CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH:(541)726-3753 • FAX: (541)726-3689

SPECIAL COMMUNITY EVENT APPLICATION

BUSINESS INFORMATION

1 Name of Event:

Location of Event: (Required)

2 Describe type of event and purpose: (*Includes 5% tech fee) All fees are non-refundable

☐ SPECIAL EVENT - * $150.15 ☐ SPECIAL EVENT WITH LIQUOR - * $175.15 (A Completed OLCC application must be submitted)

☐ CARNIVAL - *$364.35/day ☐ CIRCUS *$364.35/day ☐ OTHER: _____

Hours of operation:	Date(s) of event:
Total number of days:	Total fee:

Property Owner Information

*Property Owner: _____ *Property Owner's Phone: (_____)_____

*Property Address where event is to be conducted: _____

*Dates for use of Property: _____to _____ Total number of days: _____

***WRITTEN PERMISSION TO USE PROPERTY IS REQUIRED FROM THE PROPERTY OWNER.**
By signature of this form, I have authorized applicant to use of property on dates indicated above.

_____ _____

PRINTED PROPERTY OWNER'S NAME **SIGNATURE OF PROPERTY OWNER**

DATE _____

BUSINESS OWNER AND CONTACT INFORMATION

3 **APPLICANT INFORMATION:** (Authorized agent of sponsor and primary contact for event)

Business Name	**DBA (Doing Business As)**
Business Owner's Name:	Phone:
Local Address	Email Address:

4 **DAY-OF-EVENT COORDINATOR** Email Address:

Name:	Phone contact on day of event: ( )

Local Address:

ADDITIONAL INFORMATION

5 **SPONSOR INFORMATION:** (Person or group responsible for all aspects and liability of planning and carrying out the event)

NAME LOCAL ADDRESS PHONE

_____ _____ _____

6 Are any of the sponsors registered with Non-Profit Organizations? ☐ YES ☐ NO

If YES, indicate which one (s) and the registration number (s):

7 Expected Attendance: _____ Is this a Non-Profit Event? ☐ YES ☐ NO

8 Please provide a clear statement of the specific reasons(s) you believe the event will significantly contribute to and benefit the Springfield Community:

_____

_____

9 Please provide a clear statement of the opportunity for City-wide citizen participation in the event:

_____

_____

_____

10 Please provide the following SPECIFIC information regarding EACH OF THE ACTIVITIES anticipated to occur as part of the event (Attach additional pages if necessary).

ACTIVITY	LOCATION	DATE(S)	TIME(S)

11 Has Liability Insurance been obtained for the event? ☐ YES ☐ NO

If YES, please provide the following:

Please note that we require a minimum of $2M for each occurrence and $3M for General Aggregate and that General aggregate limit applies per "Project".

Face Amount of Policy:	Policy Holder (s)

Additional Insured:

***IMPORTANT* ***

The information below applies to the Certificate of Liability Insurance:

ENTITY above agrees to maintain minimum coverage specified below and as evidenced by the attached Certificate of Insurance throughout the duration of the event and hold the City of Springfield, its Officers, Agents and Employees as additional insured in regard to Liability arising out of operations of the named insured per policy provisions in regard to the event above.

A Certificate of Liability Insurance must be attached to this application evidencing coverage limits, listing the dates of the event and listing the City of Springfield as additional insured.

CERTIFICATE HOLDER:

CITY OF SPRINGFIELD
225 5TH STREET
SPRINGFIELD, OR 97477

12 Will the event include:

A CARNIVAL: ☐ YES ☐ NO A CIRCUS: ☐ YES ☐ NO

If YES to either of these, please be sure to include information in question #13.
(Please note that you will have to obtain an "Operational Permit" from our Fire Marshall's Office for processing and approval).

13 Please indicate the number of each of the following types of booths and vendors at the event and Attach a map showing the set-up for the following: **(see attached site plot plan requirements)**

	NUMBER:		NUMBER:
INFORMATIONAL BOOTHS		OTHER FOR-PROFIT BOOTHS	
DISPLAY BOOTHS		MONEY RAISING BOOTHS OF NON-PROFIT ORGANIZATIONS	
FOOD/REFRESHMENT BOOTHS			
AMUSEMENT STANDS STREET VENDORS		OTHER BOOTHS GAMES	
RIDES		GENERATORS	

14 Will alcoholic beverages be available as part of this event? ☐ YES ☐ NO

If YES, attach map indicating, (A) Dispensing locations, (B) Ingress/Egress, and (C) Location of Security Personnel. You will also need to submit the OLCC SPECIAL EVENT APPLICATION FORM as part of this process. Please indicate below the arrangements you have made for the following:

SECURITY: _____

CONFINEMENT: _____

DISPENSING: _____

15 Please describe any arrangements which have been made with respect to each of the following:

PARKING: _____

TRAFFIC CONTROL: _____

FIRE SUPPRESSION: _____

RESTROOMS: _____

CROWD CONTROL: _____

OBSTRUCTED STREETS, ALLEYS, SIDEWALKS: _____

USE OF CITY FACILITIES: _____

LITTER CONTROL: _____

SITE CLEANUP: _____

TRASH REMOVAL: _____

SIGNATURE AND INFORMATION

Applicant's Signature	**Applicant's Name (Please Print)**
Date	**Contact Phone Number**

Please note that we require a minimum of two (2) weeks to process the application. Incomplete information will delay the review process.

Payment must accompany application. Make check payable to: City of Springfield

Mailing Address: City of Springfield, Business Licensing, 225 Fifth Street, Springfield, OR 97477

FOR OFFICIAL USE ONLY

EXTRA ORDINARY PERSONNEL, MATERIALS AND SERVICES:

Approved By:		Estimated Costs:		Actual Costs:
Public Works Department				
Police Department				
Fire Department				
Planning				
Traffic				
Communications Manager				
Risk Management				
Other Departments				

Date Received		Amount Paid		Cash ☐ Check ☐ Charge ☐	Receipt Number		Received by:	

Comments:

CITY OF SPRINGFIELD, OREGON
DEVELOPMENT AND PUBLIC WORKS DEPARTMENT

225 FIFTH STREET
SPRINGFIELD, OR 97477
PHONE (541)726-3753
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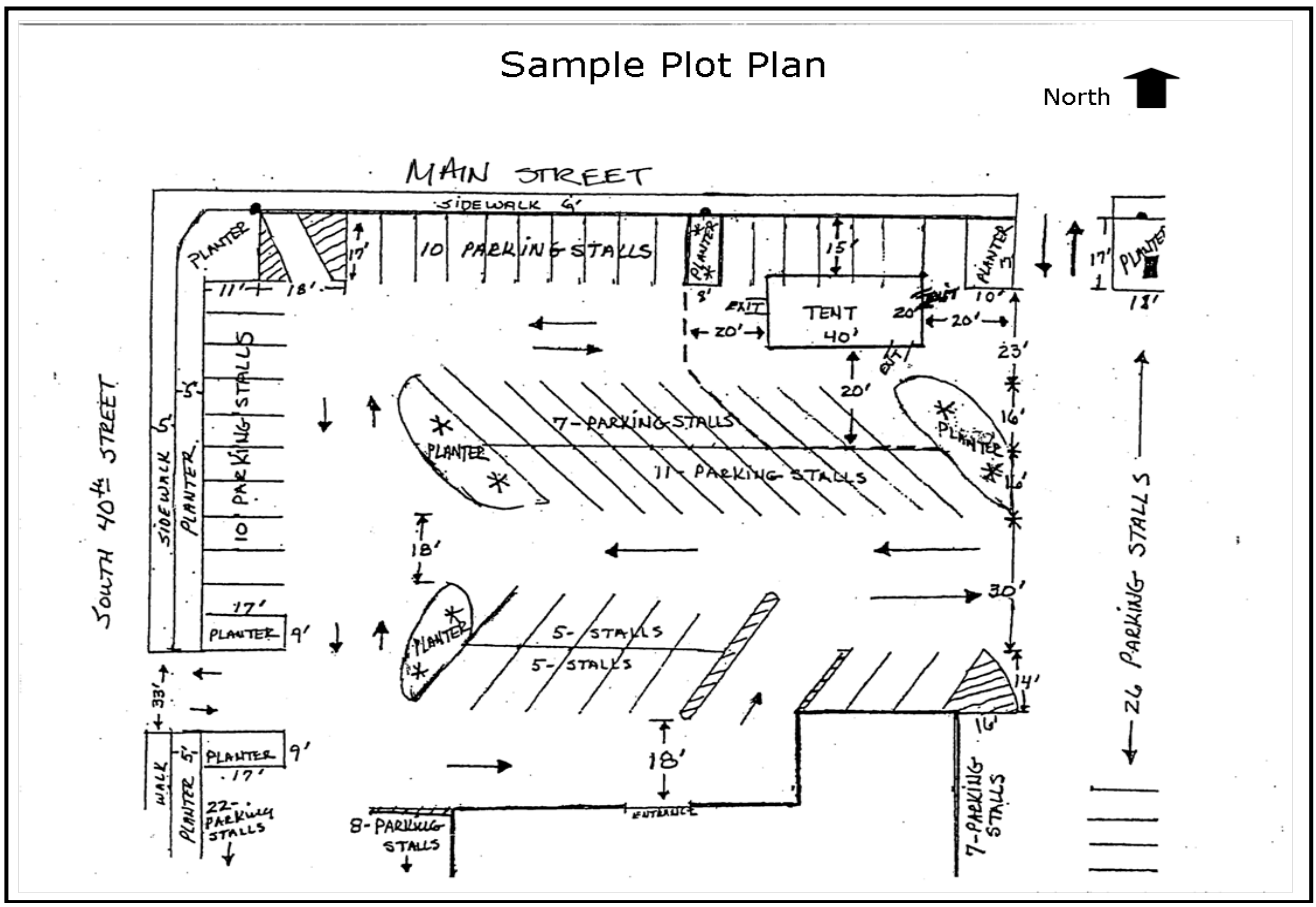
www.springfield-or.gov

SPECIAL COMMUNITY EVENT
Minimum Plot Plan Requirements

Show:

- Indicate property lines, parking areas (we'll need to verify that there is adequate parking for the proposed use and any existing uses on site), public streets, walkways, travel lanes and driveways, including widths and driveway throat depths (minimum 24' driveway widths and 18' throat depths will be required).
- North Arrow.
- All existing structures and buildings and the location of any proposed structures, tents, canopies etc. (These may require additional permits)
- Dimensions of the sales and storage areas with proximity to property lines and buildings.
- Generators.
- Please indicate set-up for all booths and vendors, restrooms, Ingress/Egress (If alcohol is being served, indicate dispensing locations and security personnel as well).
- In addition, an aerial photo with the approximate location of setup would be helpful in expediting this review process.

- **NOTE:** If current site plan is denied a new site plan will need to be submitted, which will prolong the review process.