

CITY OF SPRINGFIELD, OREGON



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

SPECIAL COMMUNITY EVENT APPLICATION

APPLICATION FEE INCLUDES A 5% TECHNOLOGY FEE. All fees are non-refundable

A minimum of six (6) weeks review time is required. Changes two (2) weeks prior to event are discouraged.

EVENT INFORMATION		
Name of Event:		
Address of Event: (Required)		
Type of Event: <input type="checkbox"/> SPECIAL EVENT - \$ 157.50 <input type="checkbox"/> CARNIVAL or CIRCUS - \$ 382.20 per day <input type="checkbox"/> SPECIAL EVENT WITH LIQUOR - \$157.50 + \$ 25.00 per day (A Completed OLCC application must be submitted)		
Date(s) of Event:	Hours of Operation:	Total Number of Days:
Expected Attendance:	Is this a Non-Profit Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPERTY OWNER INFORMATION		
WRITTEN PERMISSION TO USE PROPERTY IS REQUIRED FROM THE PROPERTY OWNER. By signature of this form, I have authorized the applicant use of the property on dates indicated above.		
Property Owner:	Property Owner's Phone Number:	
Property Owner's Mailing Address:		
City:	State:	Zip:
Property Owner's Signature:	Date:	

BUSINESS OWNER AND CONTACT INFORMATION		
APPLICANT INFORMATION: (Authorized Agent of Sponsor and Primary Contact for Event)		
Business Name:	DBA:	
Business Owner's Name:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
Coordinator's Name on Day of Event:		
Email Address:	Phone Number on Day of Event:	

ADDITIONAL INFORMATION		
SPONSOR INFORMATION: (Person or group responsible for all aspects and liability of planning and carrying out the event)		
Name:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
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):		

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

Provide a clear statement of the opportunity for City-wide citizen participation in the event:

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):
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Activity:	Location:	Date(s):	Time(s):
Activity:	Location:	Date(s):	Time(s):
Activity:	Location:	Date(s):	Time(s):

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 - page 5)

Information Booths:	Other For-Profit Booths:
Display Booths:	Money Raising Booths: (Non-Profit Organizations)
Food or Refreshment Booths:	Game Booths:
Amusement Stands or Street Vendors:	Generators:
Rides:	Other:

Provide the Certificate of Liability Insurance for the event.

Event applicant shall maintain in force for the duration of the event a Commercial General Liability insurance policy written on an occurrence basis with limits not less than \$2,000,000 per occurrence and \$3,000,000 in the aggregate for bodily injury or property damage. The following language must be included in the "Description of Operations/Location."

"The City of Springfield, its Officers, Agents and Employees are included as additional insured in regard to Liability arising out of the operations of the named insured per Policy Provisions in regard to the [Event Name] on [Date(s) of Event]."

CERTIFICATE HOLDER: City of Springfield 225 5 th Street Springfield, OR 97477	HOLD HARMLESS	
	Applicant shall defend, indemnify and hold harmless, the City of Springfield, its officials, employees and volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of or in connection with the Applicant's activity or event, including use of any premises, or from any activity, work or things done, permitted, or suffered by Applicant in connection with the applicant's activity or event, including use of any premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Springfield.	
Face Amount of Policy:	Policy Holder (s):	
Additional Insured:		

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

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

Security:

Confinement:

Dispensing:

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 and/or Sidewalks:

Use of City Facilities:

Litter Control:

Site Cleanup:

Trash Removal:

SIGNATURE AND INFORMATION

Please note that we require a minimum of six (6) weeks to process the application. Incomplete or missing information will delay the review process.

Applicant's Name:
(Please Print)

Date:

Applicant's Signature:

Phone Number:

Payment must be submitted with application. Make checks payable to: City of Springfield

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

Special Event Check List

REQUIRED ITEMS FOR EVENT

- Completed Application
 - Confirm the application is complete; this includes supplemental information and/or additional permits.
 - Application Fee
- Property Owner's Permission
- Site Plot Plan – Page 5
 - See example of required information to include.
 - For an overhead view of the event site, Google Earth can be used.
- Proposed Closure Area for Special Event – Page 6
 - See example of required information to include.
 - For an overhead view of the event site, Google Earth can be used.
- Certificate of Liability Insurance

POSSIBLE ADDITIONAL ITEMS FOR EVENT

- OLCC Application – Contact OLCC at 541-686-7739
 - If the event has liquor, a Temporary Liquor License needs to be completed and submitted.
- Tent Permit – Contact the Fire Marshal's Office at 541-682-5411
 - A permit is required for any tents over 1,500 sq. ft.
- Assembly Permit – Contact the Fire Marshal's Office at 541-682-5411
- Noise Permit – Contact the Springfield Police Department at 541-726-3729
- Parade Permit - Contact the Springfield Police Department at 541-726-3729

Special Event Proposed Closure Area Requirements

Show:

- North arrow
- Road names, intersections and driveways.
- Indicate what public streets, sidewalks and public right-of-ways are proposed to be closed.
- Reason for street, sidewalk and public right-of-way closure.
- Date and time

Sample Special Event Proposed Closure Area

