

SPECIAL EVENT APPLICATION



Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed.

APPLICANT INFORMATION

Name of Company/Organization		<input type="checkbox"/> Street Closure- \$100.00
		<input type="checkbox"/> Non-Street Closure- \$50.00
<small>(Please select one of the above options)</small>		
Mailing Address	City	State
		Zip Code
Physical Address	City	State
		Zip Code
Event Coordinator		
Name _____	Office Phone Number _____	
Email Address _____	Home Phone Number _____	
Fax Number _____	Cell Phone Number _____	

GENERAL EVENT INFORMATION

Name of Event _____	
Event Date(s) _____	
Event Start Time _____	Event End Time _____
Type(s) of Event	
<input type="checkbox"/> Parade/March/Procession	<input type="checkbox"/> Race/Walk/Cycle/Skate/Recreation Activities
<input type="checkbox"/> Concert/Performance/Live Music	<input type="checkbox"/> Festival
<input type="checkbox"/> Farmers' Market	<input type="checkbox"/> Other _____
<input type="checkbox"/> Extension of Premise	
Proposed Location of Event	
Location Is _____	<input type="checkbox"/> Private Property <input type="checkbox"/> Public Property
<small><i>*Events taking place on Private Property must provide written permission from the property owner. This letter must accompany the application.</i></small>	
Anticipated Attendance	
Participants _____	Spectators _____
Audience Demographics _____	
Event History	
<input type="checkbox"/> New	<input type="checkbox"/> Re-Occurring
Is this considered to be an annual event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small><i>*If yes, how many years has event occurred?</i></small> _____	
Extension of Premise	
Name of property owner where event is to be held _____	
Address _____	
Phone Number _____	
<small><i>*Please attach letter of permission from Property Owner</i></small>	
Nonprofit Benefactor _____	
<small><i>*Please attach a letter from the non-profit organization verifying their partnership</i></small>	
Event Co-Producers	
Will you have event co-producers? <input type="checkbox"/> Yes <input type="checkbox"/> No <small><i>If Yes, complete below.</i></small>	
Co-Producing Organization _____	
Contact Name and Phone Number _____	
Event Details	
Fees	
Admission	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost _____
Food Vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost _____
Merchandise Vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No Cost _____
Set Up	
Date/Times _____	Tear Down
Open to the public	Date/Times _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please describe why? _____	

Contact person for media/citizen information, questions or concerns

Name _____

Phone Number _____

Email Address _____

Event Web Site _____

Event Description

[Empty text box for event description]

Illustrative Site Map

A site map of the event area including location(s) of equipment and activities must be submitted with this application.

FIRE SERVICES

Medical

Do you want fire services? On Call On Site
Will you have a first aid station on site? Yes No

Structures

Canopies
Will you have canopies or tents? Yes No
 10' x 10' 20' x 20' Other Size

Scaffolding
Will you have scaffolding? Yes No
Where will it be placed? _____
What are the dimensions? _____

Fencing
Will fencing be used? Yes No
Type of fencing _____
Height of fencing _____
Dimensions of fenced area _____

Open Flames

Will you have open flames? Yes No
What will your open flame usage be? (check all that applies)
 Grilling/BBQ Deep Fryer Activity/Entertainment
 Other _____

Pyrotechnics

Will you be having fireworks? Yes No
Company providing service _____
Length of display _____
Location of anticipated launching site _____
Anticipated start time _____

Describe types of materials being used for show
[Empty text box for pyrotechnics materials]

**Please see insurance requirements.*

TRAFFIC CLOSURES

What closures are being proposed for the event?

Streets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Alleys	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sidewalks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Parking Lots	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices)

***A Traffic Control Plan and Road Restrictions MUST be completed**

Name of contracted professional barricade company _____

Contact Name _____ Phone # _____

Please describe your parking plans

***The City of Kingman will not perform street closure services or provide traffic control barricades.
A detailed explanation of the traffic control requirements is attached.**

VENDOR INFORMATION

Food

Food or Beverages?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Sold	<input type="checkbox"/>	Free	<input type="checkbox"/>	Caterer
Will food be prepared on site?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please describe

Number of anticipated vendors _____

Do vendors have all permits/licenses with Mohave County Environmental Health Department?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Is your completed vendor list attached to this application?

***All vendors must have a City of Kingman business license or purchase a special event vendor permit through the event coordinator.**

Sponsors

Will you have sponsors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will these sponsors have booths?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will these sponsors be selling items?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Informational / Crafts / Merchandise

Will you have these types of vendors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Number of anticipated vendors	_____			

Alcohol

Alcohol?

No Alcohol
 Sold (State Permit Required)

Present - Free/Hosted

If Selling Alcohol - Answer This Section

Have you submitted the special events liquor license application?

Yes No

Date Submitted _____

Describe your security plan for monitoring the safe sale and/or distribution of alcohol at your event.

Empty text box for security plan description.

How do you plan on regulating the drinking of alcohol during your event? Please Explain.

Empty text box for alcohol regulation explanation.

PUBLIC SAFETY

Responsible person on site _____ Cell Phone Number _____

Please describe your plans for on site security.**

Empty text box for on-site security plans.

Private security company name _____

Security guard certification _____

of security personnel _____

How identified? _____

Will security be providing: Armed Security Unarmed Security

***The City of Kingman will not provide police services/security for special events outside of general calls for service in emergency situations.**

RESTROOM FACILITIES

If your event will be held in a City of Kingman Park, will you be using the city facilities?

Yes No

Start Time _____

End Time _____

Will you bring in portable facilities?

Yes No

Name of company providing services _____

Delivery Date _____

Delivery Time _____

of standard units _____

of disabled units _____

of handwashing stations _____

Pick-Up Date _____

Pick-Up Time _____

EVENT MAINTENANCE / CLEAN-UP

Do you want to rent trash containers from the City? Yes No

90 Gallon Containers
 Quantity _____ Delivery Date/Time _____

How will you dispose of the trash? On-Site Roll Off Bins Hauling Trash Off-Site

If roll off bins are brought in...
 What company will be used? _____
 Location of roll off bin _____
 Delivery Date _____ Delivery Time _____
 Removal Date _____ Removal Time _____

Are you hiring a professional clean up crew? Yes No

Name of company _____ Cell Phone Number _____
 Person responsible for final clean up _____

***It is the responsibility of the event organizer to ensure trash is picked up during and at the conclusion of the event. Event organizer is responsible for all trash on the event site and any trash associated with the event or event patrons or spectators that impact the surrounding area, adjacent streets, right-of-way, neighborhood homeowners property, schools, businesses or places of worship.**

AUXILLARY EVENT INFORMATION

Electrical

Please list the following

Equipment Utilizing Electricity	Voltage/Amperage	# of Outlets
_____	_____	_____
_____	_____	_____

Generators on-site? Yes No

Name of company providing services _____
 Size of Generator _____ Quantity _____

Water Requirements

Please list the following

Item Needing Water	Potable/Non-Potable
_____	_____
_____	_____

Signs - Banners

List all signs/banners being used	Locations	Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will these banners be hung/secured? _____

Bleachers

Will you have bleachers? Yes No

Quantity _____ Bleacher Dimensions _____

Name of company providing services _____
 Placement location _____

ENTERTAINMENT / AMPLIFIED SOUND

Will there be a stage or multiple stages? Yes No

Quantity _____
 Stage Dimension _____

Who are you getting the stage from? _____

What will take place on the stage? Please Explain

Will there be amplified sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be a sound check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What time will the sound check take place? _____		
Will Inflatables be on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of company providing services _____		
List types of Inflatables	Quantity	Sizes
_____	_____	_____
_____	_____	_____
<i>*Attach Certificate of Insurance for Inflatable Company</i>		
Will Mechanical Rides be on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of company providing services _____		
List types of Rides	Quantity	Sizes
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>*Attach Certificate of Insurance for Mechanical Ride Company</i>		
Will Animals be on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of company providing services _____		
List types of Animals	Quantity	
_____	_____	
_____	_____	
_____	_____	
***PLEASE SEE INSURANCE REQUIREMENTS.		

DOWNTOWN KINGMAN EVENTS ONLY

****Complete this section if your event takes place in the Downtown Kingman Entertainment District Boundaries****
Please see neighborhood notification requirements below. A map of the Entertainment District is attached.

Are there any downtown businesses involved in planning this event? List Business Names

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How and where will you be promoting this event?

Describe how this event will benefit Downtown Kingman and the local merchants.

INSURANCE REQUIREMENTS

For consideration to hold the event and use of City property, the applicant agrees to provide general liability insurance and indemnify, defend and hold the City of Kingman harmless as set forth in the Insurance Specifications and Indemnification guidelines (attached). If your event includes alcohol, liquor liability or host liquor liability coverage must be included on your certificate of insurance. Certificates of insurance are due **NO LATER** than **30 days** before the event date. Failure to comply with insurance requirements will result in the forfeiture of the use of city property for the event or future events.

_____ (INITIALS)

Name of Insurance Certificate Holder

MISCELLANEOUS ITEMS

Will public official(s) be invited to the event?

Yes

No

Explain

ACCESSIBILITY

It is the responsibility of the event organizer to ensure the event site is accessible to the disabled. Such examples are public sidewalks may not be blocked with tents, portable toilets or other structures; cables or electrical cords must not create an obstacle; ADA accessible parking and portable toilets must be available. Vendors should be prepared to meet any accessibility accommodations.

_____ (INITIALS)

NEIGHBORHOOD NOTIFICATION

The applicant is **required** to notify residents, businesses, places of worship and schools that are affected by street closures and/or noise related to your event. **This notice must be submitted to the City Clerk's Office for review prior to notification delivery.** Once approved, the notice must then be mailed or hand delivered to designated impacted areas at least **two** weeks prior to your event (or sooner per the level of impact of the event on the community). Information on the notice should include, but not be limited to; the name of the event, date(s), time(s), location, type of activity and telephone number where the public can contact your organization for concerns or issues. **Failure to comply with notification requirement can result in the cancellation, postponement or other significant restrictions to your event or future events. Verification of neighborhood notification is required.**

_____ (INITIALS)

PLEASE READ CAREFULLY BEFORE SIGNING

The applicant agrees to indemnify, defend, and save harmless the City of Kingman, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively; from all losses, claims, suits, actions, payments and judgments, demands, expenses, attorneys' fees, defense cost, or actions of any kind and nature resulting from personal injury to any person, including employees of the applicant or of any subapplicant employed by the applicant (including bodily injury and death) or damages to any property arising or alleged to have arisen out of the negligent performance of the applicant for the work to be performed hereunder, except any such injury or damages arising out of the sole negligence of the City, its officers, agents or employees.

IT IS THE INTENTION OF THE PARTIES to this contract that the City of Kingman, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively, are to be indemnified against their own negligence unless and except their negligence is found to be the sole cause of the injury to persons or damages to property. The amount and type of insurance coverage requirements set forth in the contract will in no way be construed as limiting the scope of indemnity in this paragraph.

I certify that the information set forth within this application is complete, true and correct to the best of my knowledge and belief, and that I have received and will comply with the information set forth on the attached Information Sheet and Fact Sheet. Information from your application is considered public information and may be used in developing a calendar of community events. Acceptance of your application should in no way be construed as final approval or confirmation of your request. The City of Kingman reserves the right to refuse the application and it is revocable if deemed in the best interest of the City of Kingman.

Authorized Agent/Event Coordinator Name (PRINT)

Signature

Title

Date

Mail or Deliver Completed Application To

City Clerk's Office
City of Kingman
310 N. Fourth Street, Kingman, AZ 86401

Special Event Permit Insurance Requirements

The City of Kingman requires liability insurance for all special events on City-owned, controlled, or maintained property.

SPECIAL EVENT PERMIT MINIMUM INSURANCE REQUIREMENTS

GENERAL LIABILITY LIMITS \$1,000,000 CSL (per occurrence)/\$2,000,000 aggregate. General liability coverage shall include bodily injury and property liability and \$1,000,000 Products/Completed Operations coverage limit.

“CITY OF KINGMAN” named as “ADDITIONAL INSURED” under a FORM #CG 20 12, CG 20 26 or EQUIVALENT, FOR PRIMARY AND NON-CONTRIBUTORY LIMITS.

INCLUDE A COPY OF THE ACTUAL “ADDITIONAL INSURED” POLICY ENDORSEMENT that meets above requirements – must include policy number and “City of Kingman” under schedule.

CERTIFICATE HOLDER: DO NOT MAIL Certification. Please fax to 928-753-3544 or email to: hr@cityofkingman.gov

Name and Address for Additional Insured Policy Endorsement and Certificate of Insurance:

City of Kingman
310 N. Fourth Street
Kingman, AZ 86401

DESCRIPTION OF OPERATIONS: The name of the event and date(s) to be held are to be show in the description section of the Certificate of Insurance.

Permittee must disclose any deductible or self insured retention greater than \$25,000 and such deductible/retention must be approved by City. Permittee is responsible for deductibles and retentions.

Policy(ies) must be underwritten by company licensed to business in Arizona, currently rated A.M. Best rated B+ or higher.

Policy(ies) must be in place for dates of your event including set up, take down and clean up.

All liability policies must be on an occurrence basis form. If a policy is on claims made basis, the applicant must maintain a twelve month tail policy. Failure to do so will result in a breach of the special event requirements.

The City of Kingman shall be notified at least 30 days prior to cancellation or alteration of any insurance coverage. A 10-day notice of cancellation for non-payment of premium.

IMPORTANT NOTICE: Permittees should check their policy to ensure coverage for all activities proposed and evidence of this coverage may be required when an event is determined by the City to be a high risk event.

ADDITIONAL INSURANCE REQUIREMENTS – more than one additional requirement may apply and may be provided through excess or umbrella liability policies:

Auto Liability: \$300,000 CSL per occurrence. Coverage shall include owned and/or hired and non-owned autos (for vehicles not owned by permittee used in the event). Required if vehicles are used for other than nominal and standard commute.

Liquor Liability: Minimum Liquor Liability limits \$1,000,000 CSL per occurrence/\$1,000,000 aggregate. Evidence of coverage may be submitted by a licensee. Required if alcohol will be sold, served or otherwise available.

Armed Security Guards: \$5,000,000 CSL per occurrence. Required if an event will be utilizing the services of an armed security guard.

Professional Liability: \$1,000,000 per medical incident/\$1,000,000 aggregate. Required from any entity, or its medical support suppliers, if medical or ambulance services are available to participants or spectators.

Athletic Events: All participants must sign a sponsor's indemnification releasing the City from all liability. Otherwise, minimum \$5,000 medical payments limits per person for participants.

Inflatables or Pony Rides, Petting Zoos, and other animal related activities with non-standard household pets: Minimum CGL limits \$5,000,000 CSL per occurrence.

Motorized and motor assisted carnival type rides, bungee jumps, trampolines, orbital rides, and related rides and attractions commonly associated with a fair or carnival: Minimum CGL limits \$5,000,000 CSL per occurrence.

Pyrotechnics: Display Permit must be obtained From Fire Marshal with minimum Pyrotechnic Liability limits of \$5,000,000 CSL per occurrence and \$5,000 medical payment limits per person. Evidence of coverage may be submitted by display fireworks contractor.

Motorized air shows and racing events such as drag racing and non-standard personal car activities: Minimum CGL limits \$10,000,000 CSL per occurrence.

NOTE: SPECIAL EVENT PERMITS CANNOT BE ISSUED WITHOUT APPROVED INSURANCE. The City of Kingman reserves the right to modify its insurance requirements based on the level of risk and according to insurance and risk management industry standards. Approval of insurance by the City of Kingman does not in any way relieve or decrease the insurance liability of permittee. The City of Kingman does not represent that the specified limits of liability, coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the permittee. For insurance questions or issues, contact the City of Kingman's Risk Manager at 928-753-8107 or hr@cityofkingman.gov

VENDOR INSURANCE:

A vendor is any individual or organization who is participating in your event to provide products or information. As an example, a vendor can be food, beverage, retail, informational or a provider of amusements. ALL vendors are required to provide the City of Kingman a certificate of insurance and policy endorsement that names the City of Kingman as additional insured at the same level of insurance as required by you the permittee.

You may choose to take responsibility for all vendors and include them as additional insured on your event insurance policy. This would eliminate the need for individual insurance policies from each vendor / participating organization. Be sure your policy does includes vendors as "Who is insured?" under your policy.

TULIP

If the Event organizer is unable to meet the above requirements, special event liability insurance may be purchased through the City's TULIP policy, depending on the type and scope of the event. The applicant must apply for the City's TULIP policy a minimum of five (5) business days prior to the event. The TULIP policy rates vary by the type of event, number of days, and estimated crowd attendance. Please contact City of Kingman Risk Management at 928-753-5561 or email your interest to hr@cityofkingman.gov for more information.

REMINDER

SPECIAL EVENT PERMITS SHALL BE TEMPORARY AND SUBJECT TO REVOCATION BY THE CITY'S SPECIAL EVENTS COORDINATOR

Special Event Traffic Control Requirements

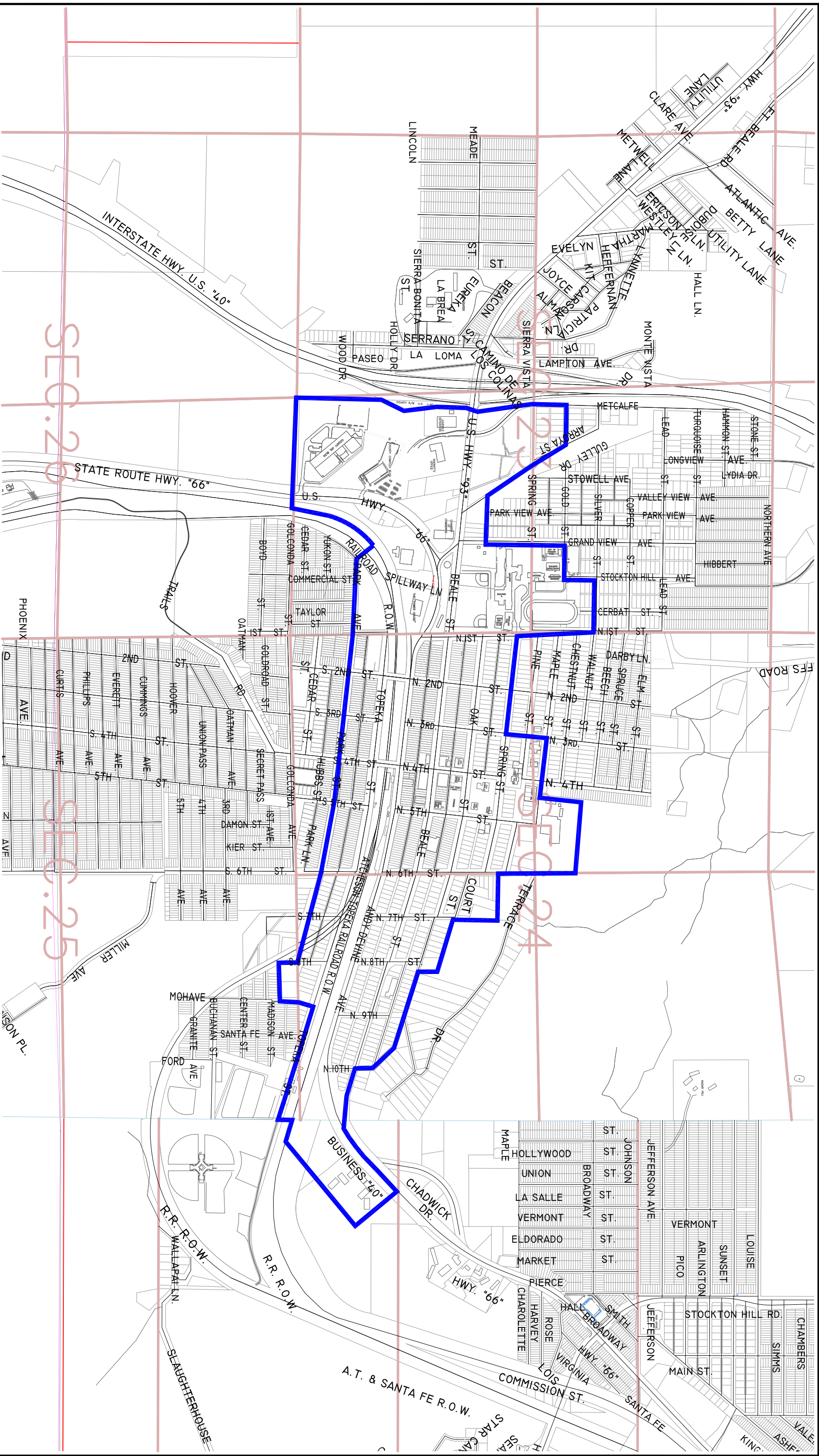
The minimum level certification shall be a Traffic Control Supervisor. The traffic control supervisor and their contact for the day of the event shall be listed in the permit and on the traffic control plan. The Traffic Control Supervisor shall be on site during installation and removal of the traffic control plan.

The special event applicant shall provide a traffic control plan which meets the requirements of the Manual on Traffic Control Devices. The plan must be developed by a traffic control contractor or by an individual with the Traffic Control Supervisor certification. The plan shall be legible and submitted with the special event application for review. The City will not develop a traffic control plan for event organizers. The City reserves the right to require additional traffic control due to event conditions. This may include but, is not limited to location, traffic volume, event type, etc. A copy of the approved traffic control plan shall be on site at all times during the event and available to city representatives when requested. No changes shall be made to the traffic control plan without approval.

The event organizer is responsible for obtaining the appropriate traffic control devices to match the approved traffic control plan. The City will not rent or loan traffic control devices for events. The traffic control devices shall be subject to inspection by city personnel. Any devices not meeting quality guidelines for traffic control devices must be replaced immediately.

If a special event takes place in multiple agency jurisdictions, the organizer shall meet the requirements, and obtain a permit if required, from each agency. (E.G. such as events that take place between 1st and Grandview downtown. This requires a permit from the City of Kingman and ADOT).

Event staff shall not stop, direct or otherwise interfere with traffic. If flagging is required for the traffic control plan, it shall be done by certified flaggers or certified law enforcement officers. Only uniformed police officers shall be used to direct traffic at a traffic signal. These conditions shall be shown on the traffic control plan and coordinated/approved with the appropriate law enforcement agency.



OUTLINE OF DOWNTOWN ENTERTAINMENT DISTRICT - 16,274,150± SF / 0.58± SQ. MILES

CITY OF KINGMAN ENGINEERING DEPARTMENT 30 NORTH 4TH STREET KINGMAN, ARIZONA 86401 PHONE (929) 753-8122 FAX (929) 753-8118		City of Kingman - Downtown Downtown Districts	C.O.K. PROJECT NO. SHEET NO. 1 OF 1
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