



## SPECIAL EVENTS PERMIT APPLICATION (Revised February, 2019)

City of Burlington  
City Manager's office, 2<sup>nd</sup> Floor  
400 Washington Street  
Burlington, IA 52601  
City Manager's Office - (319) 753-8120

***Submit application to City Manager's office 30 days prior for consideration.***

### **INSURANCE IS REQUIRED!**

ATTACH TO THIS APPLICATION a certificate of insurance including the policy number, amount and the provision that the City is included as an additional insured. (Please note that the minimum insurance requirement is \$500,000).

#### **I TITLE, PURPOSE AND BRIEF DESCRIPTION OF EVENT:**

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#### **II REQUESTED EVENT COMPONENTS**

1. Requested day and date (first choice) \_\_\_\_\_, 20\_\_\_\_  
Circle One Mon Tues Wed Thurs Fri Sat Sun

2. Alternate days and dates \_\_\_\_\_

3. Requested hours of operation from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

4. Set up beginning by \_\_\_\_\_ AM / PM  
(date) (time)

Dismantle by \_\_\_\_\_ AM / PM  
(date) (time)

5. Describe the number and type of any animals to be used in the event  
\_\_\_\_\_

6. **Attach a draft of the entry form for participants/spectators.**

7. Anticipated number of participants \_\_\_\_\_ and spectators \_\_\_\_\_ .

### III APPLICATION AUTHORIZATION

Attach a written communication from the organization or organizations in whose name the event will be advertised which authorizes you (the applicant) to apply for this special events permit on its or their behalf.

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Affiliation \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

\*Refer media or citizen inquiries to:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

### IV EVENT PRINCIPAL ORGANIZER

Name \_\_\_\_\_

Organization/Business/Agency/Affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Title and Functional Responsibility with Regard to the Event \_\_\_\_\_

\_\_\_\_\_

Will this person have the authority to cancel or greatly modify event plans? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this person be present at the event area(s) and in charge of the event at all times? Yes \_\_\_\_\_ No \_\_\_\_\_

### V SANITATION

List your plan for cleanup/material preservation including number, type and location of trash containers to be provided for the event. Indicate who and how many will be responsible for emptying and cleaning up around containers during the event. Indicate who and how many will be responsible for cleaning up after animals if they are to be used in the event. Indicate who and how many will be responsible for cleaning up the event area after the event. Describe the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used for the event). Include any other plan you have for ensuring post event cleanliness and material preservation of City facilities, equipment, premises and streets. Attach additional sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI LOCATION MAP (Attach a Map)**

**ATTACH TO THIS APPLICATION** a map detailing the area you wish to utilize. If street closings are involved, please indicate which streets and at what point you wish them barricaded. If a parade route, show the desired route and alternate routes. Additionally show, if applicable, alcoholic beverage areas, concession areas, first aid facilities, organizer's command post, portable toilet facilities, any temporary structures to be erected, vehicle fueling areas, and fireworks areas.

**\*\* IF YOUR EVENT IS IN THE PARK, PLEASE CALL 319.753.8131 (JOCELYNN) AND 319.753.8117 (RYAN) \*\***

**VII AVAILABILITY OF FOOD, BEVERAGES AND/OR ENTERTAINMENT**

1. If there will be music, sound amplification or any other noise impact, please describe, including the intended hours of the music, sound, or noise. Indicate if live entertainment is involved or if this is a dance. Please note: Any complaint deemed legitimate by the Police Department could result in lowering the sound level or completely stopping the music.

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2. Alcoholic beverages to be served? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If yes, describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years or older.

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4. If yes, describe how, where, when and by whom the alcoholic beverages will be served.

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5. If YES, attach to this application a copy of your permit from the State Alcoholic Beverage Control Board or indicate whose permit will be used. Alcohol may not be served without a permit.

6. Please attach a list of the types and numbers of vendors or concessionaires that will be allowed as part of the event. Vendors or concessionaires serving food may be required to obtain a health permit. Please contact the Des Moines County Health Department for further information.

## VIII SECURITY AND SAFETY PROCEDURES

1. Describe your proposed procedures for set up, operation, internal security and crowd control.

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2. If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event.

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3. If your event includes vehicles or animals, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units.

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4. The erection of any temporary structures, bleachers, etc. or installation of electrical wiring or plumbing may require issuance of a building permit. Please check with the City of Burlington's Inspection Department.

5. The use of fireworks or pyrotechnic displays, open flames, vehicle fueling facilities, tents or canopies may require the issuance of a fire permit. Please contact the Burlington Fire Department for further information, if applicable.

## IX MITIGATION OF THE IMPACT ON OTHERS

Describe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, motorists, mass transit users, and others. Attach additional sheets, if necessary, entitled *Mitigation of the Impact on Others*.

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Organizers should be prepared to stop the event, or at least momentarily slow it down if City emergency vehicles find it necessary to use any part of this area during the event.

## X CITY SERVICES

Describe city services requested for this event. Please indicated below the services you are requesting (i.e. lead car in a parade) and explaining why your organization cannot perform the task. This will be reviewed and approved or denied by the City Manager. (Please use the back of this sheet if necessary.)

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**XI FEES**

**Special Events in City Parks**

- \$200
  - Includes: Barricades/Cones/Signs
  - Includes up to 10 tables
- Delivery (if needed)
- Add \$50 (for both Crapo and Dankwardt Parks)
- Add \$100 for 2<sup>nd</sup> day

All run/walks must be over by 2 p.m. on the day of the event (unless otherwise approved by staff).

**Special Events not in City Parks**

- \$150
  - Includes Barricades/Cones/Signs
- Delivery (if needed)
- Add \$50 for 2<sup>nd</sup> day

**Picnic Tables**

- \$50 1-10 tables \_\_\_\_\_ tables requested
- \$100 for every 10 additional tables \_\_\_\_\_ tables requested

**Total - \$ \_\_\_\_\_**

***Submit application to City Manager's office 30 days prior for consideration.***

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Event Principal Organizer

<p><b><u>FOR OFFICE USE ONLY:</u></b></p> <p>FEE \$ _____</p> <p>DATE PAID ____/____/____</p> <p>RECEIPT # _____</p>
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