

SPECIAL EVENT PERMIT

APPLICANT INFORMATION

NAME OF APPLICANT/ORGANIZATION: _____

PERSON IN CHARGE: _____

BUS. PHONE: _____ HOME PHONE: _____

OTHER AUTHORIZED INDIVIDUALS: _____

MAILING ADDRESS: _____

EMERGENCY CONTACT: _____

BUS. PHONE: _____ HOME PHONE: _____

MAILING ADDRESS: _____

TYPE OF ACTIVITIY PLANNED (describe event): _____

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas? (Please circle) YES NO

DATE(S) OF PROPOSED EVENT: _____

HOURS OF OPERATION: _____

SET-UP DATE/TIME: _____

DISMANTLING DATE/TIME: _____

NUMBER OF STAFF/VOLUNTEERS: _____

ESTIMATED NUMBER OF PARTICIPANTS:

WILL PARTICIPANTS PAY A FEE OR MAKE A DONATION? YES/NO
LOCATION TO BE USED (describe area to be used, attach map/route plan):

INSURANCE – The City does not maintain insurance that will respond to claims against the applicant arising out of the use of public facilities by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance in accordance with city policy, name the City as an additional insured on the policy, and be responsible for obtaining said insurance. After reviewing this application, the City will determine whether you must obtain liability insurance.

AGREEMENT – Depending on the type of event planned, you may be required to defend, indemnify and hold harmless The City, its agents, employees and officials, while acting within the scope of their duties, from all causes of action, demands and claims, including the cost of their defense, arising in favor of the organization, the organization’s employees or third parties on account of personal injuries, bodily injuries, death, or damage to property arising out of the acts or omissions of the organization, its employees or representatives, concessionaires of the event or any other person or entity, except for liability caused due to the sole negligence of the city. After reviewing this application, the City will determine whether you must indemnify the City and its agents.

ATTACH COPIES OF BROCHURES, POSTERS, FLYERS, OR MAILINGS
ADVERTISING THIS EVENT

DATE:

SIGNATURE OF APPLICANT:

ORGANIZATION/TITLE: _____

(FOR OFFICIAL USE ONLY)

APPROVED BY: _____ City Manager or designee
_____ Planning Dept. _____ Public Works Dept.
_____ Fire Dept.
_____ Police Dept.

PERMIT DENIED FOR THE FOLLOWING
REASONS: _____

APPROVED UNDER THE FOLLOWING
CONDITIONS: _____

FEE INITIAL DATE

Application Fee \$ _____

Damage Deposit \$ _____

Additional Costs \$ _____

For: _____

TOTAL PAID \$ _____

PROOF OF INSURANCE? Attach Declaration page noting the City of Ridgefield as an
additional insured.

BOND REQUIRED? YES/NO Amount \$ _____