



CITY OF COLUMBUS

SPECIAL EVENTS APPLICATION

This application is used for events utilizing public parks that feature concerts, sales or vendors.

SEP#15_____

1. INSTRUCTIONS

We recommend that you obtain a copy of the SPECIAL EVENTS PLANNING GUIDE on line at <http://columbus.gov/recreationandparks> to assist you in filling out this application. The CRPD Office of Special Events must receive the application 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. Full payment, site map, and certificate of insurance must accompany your application at time of submission.

2. APPLICANT INFORMATION

Organization Coordinating Event: _____ Tax I.D # _____

Applicant Name: _____

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

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

E-Mail: _____

Event Web Site: _____

3. EVENT OPERATIONS

Name of Event: _____

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

Other (Please specify): _____ Anticipated Attendance: _____

Specific parks to be used for event: _____

***NOTE:** Downtown Parks rent at \$50.00/hour: Bicentennial Park, Genoa Park, McFerson Commons & North Bank Park. There is no charge for set-up time. Availability of Bicentennial Park is limited.

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 numbers when requested:

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

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

ELECTRIC SERVICE:

- Do you need to hook up to our 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: Water sources in parks are for cleaning purposes only. Access must be prearranged. The City of Columbus Division of Water can provide potable water for drinking purposes at 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: Tents and booths cannot be staked in irrigated city parks. Water barrels must be used instead. Please indicate on your site map the location of each tent and booth.

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

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

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

4. EVENT COMPONENTS

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: You are responsible for all litter, grease, ash, and gray water generated by your event. You may be required to contract power washing services to remove stains/spills.

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

What is the name and telephone number of your trash hauler? _____

Number of dumpsters ordered? _____ Size of dumpsters? _____

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

Name and telephone number of your power wash contractor: _____

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.

6. ALCOHOL SALES

If you are planning to sell alcohol at your event, you will need to obtain permission from the City of Columbus to permit sales on city streets. The CRPD Office of Special Events can assist you in obtaining Alcohol Variance Legislation from City Council provided your request is submitted in advance. Allow 120 days for processing.

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

You may rent the Bicentennial Park stage which includes use of covered stage, lawn, access to basic electricity, loading dock and restrooms. Stage rental rate is \$500 (up to 6 hours), \$1,000 (for 1 full day), and \$500 – each consecutive day for multi-day events. Rental of sound equipment may be required as well as paying for sound technicians. If renting the stage, applicant is exempt from paying the hourly park rental fee. Additional paperwork may be required.

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

In addition to completing the application form, and paying the permit and rental fees for the park, stage, and/or sound system, applicant is required to submit an original Certificate of Insurance in an amount not less than one million dollars (\$1,000,000) combined single limit bodily injury and property damage for each occurrence. Your insurance certificate should list as the certificate holder: **City of Columbus, CRPD Office of Special Events, 1111 East Broad Street, Suite 101, Columbus, Ohio 43205-1303**. Please refer to the sample certificate in the Special Events Planning Guide as reference.

11. 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 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.

Applicant’s Signature: _____ **Date:** _____

SUBMISSION CHECKLIST:

- ___ Non-refundable \$125 Permit 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**

**IF YOUR EVENT IS CANCELED OR POSTPONED, A COURTESY CALL TO THE OFFICE OF SPECIAL EVENTS
(614-645-3335 or 614-645-3332) WOULD BE APPRECIATED**

FOR OFFICE USE ONLY:

(Do not write below this line)

Total fees owed: \$ _____

(Revised 1/15/15)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NAME OF INSURANCE AGENCY Business Address City, State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED RESPONSIBLE ORGANIZATION Street Address or P.O. Box City, State, Zip	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Name of Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER E :	
INSURER F :		NAIC #

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>	Enter Policy #			EACH OCCURRENCE \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				BODILY INJURY (Per accident) \$
		<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
		<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT \$
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$
		<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

List all activities that will occur at the event. Include date(s), name of the event and a detail description of the location of your event.

CERTIFICATE HOLDER

CANCELLATION

CITY OF COLUMBUS CRPD OFFICE OF SPECIAL EVENTS 1111 East Broad Street, Suite 101 Columbus, Ohio 43205-1303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fax: (614) 645-6278	AUTHORIZED REPRESENTATIVE
	SIGN HERE

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