



Special Event Application

July 2015

Please complete all information. Do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed. [Applications for a one-time event involving no more than 50 people with no sale of goods or services and conducted completely on private property may skip pages 2 and 3 but require a site plan.] Full review typically requires **30 days**. Applications submitted less than 30 days prior to an event may not be accepted.

1. Event Information

Name of Event: _____

Describe Event: _____

Date(s) of Set-up: _____ Hour(s) of Set-up: _____

Date(s) of Event: _____ Hour(s) of Event: _____

Location of Event/Street Address: _____

Name of property owner where event is to be held (if private property, a letter authorizing use by the owner must be attached): _____

Will there be:

Live entertainment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any items or services sold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tents or Canopies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Size(s) Quantity:
Open flames or cooking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Explain:
Fireworks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Temporary Fencing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Height:
Electric Generators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quantity:
Carnival/Amusements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quantity:
Spotlights?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Quantity:
Description of any other activities at the event:			
Do you plan to have alcohol at the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you need electrical connections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

2. Applicant Information

Name of Person Sponsoring the Event: _____

Home Address: _____

Business Address: _____

Home Phone #: _____ Business Phone #: _____

Pager Number/Mobile Phone #: _____



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3. Parades, Motorcades, Running/Walking/Cycling/Skating Events

Assembly Area: _____ Assembly Time: _____

Disassembly Area: _____ Disassembly Time: _____

Number of Units: _____

Description of Units (vehicles, marching bands, pedestrians, animals, inflatables, floats, sound amplification, special effects)

Closure of Public Access – A **separate** plan indicating vehicle/pedestrian traffic control, detour routes, directional signs, and street closures must be submitted for the proposed closure of any streets, sidewalks, alleys, rights-of-way, parking lots or any other public access area. Please note: Street closures are primarily intended for parades, races, and events which must take place within the street. Signatures of affected residents may be required in residential areas.

Parade or Race Routes – A **separate** plan indicating the proposed parade or race route, including assembly and disassembly areas, must be submitted with this application.

Business License - Any person, partnership, syndicate, firm, association, or corporation, before engaging in any of the businesses, callings, or professions, hereinafter collectively called “business” or “businesses”, within the corporate limits of the city or who conducts a business outside the corporate limits of the city and who solicits, canvasses, advertises, or delivers products or performs services within the city limits shall procure from the Finance Department a license for the carrying on of the business, upon payment of the license tax, as provided by the fee schedule adopted in the City Code.

If any of your activities meets the criteria identified above please contact the Finance Department or visit their website at <http://az-elmirage2.civicplus.com/index.aspx?NID=342> to obtain the proper business license(s) for your business(es).

4. Insurance

For events occurring on City-owned property or other major commercial events on private property, the applicant must provide a certificate of insurance for commercial general liability, auto liability, and liquor liability (if applicable) naming the City of El Mirage as additional insured. The certificate must indicate the dates, times, and location of event. The person or organization listed on the certificate must be the applicant. Please have your insurance provider address the certificate to the attention of Parks and Recreation, at least 15 days prior to the event date. The minimum limits are as follows:

- \$ 1,000,000 per occurrence
- \$ 2,000,000 aggregate
- \$ 1,000,000 automobile liability (or non-owned automobile liability)
- \$ 1,000,000 Liquor liability insurance

Additional limits may be required after review. Providing the above-listed insurance does not in any way reduce or eliminate any responsibility assumed under the indemnity agreement statement.



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5. Site Plan

A bird's eye view of the area indicating the location(s) of equipment and activities must be submitted with this application.

Please draw the plan below or attach plans on 8-1/2" x 11" or larger paper. The site plan should include all items that apply:

- | | | |
|---|---|---------------------------------------|
| - Dimensions of the site (in feet) | - Carnival or amusement rides | - Existing or temporary water service |
| - Controlled access or admission areas | - Parking spaces for participants | - Trash &/or recycling receptacles |
| - Merchandise/Food/Service vendors | - Activity & amusement areas | - Existing and/or temporary fencing |
| - Open flames/Cooking/Eating areas | - Transportation transfer areas | - Emergency access and fire lanes |
| - Tents/canopies or other structures | - Electrical service or generators | - Liquor distribution & control areas |
| - Permanent and/or portable restrooms | - Electrical cord layout and protection | - In and out access to the property |
| - First aid/Emergency/Security stations | - Stage & amplified sound equipment | - Handicap parking & access areas |



Blank area for drawing the site plan.



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6. Certification

Applicant agrees to hold the City of El Mirage harmless and will indemnify the City of El Mirage for damages sustained as a result of an injury or property damage for which the City of El Mirage may be held responsible, resulting from the event identified in this agreement for the use of City property. I have read and understand all of the attached policies and will abide by all policies, rules, regulations, and conditions of use as written. I understand that the special event permit is not transferable to any other individual or group.

Applicant's Signature: _____ Date: _____

7. Department Approval

Approval of the application does not constitute final approval for the event. Final approval will depend upon an inspection of the event set up prior to opening to the public. It is the applicant's responsibility to comply with the requirements for each City division: Building, Fire, Police, Public Works, and Zoning.

_____ YES _____ NO _____ Date: _____
 Building Official (or designee)

_____ YES _____ NO _____ Date: _____
 Fire Chief (or designee)

_____ YES _____ NO _____ Date: _____
 Police Chief (or designee)

_____ YES _____ NO _____ Date: _____
 Public Works Director (or designee)

_____ YES _____ NO _____ Date: _____
 Zoning Administrator (or designee)

8. Applicable Fees:

- Special Event
 - Minor \$25
 - Major \$50
- Temporary Use Permit: \$100
- Special Event Business License: \$65
- Temporary Power: \$100/generator
- Tent Permit: \$80
- Carnival/Fair: \$200
- Exhibit/Trade Show: \$200
- Amusement Building: \$300
- Pyrotechnics/special Effects: \$300
- Fire Department Standby: \$78-\$130/hr.
- Emergency Medical Standby: \$25-\$48/hr.



BLOCK PARTY SPECIAL EVENT Property Owner Signatures

Name of Event: _____

Event Address: _____

City: _____, State: _____ Zip: _____

Time of Event

Start Time: _____ am/pm
(Include set-up & breakdown time)

End Time: _____ am/pm

Applicant (Name): _____

(Please print)

Applicant (Signature): _____, Date: _____

NAME	ADDRESS

Corresponding map attached of area to be blocked.

Verified by _____ Date: _____
Development & Community Services – Planning and Zoning



FACILITY USE APPLICATION & PERMIT FORM

All requests for use of facilities must first be approved by the City at least 48 hours in advance
A COPY OF YOUR CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION
City of El Mirage - Customer Service - 14406 N Alto St., El Mirage, AZ 85335

One-time use Date: Day:

Date(s) Requested Multiple dates use (List each date):

Time Requested Start time: a.m. p.m. End time: a.m. p.m. Day: Su M Tus W Thur F Sat

Facility Requested (Location: i.e., Gateway Park) Ramada 1 Ramada 2 Ramada 3 Ramada 4 Ramada 5 Ramada 6

Area Requested (ie, Field #1)

Equipment Requested Scoreboard Base Tables # Chairs # Other:

Set-up Requested Classroom Theater Hollow Square U-Shape Conference Other:

Special Instructions

Does activity service El Mirage Residents Yes No # of Residents Served: Participant Fee: \$ Discount to Residents

Request for Waiver of Fees (Attach) Any governmental or non-profit agency may request a waiver of fees for facility use. If requesting a waiver of fees, please include a narrative explaining why the City of El Mirage should grant your request and how both the City and its residents will directly benefit from the planned event.

Name of Organization Designation Non-profit Profit Commercial Government Nature of Activity Applicant Responsible (Please Print) Telephone Work Cell Home Mailing Address City Zip

Thank you for choosing the City of El Mirage for your rental needs. Your patronage is valued and your rental is important. Should you have any comments, questions or concerns please phone (623) 935-6405, Monday through Friday, between 8:00am and 5:00pm.

Indemnification: The applicant and organization identified above hereby agree to indemnify, defend and hold harmless the City of El Mirage, and its employees, officers, elected officials, agents and anyone acting on or for its behalf (hereinafter collectively "City") from any and all liability, loss, claims, demands, litigation, causes of action, court costs, attorneys' fees and other expenses arising from or related to any loss, damage or injury (including death) to person or property in any way resulting from, arising out of or alleged to result from or arise out of the use of the City of El Mirage facility(ies) by me, the above identified organization or any persons invited or permitted by me or the organization to use the facility(ies), whether or not such loss, damage or injury is attributable, or alleged to be attributable, to the negligence of others, including the City.

Assumption of Risk and Release: I and the organization know the risks and dangers, from both known risks and unanticipated risky, of using the facility(ies) described above in the manner specified, and do so voluntarily and in reliance upon our own judgment and ability, not upon the property, equipment, facilities and existing conditions furnished by others, including the City.

Signature of Applicant Date



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FOR OFFICE USE ONLY

Fees Agreement	Category 1	Category 2	Category 3	Request Waiver of fees
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Any governmental or non-profit agency may request a waiver of fees for facility use. If requesting a waiver of fees, please include a narrative, along with this completed form, explaining why the City of El Mirage should grant your request and how both the City and its residents will directly benefit from the planned event. Upon review by the City Manager, a city representative will contact the applicant regarding the approval or denial.

Date(s)	Facility Description (Field, Ramada, Room#, Center, etc.)	Total Hours	Rate	Fee
			\$	\$
			\$	\$
			\$	\$
w/Field Lights	(2hour minimum)		\$	\$
Supervision/Equip.	(Custodial, security, equipment, tables, chairs, podium, etc.)		\$	\$
Deposits	(Based on category and facility requested)		\$	\$

Proof of Insurance Received	Yes	No	Date Received:	Amount Received:	\$	TOTAL	\$
				Paid with:			

Employee Receiving Application(s)	(on category and facility requested)	Date:
	_____	_____
Authorized Signature	_____	Date: _____

Staff Notes/Comments: