



CITY OF SALEM EVENT APPLICATION FORM

Application Date:				
APPLICATION INFORMATION				
Applicant Name:			Phone #:	
Applicant E-mail:				
Business / Organization Name:				
Business / Organization Address:				
On-Site Coordinator Name:			Cell #:	
EVENT INFORMATION				
Name of Event:				
<input type="checkbox"/> Fair/Festival <input type="checkbox"/> Car Show <input type="checkbox"/> Parade <input type="checkbox"/> Walk/Run/Cycle Event Type of Event <input type="checkbox"/> Sporting Event <input type="checkbox"/> Rally <input type="checkbox"/> Concert <input type="checkbox"/> Charitable Benefit Check all <input type="checkbox"/> Ceremony <input type="checkbox"/> Block Party <input type="checkbox"/> First Amendment that Apply: <input type="checkbox"/> Other: Gathering/Protest				
Location / Address of the Event:				
Dates and Times of Event				
	Day of the Week	Date	Start Time	End Time
First Set-up Date:				
Event Day 1:				
Event Day 2:				
Event Day 3:				
Last Tear Down Date:				
Rain Dates and Times (If Any)				
	Day of the Week	Date	Start Time	End Time
First Set-up Date:				
Event Day 1:				
Event Day 2:				
Event Day 3:				
Last Tear Down Date:				
Estimated Attendance:		Will alcohol be served at the event?		
Walk/Run/Cycle Event Distance:		Will food be served at the event?		
Event Status: Non-profit / For-profit		Tax- exempt ID #:		
What charity will benefit from the event?				
Will there be a cost for participation?			If yes, what is the cost?	
Is the event covered by a liability insurance policy:			(Provide a copy with the application)	
Number of volunteers/workers that will be utilized for the event:				

EVENT INFORMATION - CONTINUED

Miscellaneous Components

- | | | |
|---|--|--|
| <input type="checkbox"/> Fencing/Barriers | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Health Inspection |
| <input type="checkbox"/> Banners or Signage | <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Sound System |
| <input type="checkbox"/> Other | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Advertising/Bounce with Marketing Inflatables |

CITY PARK USAGE

Use of park and any of its facilities will require Park Board approval and will be based on availability.

Will the event take place in Waterworth Memorial Park or Centennial Park?

Will participants be required to pay to access any parts of the public park?

Park amenities you plan on using: circle

- | | | |
|----------------|------------------|--------|
| Pavilion | Basketball Court | Other: |
| Pool | Walking Trail | |
| Baseball Field | Dog Park | |
| Tennis Court | Playground | |

Will you be selling any food or other merchandise? Yes / No

STREET CLOSURES

Street closures must be approved by the Director of Public Service and Safety.

Will your event take place on any city street? Yes / No

Will barricades or cones be needed?

How many?

Street closings, please list below.

For walk/race events, please provide a course map with a turn-by-turn description on the back of this application.

FIRST AID SERVICES

Approval is required by the Fire Chief.

Will you be requesting Salem Fire Department EMT for your event? Yes / No

If no, please describe the first-aid plan for your event:

POLICE / SECURITY SERVICE
Approval is required by the Police Chief.

Will you be requesting Salem Police Department for your event?

Will you be hiring a private security company for your event?

if yes, name of company:

Phone:

Will you be hiring overnight security for your event?

If yes, name of company:

Phone:

PORTABLE RESTROOMS

Event coordinator is responsible for coordinating restroom facilities to accommodate your event.

Will you have portable restrooms at you event?

If yes, name of provider:

Phone:

Number of single units:

Number of multi-units:

Number of handicap units:

Delivery date and time:

Removal date and time:

TEMPORARY STAGES

Will the event have temporary stages?

Stage Size	Stage Height	How Will Stage Be Constructed	Will Stage Be Covered	How Will Cover Be Anchored

FOOD VENDING OPERATIONS

Will your event have on-site cooking? Yes / No

If yes, how will the food be prepared (grill, charcoal, deep fryer, etc.)

Will your event have food vendors or food trucks?

REFUSE MANAGEMENT

Event coordinator is responsible for collection of all trash, grease, ash, and gray water generated by your event.

What trash receptacles will be utilized?

How will the trash receptacles be emptied?

How will the trash be disposed of?

Number of dumpsters ordered?

Size of dumpsters?

Delivery date and time:

Removal date and time:

List the name and phone number of all companies provided waste collection and removal services:

ELECTRIC SERVICE

Use of Electric Service must be approved by the Director of Public Service and Safety.

Will you be requesting electricity from the City of Salem Electric Department?

Do you need basic electric hook up?

Will generators be used for power?

Do you need power in excess of standard outlets?

What voltage/ampage?

WATER SERVICE

Use of Water Service must be approved by the Utilities Superintendent.

The City of Salem Water Department can provide temporary water service for your event, if needed.

Please list any needs for water below (if applicable):

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, vendors, persons w/disabilities, shuttle services, and drop-off/pick-up locations:

APPLICATION PROCESS

You must submit all of the following items with this application, if applicable (* items are required).

*Certificate of Insurance	*Event Site Map	List of Street Closures
*Tax-Exempt Certificate	*First-Aid Plan	Walk/Race Event Course Map

ACKNOWLEDGEMENT/SIGNATURE

I, the event coordinator understand that am responsible for providing information to meet the conditions and requirements necessary for completion of the application process and that my providing such information does not guarantee the approval of my proposed event by the City of Salem. As the event coordinator, I agree to release, indemnify and defend the City of Salem, and its affiliates, officers, directors, employees, agents, contractors, attorneys, representatives, agents and assigns and hold them harmless from any claims, demands, actions and causes of action, liabilities, damages, costs, expenses (including, but not limited to, reasonable attorneys' fees) of any kind whatsoever, arising out of the event of which I am serving as the event coordinator. As event coordinator, I further agree to comply with all city policies, rules, regulations, and guidelines required, including: submitting proof of proper insurance, a detailed map, and details of any contract services required to assure the safety and success of the event proposed. I understand that all information listed on my application, permit, attachments and supporting documents are subject to public disclosure by the City of Salem, and further agree and understand that it is my responsibility to oversee all contractors, vendors, volunteers or parties affiliated with the event and to ensure compliance will all policies, rules, regulations, and guidelines of the City of Salem, and as may be required by applicable state and federal law. The risk of promoting an event before approval is granted is my sole responsibility as the applicant. If for any reason the proposed location of the site becomes impracticable, then the City of Salem, in its sole discretion, may approve the use of another site for the proposed event. The user expressly waives any and all claims for damage or loss of profit and other compensation should the event be denied. By signing this application, acknowledge that I have read the application and understand the conditions upon which it will be considered for approval.

Event Coordinator's Signature:

Date:

Event Application Department Approval

Director of Public Service and Safety: _____

Comments:

Police Chief: _____

Comments:

Fire Chief: _____

Comments:

Utilities Superintendent: _____

Comments:

Parks Director: _____

Comments:

Health Commissioner: _____

Comments:

Please use this page for walk/race events and provide a course map with a turn-by-turn description.