



City of Chillicothe Parks & Recreation Special Events Application



This form is used exclusively for Public Events (Festivals, Concerts, Races, Walks, etc.)

1. INSTRUCTIONS

The Parks & Recreation Board *must* receive applications at least 50 days prior to your event date(s). Incomplete applications cannot be processed and applying does not guarantee your event will be approved.

2. APPLICANT INFORMATION

Organization: _____ Is it a non-profit? **YES** **NO**

Mailing Street Address: _____ City: _____ State: _____ ZIP: _____

Applicant's Contact Information

Applicant Name: _____ Title: _____

Cell: _____ Email: _____

Website: _____

3. EVENT OPERATIONS

Name of Event: _____

Type of Event: Festival Concert Car Show Charity Benefit Race/Walk Other

If other, please specify: _____ Anticipated Attendance: _____

Specify Park and areas to be used for event: _____

Will you be filling an application for a street closure? **YES** **NO**

	Date		Begin	End
Set up day:		Set up hours:		
Event day #1:		Operation hours:		
Event day #2:		Operation hours:		
Event day #3:		Operation hours:		
Event day #4:		Operation hours:		
Teardown Date:		Teardown hours:		

Will you be charging a fee for this event? **YES** **NO** If yes, how much? _____

If yes, is the fee: **PER PERSON:** _____ **PER TEAM:** _____ **OTHER:** _____

4. EVENT COMPONENTS

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

- | | | |
|---|---|---|
| <input type="checkbox"/> On Site Cooking | <input type="checkbox"/> Sport Competitions | <input type="checkbox"/> Portable Stage, size:_____ |
| <input type="checkbox"/> Beer Sales | <input type="checkbox"/> Soliciting Donations | <input type="checkbox"/> Shelter House Rental |
| <input type="checkbox"/> Food Giveaway | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Inflatable(s) (bounce amusements), #:_____ |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Parade | <input type="checkbox"/> Health Screening |
| <input type="checkbox"/> Product Giveaway | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Banners/Signage |
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Exhibits/Displays | |

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

ELECTRIC SERVICE: There is a \$25/day fee for basic electric (standard outlets), when available.

Do you need to hook up to our basic electric source? **YES NO**

Will a generator be used to provide event power? **YES NO**

Do you need access to power in excess of standard outlets? **YES NO**

Name and cell # of your electrical contractor:_____

WATER SERVICE: Water sources in parks are for cleaning purposes only. Access must be prearranged.

Do you need to hook up to a park water source for cleaning purposes? **YES NO**

PARKING: Parking is permitted only in designated areas of city parks. Please describe the parking arrangements you have made for staff, volunteers, entertainers, patrons, supply trucks and/or vendors:

RESTROOMS: You are responsible for providing portable restrooms to accommodate your event attendees and participants.

Name and telephone # of company supplying restrooms:_____

Delivery date: / / Time:_____ Pickup date: / / Time:_____

TEMPORARY STRUCTURES: Tents and booths cannot be staked in asphalt areas of parks. Please indicate on site map location of each tent and booth. Tents larger than 10'x10' require a building permit. Contact City Engineering, located at 35 S Paint Street. Phone: 740-773-8981.

Describe type of temporary structures to be used:_____

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

Name of tent supply company & contact person:_____

Telephone #:_____ Emergency Cell #:_____

Delivery date: / / Time:_____ Pickup date: / / Time:_____

4. EVENT COMPONENTS

PARK CLEAN UP/LITTER MANAGEMENT: You are responsible for all litter, grease/ash, and gray water generated by your event. Arrangements should be made with a private power-washing contractor to remove all stains left by your event. Please locate waste containers on site map.

How will you collect and remove trash generated at your event? _____

What is the name and telephone # of your trash hauler? _____

Number of dumpsters ordered: _____

Delivery date: / / Time _____ Removal date: / / Time: _____

FIRST AID SERVICES: Who will be providing you with on site first aid? _____

If a race or walk, will first aid providers follow participants on route? **YES** **NO**

POLICE/SECURITY SERVICE: Have you hired Chillicothe Police Officers? **YES** **NO**

Have you hired a private security company? **YES** **NO** If yes, total number hired: _____

Name of security service & contact person: _____

Emergency phone #: _____

5. ALCOHOL SALES: If you are planning to sell alcohol at your event, you will need to obtain permission from the city to permit sales on city streets.

Does your non-profit organization plan to apply for an "F Permit" from the State of Ohio? **YES** **NO**

Name of Licensee: _____

6. SITE ROUTE MAP

You **MUST** attach your event site map/route 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/surrounding area. If the event is a parade/race, indicate the direction of travel.
- The location of all stages, fencing, barricades, scaffolding, tents, portable restrooms, booths, cooking areas, trash dumpsters, grease/ash containers, gray water containers and other temporary units
- The location of first aid, handicap parking, and vehicle and/or trailer parking

7. INSURANCE

In addition to completing the application form and paying the permit and park rental fees, applicant is required to submit an original Certificate of Insurance in an amount not less than one million dollars (\$1,000,000.00) combined single limit bodily injury and property damage for each occurrence. Your insurance certificate should list as the Certificate Holder: City of Chillicothe Parks & Recreation Department, 35 South Paint Street, Chillicothe, Ohio 45601

8. PARK USAGE FEES

Shelters: \$75/day Basketball Courts: \$50/day Ball Diamonds: \$50/day
Volleyball Courts: \$50/day Tennis Courts: \$50/day Skate Park: \$50/day

Each unit used shall be added for the rental of city owned amenities. Additional fees may be applied at the discretion of the Parks & Recreation Department.

9. 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 Chillicothe Parks & Recreation. I further accept responsibility to hold free and harmless the City of Chillicothe and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. 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.

Applicant's Signature: _____ Date: _____

Return this application to: Chillicothe Parks & Recreation Email to:
35 South Paint Street OR parks@chillicotheoh.gov
Chillicothe, Ohio 45601

IMPORTANT REQUIRED ATTACHMENTS MUST BE INCLUDED WITH APPLICATION

**IF YOUR EVENT IS CANCELLED OR POSTPONED, A COURTESY CALL
TO THE OFFICE (740-772-5626) WOULD BE APPRECIATED**

For Office Use Only: Do not write below this line

Date received: _____ Received by: _____ Total fees owed \$ _____