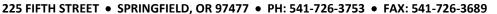
### SPECIAL COMMUNITY EVENT APPLICATION

COVID-19 STATE OF EMERGENCY, RESOLUTION 2020-05





Under City of Springfield's Resolution 2020-05, a business located within the City of Springfield may apply for temporary food and beverage permit on public and private property utilizing this permit. By use of this Resolution, the applicant is agreeing that all proposed seating will be temporary in nature and removed from public right-of-way areas nightly.

A minimum of two (2) weeks review time is required.

		'	
EVENT INFORMATION			
Name of Event:			
Address of Event: (Required)			
Type of Event:			
☐ COVID-19 STATE OF EMERGENCY, RESOLUTION 2020-05 — *FEE V *IF THIS APPLICATION RESULTS IN EXTRAORDINARY V THE APPLICANT MAY BE REQUIR	JSE OF PUBLIC RIGI		CES,
Date(s) of Event:	Hours of Operation		
	·		
Expected Attendance:			
PROPERTY OWNER INFORMATION			
PERMISSION TO USE PROPERTY IS REQU	IRED FROM THE I	PROPERTY OWNER.	
By signing this form, I have authorized the applican			oove.
Property Owner:	Property Owner's Phone Number:		
Property Owner's Mailing Address:			
City:	State:		Zip:
Property Owner's Signature:	perty Owner's Signature:		Date:
BUSINESS OWNER AND CONTACT INFORMATION  APPLICANT INFORMATION: (Authorized Agent of Sponsor and Primary Co	ontact 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:		
	l		
ADDITIONAL INFORMATION			
$\textbf{SPONSOR INFORMATION:} \ \ (\text{Person or group responsible for all aspects and liability of } \\$	planning and carrying	gout the event)	
Name:		Phone Number:	
Mailing Address:			
City:	State:		Zip:

Page 1 of 6 Revised 06/20

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	f the opportunity for City-wide citizen participation	on in the event-		
Trovide d'eledi statement o	the opportunity for city wide citizen participation	on in the event.		
Dravida the following CDEC	IEIC information regarding EACH OF THE ACTIVITY	TIFC anticipated to accuracy part of the quant		
(attach additional pages	<u>IFIC</u> information regarding <u>EACH OF THE ACTIVI'</u> if necessary)	TIES anticipated to occur as part or the event:		
Activity:		Location:		
Provide a Certificate of Liab	ility 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 Sprinafi	eld. its Officers. Agents and Employees are in	cluded as additional insured in regard to Liability arising out of the		
	ons of the named insured per Policy Provisions	s in regard to the [Event Name] on [Date(s) of Event].		
	This insurance will be primary over any ii	· · · ·		
CERTIFICATE HOLDER:	HOLD HARMLESS  Applicant shall defend, indemnify and hold harmless, the City of Springfield, its officials, employees and volunteers from			
City of Springfield	and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property,			
225 5 <sup>th</sup> Street Springfield, OR 97477	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				
Applicant will be required to show compliance with OLCC.				

Page 2 of 6 Revised 06/20

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  Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing information will delay the review process.			
Applicant's Name: (Please Print)	•		
Applicant's Signature: Phone Number:			
☐ Expedited Resolution 2020-05 – If this application results in extraordinary use of public right-o	f-way or city services		
the applicant may be required to pay cost recovery.			

Page 3 of 6 Revised 06/20

# **Special Event Check List**

REQUIRED ITEMS FOR EVENT
<ul> <li>Completed Application</li> <li>Confirm the application is complete; this includes supplemental information and/or additional permits.</li> <li>Application Fee</li> </ul>
☐ Property Owner's Permission
<ul> <li>Plot Plan – Page 5</li> <li>See example of required information to include.</li> <li>For an overhead view of the event site, Google Earth can be used.</li> </ul>
<ul> <li>Proposed Closure Area for Special Event – Page 6</li> <li>See example of required information to include.</li> <li>For an overhead view of the event site, Google Earth can be used.</li> </ul>
☐ Certificate of Liability Insurance
POSSIBLE ADDITIONAL ITEMS FOR EVENT
<ul> <li>OLCC Application – Contact OLCC at 541-686-7739</li> <li>If the event has liquor, a Temporary Liquor License needs to be completed and submitted.</li> </ul>
<ul> <li>Tent Permit – Contact the Fire Marshal's Office at 541-682-5411</li> <li>A permit is required for any tents over 1,500 sq. ft.</li> </ul>
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

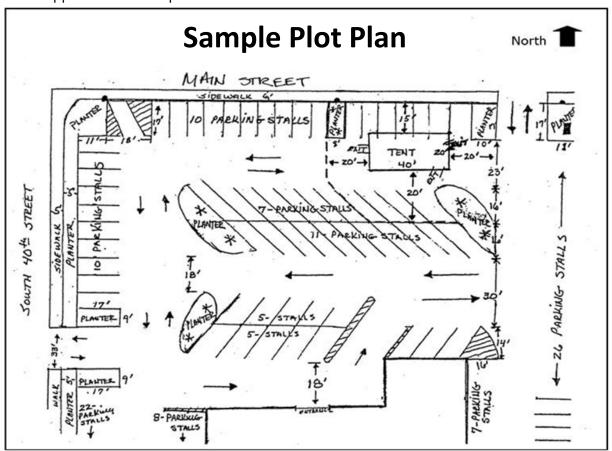
Page 4 of 6 Revised 06/20

# **Plot Plan Requirements**

#### Show:

Indicate property lines, parking areas (we will 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. Power connections, wire runs and proposed cord covers. 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 plot plan is denied a new plot plan will need to be submitted, which will prolong the application review process.



Page 5 of 6

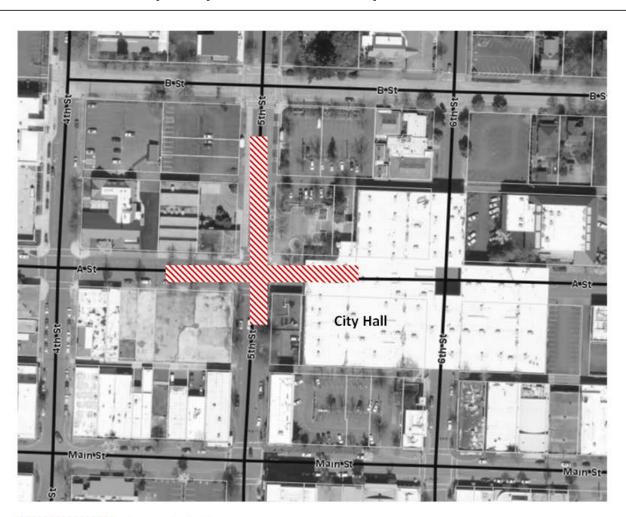
# Special Event Proposed Closure Area Requirements

#### Show:

	North	arrow
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- □ 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





HHHHHHH.

Requested Closure

Reason for Closure: Event will have food and display booths located on the street.

Date & Time: May 5th, 2017 3 - 5 p.m.

Page 6 of 6 Revised 06/20