarboe
311 Hauss Square, Room 316
New Albany, IN 47150**

Completed Special Event Permit Applications may also be emailed to Krystina Jarboe at kjarboe@cityofnewalbany.com

Office Use Only

_____ Approved

_____ Denied

Signed: _____

Date: _____

(Board of Works President)

Notes:
