

EVENT INFORMATION CONTINUED

OTHER PROPERTY

Please check all that apply:

<input type="checkbox"/> Fort Martin Scott; \$500 /day <input type="checkbox"/> Number of Days (enter quantity) <input type="checkbox"/> Initials (required): I have read FMS Use Regulations in the Special Events Planning Guide. \$500 security deposit required.	<input type="checkbox"/> Town Pool: \$50/hr; restroom access only	<input type="checkbox"/> Parade/*Other/*Private Property, list location and address: _____ _____ <i>*Applicant shall submit copy of a letter from property owner giving written permission for event use.</i>
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Attach more sheets if needed for information below:

Move-in & Set-up (first day of move-in):

Move-in/Set-up Date: _____ Times: Start: _____ End: _____

Indicate dates/times OPEN to attendees:

Event Date: _____ Times: Start: _____ End: _____
 Event Date #2: _____ Times: Start: _____ End: _____
 Event Date #3: _____ Times: Start: _____ End: _____

Move-Out & Strike (final day):

Move-Out/Strike Date: _____ Times: Start: _____ End: _____

Event day "on-site" Contact Name: _____ Phone: () _____

Event website: _____

Event information hotline: () _____

Is the event free and open to the general public (not including vendors/sponsors, etc.?)

YES NO

Admission will be made by: Pre-sold ticket Free Pre-registration On-site sale/registration

Other (please specify): _____

EVENT COMPONENTS

Please check all that apply:

<input type="checkbox"/> Animals	<input type="checkbox"/> Aircraft Flyover	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Car Show	<input type="checkbox"/> Carnival
<input type="checkbox"/> Concert	<input type="checkbox"/> Cook-Off	<input type="checkbox"/> Company Picnic	<input type="checkbox"/> Demonstration or Rally	<input type="checkbox"/> Fair/Festival
<input type="checkbox"/> Family Reunion	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Fun Run/Race	<input type="checkbox"/> Historical Re-Enactment
<input type="checkbox"/> Motorcycle Run	<input type="checkbox"/> Parade	<input type="checkbox"/> Sporting Event/Tournament	<input type="checkbox"/> Trade, Vendor, or Art Show	<input type="checkbox"/> Wedding

Other (please list): _____

Event Size: _____ Estimated max. attendance at one time _____ # of Art/Craft Vendors
 _____ # of Staff/Volunteers expected _____ # of Food/Beverage Vendors

Are you requesting any street closures or to block any city-owned property? *YES NO

Street closure requests must be made two (2) months in advance to City Council for any closure four (4) hours or more. Please consider this timeline when submitting your request. Please use the official **Street Closure Request Form found on page 9.*

Pavement Markings: Will your event be requesting to mark any pavement? YES* NO

*If yes, please describe the materials & supplies you are requesting to mark the pavement: _____

When & how will the markings be removed? _____

EVENT COMMUNICATION & SECURITY

During the event what form of communication systems will be used for the following:

Event Management (internal): _____

Public Address (external): _____

Events with 1,000 attendees or more; events lasting past 10 PM; or events which provide alcohol require the provision of licensed, bonded and commissioned private security at the applicant's expense. The number of guards and their hours of duty will be determined by the PARD and the security company based on the type of event and number of attendees.

What security/law enforcement agency have you hired for your event? _____

Contact name: _____ Phone: () _____

Have you contacted Fredericksburg Police Department in relation to your event? ___ *Yes or ___ No

*If yes, who did you speak with? _____

EQUIPMENT, ACTIVITIES & AMUSEMENTS

The following equipment, activities, and/or amusements will be at the event:

___ **Generators**; list quantity: ___ and size(s): _____

___ **Canopies/Tents larger than 200 sq. ft.**; quantity: ___ and size(s): _____

Sides? ___ Yes ___ No; if yes, how many sides will be closed? ___

How will tents/canopies be secured? ___ Water barrels (preferred) ___ Stakes ___ Sandbags ___ Weights

Other (describe): _____

___ **Stage**; quantity: ___

Please check all that apply:

___ Amplified Sound	___ *Amusement ride; quantity: ___	___ Barricades	___ Bleachers	___ Chairs	___ Dance Floor
___ DJ/Live Music	___ Drone	___ Fencing	___ Fryer	___ **Inflatables and/or Moonwalks; quantity: ___	___ Light Towers
___ Tables	___ Parked cars for display	___ Sale of merchandise	___ Wi-Fi access needed	___ Other: _____	___ Other: _____

*Name of company providing amusement rides: _____ Phone () _____

General liability insurance is required naming the City of Fredericksburg as the certificate holder and additional insured.

**Name of company providing inflatables/moonwalks: _____ Phone () _____

General liability insurance is required naming the City of Fredericksburg as the certificate holder and additional insured.

UTILITIES, RESTROOMS & HAND-WASHING STATIONS

Will you need use of **electricity**? ___ *YES; ___ 220V ___ 110V; ___ NO ELECTRICITY NEEDED

*If yes, what will electricity be used for? _____

**Any electrical work must be made by a licensed electrician. If a licensed electrician is not available, additional power needs must be met by the use of generators and are the responsibility of the event organizer.*

Will you need access to **water**? ___ *YES ___ NO WATER NEEDED

*If yes, what will water be used for? _____

**Event organizers must bring their own food grade hose(s). Non-potable water sources at Marktplatz are marked in purple and cannot be used.*

Please indicate the number of **portable restrooms & handwashing stations** you will have at your event, along with delivery date, pick-up date, and contact information below.

_____ # of **regular portable restrooms** _____ # of **ADA portable restrooms** _____ # of **hand-washing stations**

*Equipment will be delivered on: _____ at _____ (enter time)

Equipment will be picked up on: _____ at _____ (enter time)

Sanitation company name: _____ Phone: () _____

When will items be serviced and how often? _____

**Event organizer or representative must be present for delivery of equipment to ensure proper placement.*

CLEAN-UP/TRASH-COLLECTING & RECYCLING

Contact name responsible for event clean-up: _____ Phone: () _____
 Will a dumpster(s) be delivered? *YES; when? _____ NO
 What size dumpster(s)? _____
 What provisions will be made for recycling? _____
**Event organizer or representative must be present for delivery of equipment to ensure proper placement.*

FIRST AID & EMERGENCY VEHICLE ACCESS

Will your event have a first aid station on-site? <input type="checkbox"/> *YES <input type="checkbox"/> NO *Company/Org. Name: _____ Contact Name: _____ Phone: () _____	Events will not be permitted without emergency vehicle access. This access must be available always and events are subject to permit revocation if emergency access lanes are not provided for. Have you reviewed your layout to verify emergency vehicle access? <input type="checkbox"/> YES; <input type="checkbox"/> NO
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FOOD & BEVERAGE:

Please check all that apply:	<input type="checkbox"/> No food or beverage at event (skip to Signage section)	<input type="checkbox"/> *Sale of food/beverages	<input type="checkbox"/> *Distribution of food/beverages
<i>*A list of approved food & beverage vendors including their name, address and contact number is required at least 10-days prior to your event date; please use the Special Event Food & Beverage Vendor List form on page 8.</i>	<input type="checkbox"/> Event will sell alcohol (including tips/donations). Indicate type: <input type="checkbox"/> Beer <input type="checkbox"/> Wine/Champagne <input type="checkbox"/> Liquor Who will provide the alcohol? _____ <input type="checkbox"/> I need a landlord permission letter in order to obtain a TABC permit for alcohol sales.	<input type="checkbox"/> Event will distribute alcohol at no charge. Indicate type: <input type="checkbox"/> Beer <input type="checkbox"/> Wine/Champagne <input type="checkbox"/> Liquor Who will provide the alcohol? _____	<input type="checkbox"/> Event will not have alcohol.

Marktplatz events only: will your event need grey water disposal containers? *YES NO; Enter Qty. (1 or 2): _____
**The City owns two (2), 270-gallon containers. Placement of the grey water disposal containers is at the discretion of the Parks Department. Servicing of the grey water containers are the event organizer's responsibility. Containers must be emptied no later than two (2) days after the final event day.*

RACES, RUNS, & WALKS ONLY

Complete this section if your event includes a race, run or walk.

Are you requesting any street closures for some or all of your route? *YES NO
Street closure requests must be made two (2) months in advance to City Council for any closure four (4) hours or more. Please consider this timeline when submitting your request. Please use the **Street Closure Request form found on page 9.*

On-site registration will begin at: _____ am/ _____ pm @ _____ (location)

Starting time (if staggered, please enter all and explain): _____

Describe your route, including starting point and disbanding area:

Start: _____ (location)

Route: _____ (describe distances)

Disband: _____ (location)

PARADES ONLY

Complete this section if your event includes a parade.

Are you requesting any street closures for some or all of your route? ___ *YES ___ NO

Street closure requests must be made two (2) months in advance to City Council for any closure four (4) hours or more. Please consider this timeline when submitting your request. Please use the **Street Closure Request form found on page 9.*

Parade staging will begin at: _____ am/___ pm @ _____ (location)

Start: _____ (location)

Route: _____ (describe distances)

Disband: _____ (location)

Estimated number of entries/floats: ___ Will your parade allow animals? ___ *YES ___ NO; if yes, what type? _____

*How will you clean-up animal waste? _____

____ Initial; I agree to follow the City's adopted Parade Safety Rules found on pages 22 & 23 of the Special Events Planning Guide.

NOTES ABOUT YOUR EVENT (type below):

SIGNATURE & INDEMNITY AGREEMENT

I, the undersigned, hereby confirm that the information stated above is true and correct to the best of my knowledge.

Signature of Applicant

Date

I, THE UNDERSIGNED APPLICANT, AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF FREDERICKSBURG, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL CLAIMS OF LIABILITY AND CAUSES OF ACTION RESULTING FROM INJURY OR DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE SPECIAL EVENT.

Signature of Applicant

Date

----- **END OF APPLICATION** -----

For City of Fredericksburg Use Only:

By signature, the City approves this Event, subject to all requirements:

Signature of City Manager or Designated Representative

Date

Additional comments: _____

EVENT SITE PLAN, LAYOUT, OR ROUTE; PAGE 7

Attach or draw your event site plan, layout or route. Include location of booths, stages, first aid, information/ticket booths, registration, generators, start/finish line, moonwalks/amusements, portable restrooms, dumpsters, signs and parking. See examples in the Appendix if you need assistance.

SPECIAL EVENTS - STREET CLOSURE REQUEST FORM; PAGE 9



Street closure requests must be made two (2) months in advance to City Council for any closure two (2) hours or more. Please consider this timeline when submitting your request. Please also attach the notification letter you will send to abutting property owners (if applicable) with this request to the Special Events Coordinator.

Event Name:	
Event Date(s):	
Contact Name:	
Contact Phone:	()

Closure Area:

Entire Street
 Parking Lane Only
 Partial Street
 Blocking City owned property
 Side of street: _____ (N,S,E,W)
 Side of street: _____
 Location: _____

Additional details (attach additional pages as needed for more streets and describe details of use below):

Street Closure Details:

Street Name	Between (cross street)	And (cross street)	Start Date	Start Time	End Date	End Time
Example: Austin Street	Crockett Street	Adams Street	Friday, 4/2/18	6:00 PM	Sunday, 4/4/18	12:00 PM

If the event will impact surrounding property owners, a notification letter is required to be sent to property owners at least two weeks prior to the event date. **Attach a copy of the notification letter and a list of addresses the letter will be sent to.**

Date notice provided: _____

Printed Name: _____

Signature: _____

Date: _____

Street Department: _____

Date: _____

Police Department: _____

Date: _____

Parks Department: _____

Date: _____

INCLEMENT WEATHER EMERGENCY ACTION PLAN

This plan is required for all events with anticipated attendance of 500 or more persons, or if your event is gated or fenced. Per Fredericksburg's Municipal Code, the City Manager or designee has the authority to deny or revoke a permit if a special event would significantly impair the delivery of normal emergency public services or constitutes a public health or safety threat. If revoked, the Special Event shall immediately terminate and cease activity upon notification to the applicant listed below. Complete the form below based on your special event. Attach more sheets of paper, if needed.

EMERGENCY ACTION PLAN FOR: _____
PREPARED BY: _____
DATE PREPARED: _____
EVENT LOCATION: _____

EMERGENCY PERSONNEL NAMES AND NUMBERS

Designated Responsible Official (Highest Ranking): _____
Phone No. _____

Secondary Responsible Official: _____
Phone No. _____

Security Company Name: _____
Contact Name: _____
Phone No. _____

AREA/QUADRANT MONITORS (attach a map or designated areas/quadrants):

Area/Quadrant Name: _____
Contact Name: _____
Phone No. _____

Area/Quadrant Name: _____
Contact Name: _____
Phone No. _____

Area/Quadrant Name: _____
Contact Name: _____
Phone No. _____

Area/Quadrant Name: _____
Contact Name: _____
Phone No. _____

In the event the Emergency Management Coordinator or their designee is notified that the event location has moved into a weather warning, a designated official from the event will be **required** to make announcements to event attendees regarding the impending weather. Please designate that official below:

Designated Official (Announcer): _____
Phone No. _____ ; or

INCLEMENT WEATHER EMERGENCY ACTION PLAN

INCLEMENT WEATHER ANNOUNCEMENT

The inclement weather announcement will be written in partnership with the City and designated responsible officials from page one of this plan during your special events committee meeting. Inclement weather is a term used to describe weather conditions that are unsafe or undesirable for outdoor events and can include the following:

- Hurricanes or Tropical Storms
- Winter Storms or Winter Weather
- Heat Advisory or Excessive Heat
- High Wind
- Wind Chill
- Tornado
- Severe Thunderstorm
- Flash Flood
- Lightning

DRAFT OF INCLEMENT WEATHER ANNOUNCEMENT:

NOTIFICATION SYSTEMS

How will the event notify participants of a weather emergency (check all that apply):

- PA System(s) Text Notifications Cell Phones In-Person Other:

GATED AND FENCED EVENTS

Please describe your emergency evacuation procedures for your event. Include any combinations or keys needed to unlock or remove fencing and gates and attach a map with emergency exits clearly marked.

SHELTER IN PLACE

Event organizers need to know the approximate number of patrons that can fit under covered areas of the event location. If there are too many patrons to safely shelter-in-place then they should be instructed to return to their vehicles until the danger has passed.

I, _____ (print name here), have prepared this inclement weather emergency action plan and agree to make the required announcements to event participants, if notified that the event location has moved into a weather warning. Failure to adhere to this plan may cause full or partial retention of your security deposit.

Signed: _____ Date: _____

CITY USE ONLY:

Justin Calhoun, EMC: _____

Date: _____

FOR OFFICE USE ONLY

Event Name: _____

Date Application Received: _____

Application Complete: YES
 NO; If no, application return date: _____

First time event app. fee: \$100; Payment type: _____; date: _____
 Not required

Expedited application fee \$150; Payment type: _____; date: _____
 Not required

Non-profit proof of status: YES

Added to S.E. calendar YES

Added to website calendar: YES

Added to Reservation Software YES

Deposit: INCLUDED; AMOUNT \$ _____; Type/CK#: _____
 INVOICED; AMOUNT \$ _____; Type/CK#: _____
 NOT REQUIRED

Reservation Fee: INCLUDED; AMOUNT \$ _____; Type/CK#: _____
 INVOICED; AMOUNT \$ _____; Type/CK#: _____
 NOT REQUIRED

Site plan/layout/route: YES; notes: _____

TABC letter needed: YES; sent on: _____

Street closure/notifications: YES; Street closure request form attached?
Notes: _____

List of food/beverage vendors: YES; notes: _____

Code needed: YES; given to: _____ on: _____
Returned on: _____

Pavilion lights: Date: _____ Time: _____

Electric Pedestals: YES; Quantity: _____; location(s): _____

Grey Water Containers: YES; Quantity: _____; location(s): _____

Banner Hanging: YES; banner to be delivered on: _____

Inclement Weather EAP Required: _____

S.E. Committee Meeting: Required: Date: _____; Not required

Insurance requirements: General liability for event
 Host liquor liability
 Amusements/Inflatables/Animals
 Other rental equipment

Security required: YES; NO; notes: _____

Additional notes: _____