



SPECIAL EVENT APPLICATION

FOR EVENTS UTILIZING PUBLIC PROPERTY THAT FEATURE CONCERTS, SALES OR VENDORS

Return completed application to:

City of Sandusky, ATTN: Parks & Recreation
1918 Mills Street, Sandusky, OH 44870
recreation@cityofsandusky.com
419.627.5886

INSTRUCTIONS

It is recommended that you ***submit the Special Event Application at least 30 days prior to your requested event.***
Submitting an application does not guarantee a permit will be issued.

APPLICANT INFORMATION

Organization Coordinating Event: _____

Non-Profit yes no If yes, Non-Profit ID#: _____

Applicant Name: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Applicant's Contact Information: Phone: _____ Cell: _____

EVENT OPERATIONS

Name of Event: _____ Anticipated Attendance: _____

Type of Event: Festival Concert Car Show Charity Benefit Parade Community Event
 Other Please specify: _____

Specific parks or location to be used for event: _____

Set-up Date: _____ Set-up Hours: _____ am pm to _____ am pm

Event Day #1: _____ Operation Hours: _____ am pm to _____ am pm

Event Day #2: _____ Operation Hours: _____ am pm to _____ am pm

Event Day #3: _____ Operation Hours: _____ am pm to _____ am pm

Tear Down Date: _____ Tear Down Hours: _____ am pm to _____ am pm

Rain Date(s): _____ *(must be approved at time of applying for permit)*

Application Submission: 30+ days prior Less than 30 days Less than 14 days 7 days or less

EVENT COMPONENTS

Please check all boxes that apply to your event and provide details when requested:

- On-site cooking
- Shuttle Service
- Soliciting Donations
- [Amplified Sound](#)
- Alcohol Sales
- Exhibits/Displays
- Vehicles on Display
- Parade
- Inflatable Bounce Houses
- Carnival
- Food Giveaway
- [Flame Effect/
Fireworks](#)

VENDING

Number of Food Vendors: _____ Number of Merchandise Vendors: _____

Will participants be required to pay to access any areas of the public property? yes no

If yes, please specify the admission costs for the event: _____

ELECTRIC SERVICE

Do you need to hook up to a basic electric source? yes ___ How Many no

Will a generator be used to provide event power? yes ___ How Many _____ Type no

Do you need access to power in excess of standard outlets? yes ___ How Many _____ Type

no If so, list the name and number of your electrical contractor: _____

WATER SERVICE

The City of Sandusky Water Department may be able to provide temporary water service for your event. Please list any needs of water and location:

PARKING

Parking is permitted in designated areas of city property. Please describe the parking arrangements you have made for staff, volunteers, entertainers, patrons, supply trucks, vendors and persons with disabilities:

RESTROOMS

Your organization is responsible for providing portable restrooms to accommodate your event attendees and participants. Portable restroom suppliers can assist you with determining the quantity.

Name and contact number of company supplying restrooms: _____

Number of single units: _____ Number of multi-units: _____ Number of ADA units: _____

Delivery date and time: _____ Removal date and time: _____

TEMPORARY STRUCTURES

Specific rules apply to placement and anchoring of tents, stages/platforms and booths within city property. A permit may be required depending on the size of the [membrane structure](#). Contact the Division of Building at 419.627.5940 for more information. Please indicate on your site map the location of each tent, stage/platform and booth.

Tents: Size(s): _____ Total Number: _____

Indicate the intended method of anchoring tents: _____

Name of tent supply company and contact person: _____

Delivery date/time: _____ Removal date/time: _____

FENCING

Do you plan to erect any temporary fence? Yes No

ADVERTISING

How will you promote your event? Website TV Radio Newspaper Flyers Social Media

PROPERTY CLEAN UP/LITTER MANAGEMENT

Person signing application is responsible for collection and proper disposal of all litter, grease, ash, and gray water generated by your event.

What trash/recycling receptacles will be utilized for your event? _____

How will the trash/recycling containers be emptied? _____

How will the trash/recycling be disposed? _____

Number of dumpsters ordered: _____ Size and location of dumpsters: _____

List the name and telephone number of all companies providing waste collection and removal services:

Delivery date and time for dumpsters: _____ Removal date and time: _____

FIRST AID SERVICES

Who will be providing your on-site first aid? _____

POLICE/SECURITY SERVICES

Have you hired Sandusky police for your event? Yes No

Contact 419.627.5798 to arrange for police officers at your event.

STREET CLOSURES

Will you be requesting street closures for your event? Yes No

If yes, please specify the streets that you are requesting to close off and the time frame:

ALCOHOL SALES

Will alcoholic beverages be sold? Yes No

If yes, a special permit is required by the State of Ohio and must be executed by the sponsoring organization.

Do you plan on applying for an "F" Permit from the State of Ohio? Yes No

What non-profit will be applying for the temporary alcohol permit? _____

MUSIC LICENSES

The City of Sandusky maintains music licenses covering all performance events hosted at city owned property and locations provided the event does not gross over \$25,000 in revenue. Events exceeding this level are responsible for necessary licensing and accept complete responsibility for failure to secure appropriate licenses from all performing rights organization (e.g. BMI, ASCAP, SESEC, etc...)

AMPLIFIED SOUND

Do you plan on having amplified sound (DJ, band, speakers, etc.) at your event? Yes No

If yes, please specify:

All events with amplified sound must have a Sound Waiver issued by Sandusky Police (*must be approved 30 days prior to event*). Failure to secure a permit can result in closing of event. Visit www.cityofsandusky.com/police to access form.

SITE MAP

You MUST ATTACH your event site map to this application. It should include:

- An outline of the entire event venue including names of all streets or areas that are part of the venue and the surrounding area.
- The location of all stages, tents, inflatables, portable restrooms, booths, cooking areas, dumpsters, and other temporary items.
- The location of first aid, handicap parking, and parking areas for supply vehicles and/or trailers.

INSURANCE

Applicant is required to submit a Certificate of Insurance in an amount not less than one million dollars (\$1,000,000) listing the City of Sandusky as an additional insured. **This must be received at least seven (7) days prior to the first day of the event or the City has the right to cancel the event.**

ACKNOWLEDGEMENT/SIGNATURE

I, the applicant understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the City of Sandusky Recreation Department. I further accept responsibility to hold free and harmless the City of Sandusky and to meet all city rules and regulations including submitting proof of proper insurance, a detailed site map, and details for any contract services required to make the proposed event safe and successful. I also accept responsibility for securing music licenses if my event grosses more than \$25,000.00 in revenue. I understand that all information listed on my application, permit, attachments and supporting documents are subject to public disclosure by the City of Sandusky. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before a permit is issued is the sole responsibility of the applicant. Should the premises be made impractical for use by any cause, the City of Sandusky may, at its discretion, reissue the permit for another city property, or terminate and void the permit. The user expressly waives any and all claims for damage or loss of profit and other compensation should the permit be terminated.

Applicant Signature: _____

Date: _____

Received by City Staff: _____

Date: _____