

# 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 <input type="checkbox"/> SPECIAL EVENT - * \$110.25 <input type="checkbox"/> SPECIAL EVENT WITH LIQUOR - * \$135.25 (A Completed OLCC application must be submitted) <input type="checkbox"/> CARNIVAL - *\$338.10/day <input type="checkbox"/> CIRCUS *\$338.10/day <input type="checkbox"/> 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: _____  <p style="text-align: center;"><b>*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.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">                         _____  <b>PRINTED PROPERTY OWNER'S NAME</b>                           DATE _____                     </div> <div style="width: 45%;">                         _____  <b>SIGNATURE OF PROPERTY OWNER</b> </div> </div>									
BUSINESS OWNER AND CONTACT INFORMATION									
3	<b>APPLICANT INFORMATION:</b> (Authorized agent of sponsor and primary contact for event)								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Business Name</b></td> <td style="width: 50%; padding: 5px;"><b>DBA (Doing Business As)</b></td> </tr> <tr> <td style="padding: 5px;">Business Owner's Name:</td> <td style="padding: 5px;">Phone:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Local Address</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date of Birth:</td> </tr> </table>		<b>Business Name</b>	<b>DBA (Doing Business As)</b>	Business Owner's Name:	Phone:	Local Address		Date of Birth:	
<b>Business Name</b>	<b>DBA (Doing Business As)</b>								
Business Owner's Name:	Phone:								
Local Address									
Date of Birth:									
4	<b>DAY-OF-EVENT COORDINATOR</b>  Name: _____ Phone contact on day of event: _____ (      ) Local Address: _____								
ADDITIONAL INFORMATION									
5	<b>SPONSOR INFORMATION:</b> (Person or group responsible for all aspects and liability of planning and carrying out the event) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><u>NAME</u></td> <td style="width: 33%; padding: 5px;"><u>LOCAL ADDRESS</u></td> <td style="width: 33%; padding: 5px;"><u>PHONE</u></td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> </table>	<u>NAME</u>	<u>LOCAL ADDRESS</u>	<u>PHONE</u>	_____	_____	_____		
<u>NAME</u>	<u>LOCAL ADDRESS</u>	<u>PHONE</u>							
_____	_____	_____							
6	Are any of the sponsors registered with Non-Profit Organizations? <input type="checkbox"/> YES <input type="checkbox"/> 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).

<u>ACTIVITY</u>	<u>LOCATION</u>	<u>DATE(S)</u>	<u>TIME(S)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:**

**CERTIFICATE HOLDER:**

**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.

**CITY OF SPRINGFIELD  
 225 5<sup>TH</sup> STREET  
 SPRINGFIELD, OR 97477**

**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.**

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 Marshal'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	_____	OTHER BOOTHS	_____
AMUSEMENT STANDS	_____	GAMES	_____
STREET VENDORS	_____	GENERATORS	_____
RIDES	_____		

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		

**TOTAL:**

Date Received		Amount Paid		Cash <input type="checkbox"/> Check <input type="checkbox"/>	Receipt Number	Received by:	
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Comments: \_\_\_\_\_



## 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.

