

**TOWN OF NEW CARLISLE
SPECIAL EVENT PERMIT
APPLICATION
2016**

Return to: Clerk Treasurer's Office
124 E. Michigan St.
P.O. Box 6
New Carlisle, IN 46552

Phone: (574)654-3733
Fax: (574)654-8876

This application must be fully completed, signed and forwarded to the Town of New Carlisle Special Events Committee at least **THIRTY (30) BUSINESS DAYS BEFORE** your event, if your event is under 500 spectators/participants. All applications for events with 500 or more participants/spectators must be fully completed, signed and forwarded to the Town of New Carlisle Special Events Committee at least **NINETY (90) DAYS BEFORE** your event.

Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. Please type or print the information clearly and attach additional sheets or maps as required below. **ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED MUST BE DONE SO IN WRITING WITHIN 14 CALENDAR DAYS AFTER SUBMISSION OF YOUR APPLICATION.**

Please return this application to the address listed above (you may return in person or mail).

I. EVENT INFORMATION

1. Event Name: _____
2. Event type (circle all that apply): Parade Festival Ride Walk Musical Event
 Theater Dance Race Run Exhibition
 Dance Drama Other: _____
3. Event Date(s): _____ Day(s) of the week: _____
4. Location of Event: _____
5. Facilities to be used (circle): Park Street Sidewalk Private Property
6. Federal Tax ID Number: _____
7. Set-up Times: Begin: _____ am/pm Dismantle: _____ am/pm
8. Estimated Crowd: _____ Number of Participants: _____

II. APPLICANT INFORMATION

9. Organization Name: _____
Applicant Name: _____
Title: _____
Address & Zip Code: _____
Email Address: _____
Phone Numbers: Home: _____ Office: _____
For Profit: _____ Not for Profit: _____
10. Billing Name: _____
Address & Zip Code: _____
11. Event On-Site Contact Person: _____
Phone Numbers: Cell: _____ Office: _____ Home: _____

III. LOCATION INFORMATION

12. Specific Location of Event: (Name/Address, Park or Facility) – **Attach map of site plan (required)**
This map must include a detailed description of placement of all booths, vendors, tables, chairs, etc.

13. List route to be used, and/or streets to be closed. **Attach map (required)**
A free website to use for maps is www.usatf.org/routes

IV. EVENT HISTORY

14. Describe event to be held: _____

15. Recent Event History:

Date/Name of Event/Attendance

V. PUBLIC SAFETY REQUIREMENTS

16. **New Carlisle Police:** If your event is taking place on roadways – Police are required

What services are requested from the Police? Road Closures Traffic Control Security

Location(s) & Time(s) Police are requested:

17. What are your security plans for the event?

18. New Carlisle Emergency Medical Services: _____Yes _____No

EMS is required at all 10K Races and Cross Country events. EMS is also required for any Walks/Runs with over 500 participants *

What services are being requested?

19. New Carlisle Fire Department

Are you having fireworks? _____Yes _____No

If Yes, give the exact location: _____

Are you setting up tents at your event? _____Yes _____No

If Yes, what size are the tents: _____

NOTE: Certificate of flammability is required for all tents over 10 X 10

VI. DEPARTMENT OF PUBLIC WORKS (DPW)

20. Department of Public Works: BARRICADES AND/OR FENCING & OTHER SERVICES

Are you requesting to close any roadways? _____Yes _____No

If yes, please list location & numbers of barricades/fencing needed: (Attach barricade request sheet if needed) – **SEE ATTACHED MAP IS NOT ACCEPTABLE – YOU MUST LIST EACH LOCATION BARRICADES ARE NEEDED**

Are you requesting to hang any signs or banners? _____ Yes _____ No
If Yes, please contact Building Inspector (574)654-3733.

VII. ENTERTAINMENT

21. Sound System (circle one): Acoustic Amplified

What kind are you having: _____

What type of system (PA, Bull Horn, etc.): _____

Are you requesting to use town electricity if available: _____

Describe Entertainment:

List of entertainers/bands to perform at event:

*Sound MUST be in accordance with Town of New Carlisle Code for Noise Control

VIII. MISCELLANEOUS INFORMATION

22. Restrooms:

Location of Restrooms you are using: _____

Port-A-John: List the number you are ordering (There must be at least one handicap accessible restroom One (1) Port-A-John per 250 people is recommended)

23. Parking: Grass areas in park **ARE NOT** parking areas and should not be considered as parking areas. Describe parking areas available & transportation modes to & from the event.

24. Electrical: Organizer should not assume electrical power is provided at the town site and should arrange for their own power needs (i.e., generators). Electric (power) needs should be discussed further with the New Carlisle Electric Department.

IX. VENDING/SALES – ALCOHOL

25. Any Vending/Sales? _____Yes _____No

If YES please list items: _____

26. Is ALCOHOL (beer/wine/liquor) being served, sold, distributed or consumed? _____Yes _____No

If YES – Please check all that apply – Beer _____ Wine _____ Liquor _____

Attach a copy of your liquor license

Beer/Liquor/Wine – Proper permitting for alcohol is the responsibility of the Event Organizers

X. SUMMARY OF TOWN SERVICES REQUESTED

TOWN ENTITY SERVICES REQUESTED

POLICE	_____ YES	_____ NO
FIRE	_____ YES	_____ NO
EMS	_____ YES	_____ NO
DPW	_____ YES	_____ NO
TOWN PARKS	_____ YES	_____ NO

XI. INSURANCE

Due to the increased risk of personal injury and/or property damage under certain circumstances, insurance will be required under the following conditions:

- 1. All Athletic Competition Events.
- 2. Any Special Event involving animal(s), fireworks, automobile(s) or other vehicle(s), including but not limited to watercraft, aircraft, or motorcycles, carnival/amusement rides or the sale of food.
- 3. Where required, the Applicant or, if applicable, the Organization/Sponsor holding the event shall maintain insurance in the amount specified below to cover entire duration of the Event.

The Applicant shall attach a certificate of insurance duly executed by the officers or authorized representatives of a responsible and non-assessable insurance company, evidencing the following minimum coverage(s) and specifically identifying TOWN OF NEW CARLISLE as an additional insured, which insurance shall be non-cancelable, except upon thirty (30) days prior written notice to TOWN:

	Individual Occurrence	Aggregate
General Liability	\$1,000,000	\$2,000,000

All policies must be made on an occurrence basis. Claims-made policies are not acceptable.

- a. **Liquor Liability.** Where the Applicant, on behalf of any other persons, organizations, firms or corporations on whose behalf the application is made, seeks to hold an event involving the sale of alcoholic beverages and has otherwise been granted all necessary permits for such purpose, he/she/it shall provide and maintain a policy or policies of Liquor Liability Protection with limits of not less than \$1,000,000. Such insurance shall be evidenced on the certificate of insurance provided to the Clerk Treasurer’s designee with this Application.

Is insurance required for this event? Yes: _____ No: _____

Indemnification statement:

Where insurance is required, the Applicant on behalf of any himself/herself and/or other persons, organizations, firms or corporations on whose behalf the application is made, when filing a permit application shall be represent, stipulate, contract and agree that they will jointly and severally indemnify and hold the Town harmless against liability, including court costs and attorney’s fees, and attorney’s fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor’s activities authorized by the Special Event Permit.

Is this indemnification statement required for your event? Yes: _____ No: _____

XII. AFFIDAVIT OF APPLICANT

I hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand, and agree to abide by the Town's ordinances and regulations governing this proposed Special Event. I also agree to comply with all other local, state, and/or federal laws that are applicable to this Event.

I further certify that I understand that allowing non-permitted or unscheduled activities to occur during my event may result in increased costs to me and/or the Organization/Sponsor due to unanticipated operational expenses.

I further certify that I, on behalf of myself and/or the Organization/Sponsor (for which I have submitted a letter indicating I am authorized to act on his/her/its behalf), agree to be financially responsible for paying any costs and fees to the Town of New Carlisle that are incurred by the Town or on behalf of the event.

If I cancel my event, I will notify the Town as early as possible so as to cut down on any cost recovery. I understand that I will be charged for Town services provided in advance of the event up through the time of notification.

SIGNATURE OF APPLIANT

DATE

PRINT NAME: _____

***This Application MUST be signed prior to submission or it will not be considered completed and will be returned.**

XIII. INDEMNIFICATION STATEMENT

Please turn in with application if applicable.

The undersigned represents, stipulates, contracts and agrees that the sponsor of the event permitted pursuant to this Application will jointly and severally indemnify and hold the Town harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the sponsor's activities authorized by the Special Event permit.

Applicant as authorized representative/agent for the
sponsor/organization of the Event.

Date: