



**VILLAGE OF YELLOW
SPRINGS SPECIAL EVENT
APPLICATION**

Application #: _____

Date Received: _____

NOTICE TO PERMIT APPLICANT

- This application form is used for public events. It is NOT used for residential block parties or private events in a Village park. For these, contact Samantha Steward at contact info below.
- Completed Special Event Application must be submitted a minimum of SIXTY (60) calendar days prior to the event.
- Submit this application and all required attachments to THE VILLAGE MANAGER'S OFFICE, ATTN: SAMANTHA at 100 Dayton Street, Yellow Springs, OH 45387, sstewart@vil.yellowsprings.oh.us.
- Mail \$25.00 or drop-off the application fee (\$100 if event is less than 60 days away) to the Village Manager's office at address above. If you have questions, call 937-767-7209.
- Please keep a copy for your records.

I. GENERAL INFORMATION

| | | | | | | | | | | | |
|---|--|-------|--|---|--|--|--|------------------------------|-----------------------------|-------|--|
| EVENT TITLE/NAME: | | | | | | | | | | | |
| NAME OF AUTHORIZED AND RESPONSIBLE AGENT: | | | | | | | | | | | |
| EVENT SPONSOR/PRODUCER: | | | | | | | | | | | |
| STREET ADDRESS: | | | | | | | | | | | |
| CITY, STATE, & ZIP CODE: | | | | | | | | | | | |
| BUSINESS PHONE: | | | | | | | | | | | |
| MOBILE PHONE #: | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | |
| FAX #: | | | | | | | | | | | |
| Is this a 501(c)3 organization?: Attach 501(c)3 Federal Tax letter | | | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| TAX I.D. #: | | | | State Tax Exempt Number (if applicable) | | | | | | | |
| EVENT DATE(S): | | From: | | | | To: | | | | | |
| EVENT HOURS Date: | | | | Open: | | AM PM | | Close: | | AM PM | |
| Date: | | | | Open: | | AM PM | | Close: | | AM PM | |
| Date: | | | | Open: | | AM PM | | Close: | | AM PM | |
| EVENT SETUP Date: | | | | Setup commencing at: | | | | AM PM | | | |
| DISMANTLE Date: | | | | Completed by no later than: | | | | AM PM | | | |
| <u>PROVIDE A BRIEF DESCRIPTION OF THE EVENT:</u> | | | | | | | | | | | |
| | | | | | | | | | | | |
| List dates this event has been held in the past (or indicate if this is event's first run) | | | | | | | | | | | |
| ESTIMATED ATTENDANCE FOR THE ENTIRE EVENT: | | | | | | WHEN IS THE ATTENDANCE EXPECTED TO PEAK? | | | | | |
| PROVIDE NAME, ADDRESS, PHONE AND CONTACT PERSON OF INSURANCE BROKER WHICH WILL PROVIDE INSURANCE FOR THE SPECIAL EVENT: | | | | | | | | | | | |
| Attach Certificate of Insurance | | | | | | | | | | | |

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II. EVENT DETAILS

A. USE OF PUBLIC SPACE

| | | | |
|--|--|------------------------------|-----------------------------|
| DOES THE EVENT SPACE REQUIRE USE OF A PUBLIC PARK? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, name of park(s) & specific location in park (ball fields, pavilion, pool, etc.): | | | |
| Will you be renting equipment from an outside vendor? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does the event require closing or use of Village streets? Attach Street Closing Application | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Will the event require closure of state highways? (Rte 68) Attach ODOT Application | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

B. BUILDING/MECHANICAL/ELECTRICAL DETAILS **Must attach name and contact information of ALL vendors. Your vendors may be required to pull permits separately from the Greene County Building Division.**

| | | |
|---|------------------------------|-----------------------------|
| Will the event include any of the following activities? (check all that apply) | | |
| <input type="checkbox"/> AQUATICS – GAUNT PARK POOL | | |
| <input type="checkbox"/> AERIAL ACTIVITIES | | |
| <input type="checkbox"/> LIVE ANIMALS (including in the parade) | | |
| <input type="checkbox"/> PYROTECHNICS/FIRE | | |
| <input type="checkbox"/> GAMES/RIDES/BOUNCY HOUSE | | |
| WILL GENERATORS BE USED? If yes, what size, how many: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WILL A STAGE BE CONSTRUCTED? If yes, provider and what size: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WILL TENTS BE ERECTED? If yes, provider and what is the tent's square footage: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

C. OTHER DETAILS **Must attach list of ALL vendors.**

| | | | |
|---|-------------------------------------|--|-----------------------------|
| WILL THERE BE MUSIC DURING THE EVENT? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, will the music be electronically amplified? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Describe any other entertainment you have planned: | | | |
| WILL THERE BE TEMPORARY SIGNAGE, BALLOONS, BANNERS OR ADVERTISING? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WILL ALCOHOLIC BEVERAGES BE SOLD OR GIVEN AWAY? Provide copy of State of Ohio liquor license | <input type="checkbox"/> YES (sell) | <input type="checkbox"/> YES (give away) | <input type="checkbox"/> NO |
| WILL FOOD BE SOLD OR GIVEN AWAY? List of Vendors (including food trucks) | <input type="checkbox"/> YES (sell) | <input type="checkbox"/> YES (give away) | <input type="checkbox"/> NO |
| WILL YOU HAVE PORTABLE RESTROOMS/HANDWASHING? Attach: How many & location(s) | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DO YOU PLAN TO COOK OR WARM FOOD OR UTILIZE MOBILE FOOD TRUCKS? If YES, contact fire department and public health. (Both agencies will inspect the day of the event & issue permits) | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| WILL MERCHANDISE BE SOLD OR GIVEN AWAY? Attach List of Vendors | <input type="checkbox"/> YES (sell) | <input type="checkbox"/> YES (give away) | <input type="checkbox"/> NO |
| WILL VOLUNTEERS BE USED DURING THE EVENT? Name of volunteer coordinator What capacity? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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III. SECURITY AND SAFETY PROCEDURES

It will be necessary for you to develop a Security and Safety Plan for your event. Your plan needs to include the number, hours, and locations for deployment of security personnel and equipment provided by the sponsor, procedures for crowd control, collection and depositing of cash, VIP areas, entertainer and stage security, media areas and private security services.

PLEASE LIST THE PERSON(S) OF AUTHORITY WHO WILL BE IN CHARGE DURING THE EVENT:

| <u>NAME</u> | <u>ROLE</u> | <u>ADDRESS</u> | <u>MOBILE PHONE NO.</u> |
|-------------|-------------|----------------|-------------------------|
| | | | |
| | | | |
| | | | |

WILL OFF DUTY POLICE OFFICERS BE HIRED TO SECURE THE EVENT?

☐ YES

☐ NO

WHAT IS THE NAME AND CONTACT INFORMATION OF THE SECURITY COMPANY PROVIDING SECURITY?

WHAT IS THE NUMBER OF SECURITY PERSONNEL ON SITE DURING THE EVENT:

WILL SECURITY REMAIN ON THE SITE/IN THE PARK OVERNIGHT?

☐ YES

☐ NO

IS SECURITY ARMED?

☐ YES

☐ NO

Depending on the size and nature of your event, it may be necessary to provide Emergency Medical Services for the event patrons.

WHO WILL BE PROVIDING THE STAFF AND THE EQUIPMENT FOR THE EMERGENCY MEDICAL?

Name of Agency:

Contact Person:

Phone Number:

PLEASE INDICATE THE EQUIPMENT AND TYPE, AND NUMBER OF STAFF WHO WILL BE ON SITE DURING ALL HOURS OF THE EVENT.

Ambulance:

Emergency Medical Technicians:

Paramedics:

Nurses:

Doctors:

Others (please specify):

IV. PUBLICITY

How do you plan to publicize this event? (Attach sample flyers, brochures, provide web site link, etc.)

How do you plan to notify neighborhood residents/businesses of the event's impact on them? (Attach sample doorhangers, letters, etc.)

Provide phone number that can be used by the public for event inquiries:

V. FINANCIAL INFO

Will admission be charged? If yes, what is the fee structure?

☐ YES
(everyone)

☐ YES
(VIP area)

☐ NO

If vendor fees will be charged – what are the fees?

Will donations be solicited?

☐ YES

☐ NO

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VI. CLEANUP DURING AND AFTER THE EVENT (Recycling MUST BE offered)

WHO WILL BE RESPONSIBLE FOR EMPTYING TRASH CANS, REMOVING TRASH FROM FOOD AND MERCHANDISE VENDOR BOOTHS AND PICKING UP LITTER IN THE EVENT AREA, BOTH DURING AND AFTER EVENT?

Name of business responsible for recycling and trash removal:

Contact Person:

Phone Number:

WHO WILL BE RESPONSIBLE FOR PROVIDING DUMPSTERS/HAULING AWAY TRASH & RECYCLABLES? **Recycling plan must be submitted with this application.**

Dumping trash in Village property dumpsters or cans is prohibited. Name of business responsible for event recycling and cleanup:

Contact Person:

Phone Number:

ATTACHMENTS - The following attachments MUST be included for your application to be complete:

1. DETAILED SITE MAP: indicate the locations of the following applicable items within the event area:

- | | |
|---|--|
| <input type="checkbox"/> Stage area | <input type="checkbox"/> Security/Emergency tents |
| <input type="checkbox"/> Alcoholic beverage area | <input type="checkbox"/> Police/Fire command post |
| <input type="checkbox"/> Food concession area | <input type="checkbox"/> Inflatable's /rides/live animals |
| <input type="checkbox"/> Merchandise concession area | <input type="checkbox"/> Tables (if rented from Parks Dept.) |
| <input type="checkbox"/> Portable restroom facilities | <input type="checkbox"/> Traffic/Pedestrian control devices (barricade, bike rack, detour sign placements) |
| <input type="checkbox"/> Dumpsters/trash/recycling containers | <input type="checkbox"/> Map of any routed activities (parade, run, bike ride, walk, etc.) |
| <input type="checkbox"/> Event headquarters | |

2. SECURITY PLAN: include the number, hours, and locations for deployment of security personnel and equipment provided by the sponsor, procedures for crowd control, collection and depositing of cash, VIP areas, entertainer and stage security, media areas and private security services as applicable.

3. TRASH AND RECYCLING PLAN: include person/ company responsible for trash pickup and recycling

4. EMERGENCY PLAN: include response/evacuation plan should unexpected weather or man-made disaster occur

5. ADA PLAN: include your plan to ensure your event is accessible to everyone, in compliance with the Americans with Disabilities Act

6. LIST OF VENDORS: if using outside vendors for food/merchandise (including food trucks), fireworks, generators, tents, etc.

7. PUBLICITY: attach sample brochures, flyers, neighborhood notification letters, etc.

8. CERTIFICATE OF INSURANCE

9. TAX EXEMPT LETTER

10. VOLUNTEER COORDINATOR: How many volunteers?

11. ALL SUPPLEMENTAL APPLICATIONS (as needed)