



CITY OF COLUMBUS

A

SPECIAL EVENTS APPLICATION

THIS APPLICATION IS USED FOR EVENTS UTILIZING PUBLIC PARKS THAT FEATURE CONCERTS, SALES OR VENDORS

SEP#16 _____

1. INSTRUCTIONS

It is recommended that you review the SPECIAL EVENTS PLANNING GUIDE on line at <http://columbus.gov/recreationandparks> when filling out this application. To avoid expediting fees, the CRPD Office of Special Events must receive the application and all support documents at least **30 days prior** to your event. Incomplete applications will not be processed and submitting an application does not guarantee you will be issued a Special Events Permit.

2. APPLICANT INFORMATION

Organization Coordinating Event: _____ Tax I.D # _____

Applicant Name: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant's Contact Information: Office Phone: _____ Cell: _____

3. EVENT OPERATIONS

Name of Event: _____ Event Web Site: _____

Type of Event: Festival Concert Car Show Charity Benefit Marketing Tour Rally

Other (Please specify): _____ Anticipated Attendance: _____

Specific parks to be used for event: _____

Set-up Date: ___/___/___ Set-up Hours: _____ AM or PM to _____ AM or PM

Event Day #1: ___/___/___ Operation Hours: _____ AM or PM to _____ AM or PM

Event Day #2: ___/___/___ Operation Hours: _____ AM or PM to _____ AM or PM

Event Day #3: ___/___/___ Operation Hours: _____ AM or PM to _____ AM or PM

Tear-Down Date: ___/___/___ Tear-Down Hours: _____ AM or PM to _____ AM or PM

Rain Date(s): _____ (MUST BE APPROVED AT TIME OF APPLYING FOR A PERMIT)

4. EVENT COMPONENTS

Please check all boxes that apply to your event and provide details when requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> On-site Cooking | <input type="checkbox"/> Carnival | <input type="checkbox"/> Portable Stage, size? _____ |
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Soliciting Donations | <input type="checkbox"/> Bicentennial Stage Rental |
| <input type="checkbox"/> Bounce Amusements # _____ | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Advertising Inflatables # _____ | <input type="checkbox"/> Food Giveaway | <input type="checkbox"/> Shelter House or Gazebo Rental |
| <input type="checkbox"/> Product Giveaway | <input type="checkbox"/> Health Screening/Job Fair | <input type="checkbox"/> Amplified Sound |
| <input type="checkbox"/> Exhibits/Displays | <input type="checkbox"/> Parade | <input type="checkbox"/> Shuttle Service |

VENDING: Number of Food Vendors: _____ Number of Merchandise Vendors: _____

Will participants be required to pay to access any areas of the public park? YES NO

ELECTRIC SERVICE:

Do you need to hook up to a basic electric source?

YES

NO

Will a generator be used to provide event power?

YES

NO

Do you need access to power in excess of standard outlets?

YES

NO

If so, list the name and cell # of your electrical contractor: _____

WATER SERVICE: The City of Columbus Division of Water can provide temporary water service for your event.

Please list any needs for water: _____

PARKING: Parking is **permitted only in designated** areas of city parks. Please describe the parking arrangements you have made for staff, volunteers, entertainers, patrons, supply trucks, vendors and persons w/disabilities:

RESTROOMS: You are responsible for providing portable restrooms to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity.

Name and telephone number of company supplying restrooms: _____

Number of single units: _____ Number of multi-units: _____ Number of handicap units: _____

Delivery date and time: _____ Removal date and time: _____

TEMPORARY STRUCTURES: Specific rules apply to placement and anchoring of tents, stages/platforms and booths within city parks. Please indicate on your site map the location of each tent, stage/platform and booth.

TENTS: Size(s): _____ Total number: _____

Indicate the intended method of anchoring tents: _____

Name of tent supply company and contact person: _____ Cell: _____

Delivery date and time: _____ Removal date and time: _____

PORTABLE STAGES/PLATFORMS: Size(s): _____ Method of anchoring stage: _____

FENCING: Do you plan to erect any temporary fence? YES NO

ADVERTISING: How will you promote your event? Website TV Radio Newspapers Flyers

PARK CLEAN UP/LITTER MANAGEMENT: Person signing application is responsible for collection and proper disposal of all litter, grease, ash, and gray water generated by your event. Power washing services may be required to remove stains/spills. **Events may be assessed \$500/day/park for items set-up or remaining in park(s) above and beyond permitted use.**

How will you collect and remove waste generated at your event? _____

Number of dumpsters ordered? _____ Size of dumpsters? _____

List the name and telephone number of all companies providing waste collection and removal services: _____

Delivery date and time for dumpsters: _____ Removal date and time: _____

FIRST AID SERVICES: Who will be providing your on-site first aid? _____

POLICE/SECURITY SERVICE: Anytime money is collected in a city park applicant must hire a minimum of 1 police officer. Columbus Police will determine how many officers are required for your event. Contact 614-645-4375 to arrange for police. Have you hired Columbus Police for your event? YES NO

5. STREET CLOSURE

Will you be filing an application for street closure? YES NO

If yes, you must complete a Block Party/Street Closure Application and Parking Meter Request Form.

Who is providing your traffic control equipment? _____

6. ALCOHOL SALES

If you intend to serve/sell alcohol at your event, Alcohol Variance Legislation and City Council permission may be required. The CRPD Office of Special Events can assist you provided your request is submitted 90-120 days in advance.

Do you plan on applying for an "F" Permit from the State of Ohio? YES NO

What non-profit will be applying for the temporary alcohol permit? _____

7. BICENTENNIAL PARK STAGE

Use of the Bicentennial Park stage requires completion of Bicentennial Park Performing Arts Pavilion Agreement. Please refer to Special Event Planning Guide for agreement.

8. MUSIC LICENSES

The Columbus Recreation and Parks Department maintains music licenses covering all performance events hosted at city owned venues provided the event does not gross over \$25,000.00 in revenue. Events exceeding this level are responsible for necessary licensing and accept complete responsibility for failure to secure appropriate licenses from all performing rights organizations (e.g. BMI, ASCAP, SESEC, etc.)

9. SITE MAP

You **MUST ATTACH** your event site map to this application. It should include:

- An outline of the entire event venue including names of all streets or areas that are part of the venue and the surrounding area.
- The location of all stages, tents, inflatables, portable restrooms, booths, cooking areas, dumpsters, and other temporary items.
- The location of first aid, handicap parking, and parking areas for supply vehicles and/or trailers.

10. INSURANCE

Applicant is required to submit a Certificate of Insurance in an amount not less than one million dollars (\$1,000,000) listing the City as an additional insured. Refer to the attached sample for coverage requirements. Organizations whose certificate of insurance will expire after the application deadline, and prior to the event, may submit a copy of their existing policy, but are required to submit an updated certificate no less than 5 days prior to the event.

11. FEES

Application Fee	30 days prior	Less than 30 days	Less than 14 days	7 Days or less
2016	\$125	\$150	\$200	\$400

Riverfront Park Rental Fees	½ Day Rate	Full Day Rate	Set-up Day	Tear-down Day
Public Event	\$300	\$600 ²	\$500 ¹	\$500 ¹
Gated/Private Event	-	\$1200	\$500/day/park	\$500/day/park

Riverfront Park Rental Fees apply to the following Parks: Bicentennial Park, Genoa Park, McFerson Commons, Battelle Park, North Bank Park, West Bank and East Bank/Promenade Park

¹Public events, produced by a non-profit organization, will receive one (1) set-up and one (1) tear-down day (Monday – Friday), per park, at no-charge, provided availability. Each additional day will be charged at \$500/day/park.

²If an event includes any activity where a donation or fee is required for access to all or a portion of a park then the gated/private event fee will apply to each day the activity is conducted.

PLEASE NOTE: Gated Events are publicly advertised activities that are open to the public but restrict the general public's access to a park or event site, by either physical barriers or temporary structures. A participant fee, ticket or donation is required to access all or portion of a park or event site, which is designated exclusively for that event. **Private Events** are those where access to a park or event site is restricted to invited guests only.

12. ACKNOWLEDGEMENT/SIGNATURE

I, the applicant understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the Columbus Recreation and Parks Department. I further accept responsibility to hold free and harmless the City of Columbus and to meet all city rules and regulations including submitting proof of proper insurance, a detailed site map, payment of all city fees (no refunds), and details for any contract services required to make the proposed event safe and successful. I also accept responsibility for securing music licenses if my event grosses more than \$25,000.00 in revenue. I understand that all information listed on my application, permit, attachments and supporting documents are subject to public disclosure by the City of Columbus. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before a permit is issued is the sole responsibility of the applicant. Should the premises be made impractical for use by any cause, the City of Columbus may, at its discretion, reissue the permit for another city property, or terminate and void the permit. The user expressly waives any and all claims for damage or loss of profit and other compensation should the permit be terminated.

Applicant's Signature: _____ **Date:** _____

SUBMISSION CHECKLIST:

- Non-refundable Application Fee
- Park Usage Fee (if applicable)
- Bicentennial Park Stage Rental Fee (if applicable)
- Event Site Map
- Certificate of Insurance

Make check payable to "City of Columbus"

Return this application to:
CRPD OFFICE OF SPECIAL EVENTS
1111 EAST BROAD STREET, SUITE 101
COLUMBUS, OH 43205-1303

FOR OFFICE USE ONLY:

(Do not write below this line)

Total fees owed: \$ _____

(Revised 1/26/16)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER NAME OF INSURANCE AGENCY/BROKER NAME Street Address or P.O. Box City, State & Zip Code Contact & Phone Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED RESPONSIBLE ORGANIZATION (NAME OF GROUP ON THE PERMIT) Street Address or P.O. Box City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$1,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____ _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	<input checked="" type="checkbox"/>	OTHER LIQUOR LIABILITY required if event is selling/consuming alcohol	Enter Policy #	Enter Effective Date	Enter Expiration Date		\$1,000,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Columbus, its elected officials, officers, employees, agents and representatives are included as an additional insured as respect to the Commercial General Liability policy and Liquor Liability policy if alcohol is sold/consumed during the event.

Insert event name, dates including load-in and load-out, name of venue location (park, trail, facility, or public right-of-way) and list all types of activities.

CERTIFICATE HOLDER

CITY OF COLUMBUS
 CRPD OFFICE OF SPECIAL EVENTS
 1111 East Broad Street, Suite 101
 Columbus, Ohio 43205-1303

Fax #: (614) 645-8839 or e-mail: jtnicholson@columbus.gov

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE