



City of Goodlettsville Special Event Permit Application

APPLICANT INFORMATION

Event Name:					
Event Location:					
Event Producer:		Representing:			
Primary Contact:					
The Primary Contact is the person who is to be contacted regarding the application or event.					
Address:					
City:		State:		Zip Code:	
Phone: Please list the Primary Contact's phone numbers.	Day:		Cell:		
	Night:		Fax:		
			Email:		

EVENT INFORMATION

Event Type:	<input type="checkbox"/> Festival/Event	<input type="checkbox"/> Concert	<input type="checkbox"/> Tournament	
	<input type="checkbox"/> Games/Rides	<input type="checkbox"/> Camp	<input type="checkbox"/> Photography	
	<input type="checkbox"/> Walk/Run	<input type="checkbox"/> Business Event	<input type="checkbox"/> Car Show	
			<input type="checkbox"/> Other _____	
Event Duration: These are the Dates the event will be in operation.	Starting Date:	Day of Week: _____ ____/____/____	Ending Date:	Day of Week: _____ ____/____/____
Total Attendance: _____ Peak Attendance: _____ Parking: Estimated number of vehicles that will be parking for event. # _____	If event lasts more than 3 days please submit additional hours of operation.			
		Start	End	
	Day 1:	__: __ M	__: __ M	
	Day 2:	__: __ M	__: __ M	
	Day 3:	__: __ M	__: __ M	
Site Preparation: This is the time it will take to prepare the site. It is presumed that streets and/or sidewalks must be closed in order to prepare the site. If same time as event enter starting date and time of event.	Starting Date:	__/__/__	Time: __/__/__ M	
Dismantling & cleanup: This is the time it will take to dismantle and clean up the event site. It is presumed that streets and/or sidewalks must be closed in order to dismantle and clean up the site. If same time as event enter ending date and time of event.	Ending Date:	__/__/__	Time: __/__/__ M	
Event Description: Give brief description of the event below.				

Event Name: _____ Dates ____/____/____ to ____/____/____

Event Features: Check all the needs, services or features that will be part of the event.

- | | |
|--|---|
| <input type="checkbox"/> Fireworks Display 1, 5 | <input type="checkbox"/> Security |
| <input type="checkbox"/> Inflatable Rental 1 | <input type="checkbox"/> Temporary Electrical Service |
| <input type="checkbox"/> Carnival Rides 1 | <input type="checkbox"/> Restroom Facilities |
| <input type="checkbox"/> Pony Rides 1 | <input type="checkbox"/> Amplified Sound, Band 4 |
| <input type="checkbox"/> Street Closing | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> Emergency Medical Service | <input type="checkbox"/> Shelters 3 |
| <input type="checkbox"/> Tent(s) 2 | <input type="checkbox"/> Grill (Charcoal/Gas) |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other: _____ |

- 1 Requires Insurance Information Form.
2 Requires Tent/Temporary Structure application.
3 Required to call Park Reservations to reserve.
4 Requires Noise Variance.
5 Requires application for Public Display of Fireworks.

Will an admission fee be charged: Yes No If yes, how much: \$ _____

Is the Event: Charitable For Profit

EVENT LOCATION

City of Goodlettsville Park: _____
(Park Name)

Other: _____

SITE MAP REQUIREMENT

All events require a site map of affected area-place, indicate exact placement of the following features if applicable. Maps of any area of the city can be obtained from the Goodlettsville Parks and Recreation Department.

- | | |
|---|--|
| <ul style="list-style-type: none">• Gate(s) official entrance(s)• Restroom facilities and/or portable toilets• Stage(s) or other performance areas• Dumpsters & trash containers• Tent(s)• Event production tent(s)/trailer(s)• Vendor booths• Money rooms | <ul style="list-style-type: none">• Fencing• All areas where food will be served or sold• Street barricades• Security/emergency• Medical tent(s)• Sign/Banner placement• Event Headquarters• Command/Communication Center |
|---|--|

RAIN/CANCELLATION POLICY

Is there a rain policy for your event? If yes please give a brief description:

Event Name: _____

Dates ___/___/___ to ___/___/___

SECURITY

It is the responsibility of an event producer to provide adequate security for an event, and to ensure that an adequate number of security personnel are present to manage the expected size of the event's crowd. Security must include proper crowd control.

Number of security personnel being provided: _____

Organization providing security: _____ Phone: _____

Types of Security being provided	Yes	Not Needed
Gate Security	<input type="checkbox"/>	<input type="checkbox"/>
Security for Celebrities	<input type="checkbox"/>	<input type="checkbox"/>
Event Area Security	<input type="checkbox"/>	<input type="checkbox"/>
Money Handling Security	<input type="checkbox"/>	<input type="checkbox"/>
Stage Security	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Security	<input type="checkbox"/>	<input type="checkbox"/>
Security Overnight for Outside Event Hours	<input type="checkbox"/>	<input type="checkbox"/>

***City of Goodlettsville Police Department shall be the primary source for providing event security.**

Briefly Describe your Security Plan:

EMERGENCY MEDICAL ASSISTANCE

Depending on the size and nature of your event, the event may be required to provide emergency medical services for the event patrons.

Will Emergency Medical Assistance be provided: **Yes** **No** If Yes, complete below information.

Provider: _____ Phone: _____

Briefly Describe your Emergency Medical Assistance Plan: _____

VENDORS

List type of Vendor Booths (Food, clothing, crafts, etc.) _____

Event Name: _____

Dates: ___/___/___ to ___/___/___

TENTS/TEMPORARY STRUCTURES

Tents/temporary structures require a Tent/Temporary Structure Application. A site map showing the location of each tent/temporary structure is also required.

Number of Tents/Temporary Structures: _____

Name of Supplying company: _____ Phone: _____

Emergency Contact: _____ Phone: _____

ELECTRICAL SERVICE

Complete this section if electrical service will be needed at your event.

How will electrical service be supplied: **Generator** **Public Utilities** **Both**

RESTROOM FACILITIES

Number of Permanent Facilities: _____

Number of Portable Facilities: _____

Name of Supplying company (portables): _____

Emergency Contact: _____ Phone: _____

NOTE: Restroom Facilities are to be shown on event map.

Event Name: _____

Dates: ___/___/___ to ___/___/___

CLEAN-UP PLANS & PROCEDURES

Any event producer holding an event on City of Goodlettsville Property is responsible for clean-up and removal of debris from affected property.

Name of Clean-up Coordinator: _____

Who will clean up: _____

Number of Dumpsters: _____ Number of Trash Containers: _____
(Location of Dumpsters and Trash Containers must be shown on event map.)

Number of Dumpsters Required: _____

Name of Clean-up: _____

Hold Harmless Clause: Applicant/Event Producer shall save and hold the City of Goodlettsville and the Goodlettsville Parks and Recreation Department harmless from and against all liability, claims and demands on account of personal injuries (including without limitation to the foregoing worker’s compensation and death claims) or property loss or damage of any kind whatsoever, which arises out of or be in any manner connected with the performance of this contract, regardless of whether such injury, loss, or damage shall be caused by, or be claimed to be caused, by the negligence of the permit holder or the City of Goodlettsville and Goodlettsville Parks and Recreation Department; or by any agents or employees of any of the foregoing; or by accident; or otherwise.

The undersigned agrees to the terms of this agreement as outlined by the City of Goodlettsville Parks and Recreation Department.

The applicant ensures compliance with the following:

- The observance of all applicable laws and ordinances;
- Any stipulations or restrictions of the permit;
- The applicant assumes any and all liabilities that may arise by the street closing and the related activity;
- Barricades must be removed immediately after any event is over to ensure that city streets and right-of-ways are re-opened as soon as possible.

Permit applied for and all terms and stipulations agreed to by:

_____/_____/_____
Signature of the agent duly authorized by the event applicant to bind it. Date

***Submission of this application does not constitute approval of the event. The applicant will be notified within fifteen working days of submission if it is (1) approved (2) denied or, (3) additional information is required.**

Comments/Additional Needs:

