



## City Of Clinton 2023 Special Event Application

**(OFFICE USE ONLY)** Park staff please complete this section before submitting to the Committee

Park Staff Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Reviewed by Parks Staff (initial): \_\_\_\_\_ Attachments included: \_\_\_\_\_

Date scheduled for Special Event Committee Meeting: \_\_\_\_\_ Application Fee: \$30

**1. Name of Event:**

**2. Facility, Park, City Street, Trail where event will take place**

**3. Amenities requesting:** (building, shelter, trail, park grounds, electricity, trees, sidewalk, etc.):

**4. Requested date(s) and time(s) for event:** port-a-pots, tents and other equipment need to be on the site map.

Set-up (load-in) time		to		Date
Actual time of event		to		Date
Clean-up (load-out) time		to		Date
Port-a-Pots Co. name:	Load In		Load Out	Date
Tents Co. name:	Load In		Load Out	Date
Other equipment (explain)				Date

Is there a designated rain date for inclement weather? ☐ No ☐ Yes If yes, date:

**5. Event Organizer applying for Special Use Permit:**

**Organization:**

**Contact Person for Event:**

**Title:**

**Address:**

**State:**

**Zip Code:**

**Preferred Telephone:**

**Email**

**6. Additional contacts responsible for managing the special event:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Type of Event:** (Please X as many as applicable)

☐ Concert/Live Music ☐ Parade ☐ Educational ☐ Walkathons/Fitness Walk ☐ Cultural

☐ Endurance Race/Walk ☐ Block Party ☐ Environmental ☐ Sporting Other:



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(\*) If any public street will be closed/blocked (even partially) or the estimated attendance for the event will **exceed 250 guests**, please contact the **City of Clinton Special Events 563-243-1260** for the Application for Street/Alley Closing.

8. City Staff will determine if you need approval from Clinton Fire Department and/or Clinton Police Department or any other City Departments. Check off an items below that pertain to the event:

- ☐ Use of inflatables (hot air balloons, inflatables or similar devices)
- ☐ Fireworks, rockets, lasers or other pyrotechnics.
- ☐ Vehicles, animals, rides, etc. involved in the event.
- ☐ An inherent risk to participants and/or spectators that require Public Safety Services.
- ☐ Closures to city streets/alleys for any period of time including walk/runs, block parties, parades
- ☐ The event is more than 12 hours.
- ☐ "Enhancements" to the existing facility and/or grounds.
- ☐ Organized competition or recreational events.
- ☐ Expecting more than 250 people.
- ☐ Alcoholic beverages will be sold at the event or part of a ticket price

The Fire Marshall may require inspection, seeking compliance with the adopted Fire Code. On-site firefighters and/or paramedics may be required, at the expense of your event. On Site Map show where the first aid facilities and/or vehicles are located. There is a provision of minimum twenty foot (20') emergency access lane throughout the event venue.

9. Do you currently have a contract with Clinton Fire Department? ☐ Yes ☐ No

10. Do you currently have a contract with Clinton Police Department? ☐ Yes ☐ No

11. The Event Organizer is responsible for the safety and security of their guests. Please attach a detailed Emergency Action Plan (EAP) outlining safety procedures and contact information.

12. Will medical services be on site? ☐ First Aid ☐ Nurse/Doctor ☐ EMT on site ☐ Ambulance on site. Name of Organization: \_\_\_\_\_

\*The Event Organizer is responsible for contracting/hiring Security and Off Duty Law Enforcement Officer for all large events. **The number of officers is contingent on attendance and event type.** For additional information and number of officers required, please contact the Clinton Police Department at **563-243-1455**. You will need to provide **written confirmation** from the security contact designating hours and number of staff along with contact information for the Supervising Officer **who will be present during the event.**

### Certified Law Enforcement Officer (name):

Law Enforcement Agency: \_\_\_\_\_

Contact number: \_\_\_\_\_

\*A completed site map and security plan is required and will need to be submitted 30 days prior to final approval. A meeting with Clinton Special Event Committee may also be required for contingency planning prior to final approval.

13. Is this event open to the general public? ☐ Yes ☐ No

14. Anticipated number of participants (including volunteers & spectators):

Anticipated peak attendance around what time



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**15. What is the purpose of the event?** (Please explain and attach a detailed copy of your agenda or planned activities)

**16. Have you** (the Event Organizer) **hosted this event at this location?** ☐ Yes ☐ No (if yes skip to question 16)

**IF NO:** Where was the event?

Date:

Attendance totals:

Any issues?

**17. Where will the general parking be:**

**18. Where will handicap parking be:**

**What accommodations are you providing for persons with disabilities:** (parking, accessibility, transportation, etc.):

**19. How do you plan to publicize this proposed event? Will Social Media be used?** (Please attach a copy of the proposed publicity flier)

**20. Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, scaffolding, etc. for this event?** ☐ Yes ☐ No

a. If yes, please describe below, including size, capacity, how many, etc. Size is required for tents (i.e. 20' x 40'); stages must indicate size and height. **\*Location of all items must be shown on your site map.**

b. If contracting with a company, please list information below chart.

Type of temporary structure	Size	Quantity

(\*If more space is needed, please attach to application)

Company Name:

Contact Person:

Address:

Telephone Number:

Delivery Time:

**21. Will you be using a generator as a power source?** ☐ Yes ☐ No

**22. Will any type of sound amplifying equipment/device be used in conjunction with this event?**

☐ Yes ☐ No If yes, please list type of equipment

Type of Equipment	Quantity

Event Coordinators must comply with all Clinton Ordinances regarding acceptable noise levels. If the nearby public complains at any time during the event that the noise from the event is destroying the peace of the neighborhood, the



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Police Department would have the discretion to choose whether or not to issue a citation. Recommended time for amplified sound to cease is 9pm.

**23. Are you using utility services such as electrical power or water services on city property?**

☐ Yes ☐ No There will be an additional charge for using power on site. We will also need to know when power needs to be turned on for the event.

**24. Do you plan to provide entertainment for this event?** ☐ Yes ☐ No If yes, please explain:

**25. Will any part of your event be located in water?** ☐ Yes ☐ No

If yes, how many lifeguards are you hiring? From which organization?

An event on the river requires a Corps of Engineering Permit.

**26. Will your event include live animals?** Events with animals require additional considerations and Committee approval. ☐ Yes ☐ No

**27. Will donations or contributions be accepted/solicited during this event?** ☐ Yes ☐ No

**28. Will there be an admission charge to attend your event?** ☐ Yes ☐ No

**29. Will food be served?** ☐ Yes ☐ No If yes, what type of food?

**If yes to food-** Have you secured your permit with City Clerk? ☐ Yes ☐ No

**\*NOTICE:** If a vendor is selling food, a permit is required with the Clerk's office. Regardless of whether or not the food is sold or given away (including pre-packed items, and drinks) a permit is required through the Iowa Department of Inspections and Appeals (DIA). An inspection report from the DIA within the last twelve months is required to be submitted with this application if food or drink will be served.

**30. Are you serving alcohol at your event?** ☐ Yes ☐ No If yes, beer, wine or champagne?

Please explain:

**If yes to alcohol-** Have you secured your permit with City Clerk? ☐ Yes ☐ No

According to State of Iowa regulations and the City of Clinton, copies must be provided:  
1- Liquor License/Transfer of License 2- Dram Shop Insurance 3- Monitoring Plan

**31. Please describe how you plan to collect and remove trash from the event site. The Event Organizer is responsible for obtaining additional trash receptacles and/or dumpsters for removal of trash.**

Person responsible for clean up:  
Phone:

**32. Smoking-** Event Organizer will familiarize themselves and abide by the Iowa Smoke Free Air Act.

Call 1-888-944-2247 or visit [www.IowaSmokeFreeAir.Gov](http://www.IowaSmokeFreeAir.Gov) ☐ Check for understanding

**33. Are you using barricades?** ☐ YES ☐ NO

They must meet Iowa Department of Transportation specifications. What company will be supplying the barricades?

**34. If weather becomes an issue during your event, is there an emergency shelter location?**

☐ YES ☐ NO Where is that location?



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### 35. Are there any special provisions pertaining to your event that have not been addressed on this application?

\*\*Submitting this Special Use Application **is not** a confirmation to conduct your planned event. If the date and/or location requested is not available or if the location requested is not an approved site to host your event, you will be contacted by the Department. Approval will be contingent on **attending a "Special Events" meeting at least 30 days prior to your event**. If necessary, you may need to present your event to the Board. Please do not send out event notices, publicity flyers, etc. prior to receiving approval. All fees and documents must be paid/received before your permit will be issued and your event will be approved. Incomplete information will delay your application and you may not be able to proceed with your event.

**Please include all required attachments.** Return this application and the additional forms to the Ericksen Center – 1401 11<sup>th</sup> Ave N. Clinton, Iowa 52732 **at least 60 days prior** to your event. You may scan and/or email forms to [cathymarx@cityofclintoniowa.us](mailto:cathymarx@cityofclintoniowa.us). If there are questions, you can email Cathy or call the Ericksen Center at 563-243-1260. Payments are taken at the Ericksen Center.

Fees:

- ☐ \$30 Application Fee
- ☐ \$\_\_\_\_\_ Rental Fee for Facility
- ☐ \$\_\_\_\_\_ Additional Fee for Electricity
- ☐ \$\_\_\_\_\_ Additional Fee for Dunk tank
- ☐ \$\_\_\_\_\_ Additional Fee for Movie Screen
- ☐ \$\_\_\_\_\_ Additional Fee for non-compliant barricades (can only be used during daylight hours)
- ☐ \$\_\_\_\_\_ Additional Fee for Staffing
- ☐ \$\_\_\_\_\_ Other
- ☐ \$\_\_\_\_\_ Other



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Document Check off Sheet		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Fees (Special Events fee if applicable plus rental fees of other amenities used, vending fees and Damage Deposit Fee if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Event Site Plan – Hand drawn maps will not be considered. Print a Google Map. Include on map- Streets closed or blocked, location of portable toilets, restrooms, parking, temporary structures such as stages, sound boards, displays, concessions, tents, booths, tables, bounce houses, scaffolding, etc, location of fencing, barriers and/or barricades, medical services, command post, trash containers/dumpster, vendors, sources of electricity, open fires, barbeque grills and vendors cooking.
<input type="checkbox"/>	<input type="checkbox"/>	List of Vendors
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, Application for Street and Alley Closing for events over 250 people or if requesting road closures
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, contract with CFD
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, contract with CPD
<input type="checkbox"/>	<input type="checkbox"/>	Event Information, Sample Fliers, Ads, Registration Forms, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Insurance (COI) Must name the <b>City of Clinton as an additional insured</b> . City of Clinton 611 S. 3 <sup>rd</sup> St, Clinton, IA 52732 Minimum requirement is \$2,000,000 of General Liability occurrence or \$1,000,000 Umbrella coverage
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, Neighborhood Canvas Sign Off
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, additional fees and deposits
<input type="checkbox"/>	<input type="checkbox"/>	If using Fireworks, need approval from BNS
<input type="checkbox"/>	<input type="checkbox"/>	Event Route - turn by turn (parade, run/walks, etc)

The following activities are examples of violations of this contract: gambling, profanity, dangerous activities, unauthorized vending, excessive guests, excessive noise, or other activities which cause a disturbance to other nearby park activities. Sleeping (overnight camping) in parks or any other park premises is prohibited unless authorized.

By signing and submitting this application the permit applicant agrees to abide by the rules and regulations set forth for use of City facilities and that:

- A. I agree to be responsible for all damages or loss of property and reimbursement of same.
- B. I agree to leave all areas in a clean and orderly manner understanding a charge will be made if left substandard.
- C. I agree to hold harmless the City of Clinton and its designee for any and all claims resulting from said facility, location and equipment use.
- D. I understand City representatives have the right to stop, cancel or modify this usage, if the conditions of the property are threatened and/or personal safety is threatened and/or there is a violation of Department policy, City ordinance or State/Federal law. Further, I have reviewed, inquired about and/or understand the any attachments that have been included in this Packet

.Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's Printed Name \_\_\_\_\_