

# **SPECIAL EVENT APPLICATION**

## **Make sure you have:**

- fully completed the application.**
- provided a copy of your Madison privilege license, if applicable.**
- included the non-refundable \$50 application fee.**
- attached a copy of your Certificate of Insurance.**
- obtained all necessary permits.**
- provided all necessary attachments (maps, descriptions, etc.).**
- turned in the application and all necessary attachments to the City Clerk-Treasurer within 60 (Sixty) Days of the event.**

**Please remit the application and \$50.00 fee to:**

**City of Madison  
City Clerk-Treasurer  
100 Hughes Road  
Madison, Alabama 35758**

**If you have any questions, please call the Police Department at:  
(256) 772-5569**

# SUMMARY OF PROPOSED EVENT

**Event Title/Purpose:**

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**Type(s) of Activities:**

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Athletic/Recreation    | <input type="checkbox"/> Concert     | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Festival               | <input type="checkbox"/> Car Show    | <input type="checkbox"/> Art Show |
| <input type="checkbox"/> Theatrical Performance | <input type="checkbox"/> Educational |                                   |
| <input type="checkbox"/> Other _____            |                                      |                                   |

**Description of Activities:**

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**Requested Dates & Times of Event-Related Activities:**

<b>Set-Up:</b>	<b>Date</b> _____	<b>Time</b> _____
<b>Event Starts:</b>	<b>Date</b> _____	<b>Time</b> _____
<b>Event Ends:</b>	<b>Date</b> _____	<b>Time</b> _____
<b>Clean-Up:</b>	<b>Date</b> _____	<b>Time</b> _____

**Anticipated Total Number of Participants<sup>\*</sup>:** \_\_\_\_\_ **Per Day:** \_\_\_\_\_

**Name, Description and/or Physical Address of Requested Location(s):**

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\* "Participant" is defined as any person taking part in or attending the event in any capacity, including, but not limited to, sponsors, organizers, promoters, invited attendees, paying attendees, vendors, volunteers, and the targeted population group.

# APPLICANT INFORMATION

Full Legal Name of Individual Submitting Application:

FIRST

MIDDLE

LAST

SUFFIX

In what capacity are you applying?

As an individual

ADDRESS

CITY/STATE/ZIP

PRIMARY PHONE #

SECONDARY PHONE #

PRIMARY E-MAIL ADDRESS

SECONDARY E-MAIL ADDRESS

On behalf of \_\_\_\_\_, an incorporated organization

Address of Organization:

MAILING ADDRESS

CITY/STATE/ZIP

On behalf of an unincorporated organization

Name of Organization:

Address of Organization:

MAILING ADDRESS

CITY/STATE/ZIP

Additional Contacts/Representatives:

1. NAME PRIMARY PHONE # PRIMARY E-MAIL ADDRESS

2. NAME PRIMARY PHONE # PRIMARY E-MAIL ADDRESS

3. NAME PRIMARY PHONE # PRIMARY E-MAIL ADDRESS

# INSURANCE REQUIREMENTS

The applicant shall provide proof of commercial general liability insurance with the following minimum coverage limits:

- (1) Products/ Completed Operations Aggregate: \$1,000,000
- (2) Personal and Advertising Injury: \$1,000,000
- (3) Each Occurrence: \$1,000,000

In the event alcohol is to be served at the event, the applicant shall also provide proof of Liquor Liability Insurance in the amount of \$100,000 or the then-current coverage limit required by the Alabama Beverage Control Board.

Name of Insurance Agency \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_

Policy Type \_\_\_\_\_

Policy Amount \_\_\_\_\_

Policy Number \_\_\_\_\_

Each issued policy must insure the named applicant and name the City as an additional insured and shall be issued by a private insurance carrier properly certified and licensed to do business in the State of Alabama or by the Tenant User Liability Insurance Program (TULIP) approved by the City Attorney.

The City of Madison shall be listed as follows:

City of Madison, Alabama, a Municipal Corporation  
100 Hughes Road  
Madison, Alabama 35758

# EVENT PLAN

Have you hired/Are you going to hire a licensed professional security company to develop and manage your event's security plan?

Yes  No  If yes, please list the name and contact information for the Security Company:

\_\_\_\_\_

Will there be a clear path of travel throughout your event for emergency vehicles and personnel?

Yes  No  If yes, please describe:

\_\_\_\_\_

Estimated number of vehicles participating in this event (not including parking) \_\_\_\_\_

Estimated number of parking spaces required \_\_\_\_\_

Will your event involve the use of a parking and/or shuttle plan?

Yes  No  If yes, please attach a copy of your plan

Are animals part of this event?

Yes  No  If yes, how many and what kind?

\_\_\_\_\_

What provisions have been made for the clean-up and removal of animal waste, food, etc.?

\_\_\_\_\_

Will portable toilets be used at this event?

Yes  No

Will any food or drink be sold?

Yes  No

Will alcohol be served? If so, please make sure you have met the requirements of the City of Madison Municipal Code § 4-37.

Yes  No  If yes, please attach your plan for the safe distribution and sale of alcohol at the event

Will an admission fee be charged to attend the event?

Yes  No  If yes, what is the amount? \_\_\_\_\_

Will sound checks be conducted prior to the event?

Yes  No  If yes, please provide dates and times \_\_\_\_\_

## EVENT PLAN, continued

Will an additional electrical connection or hook-up be required for the event?

Yes  No  *A separate electrical permit may be required, please check with the City of Madison Building Department at (256) 772-5644.*

Does the event include the use of fireworks, rockets, lasers or other pyrotechnics?

Yes  No  If yes, please describe:

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Will your event include the use of signs or banners for the advertisement of the event?

Yes  No  *A separate banner permit will be required and can be obtained through the City of Madison Planning and Community Development located on the lower level of the City Hall building.*

If yes, please describe the type and number of signs to be used:

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### ALCOHOL

If the event will involve the sale and/or consumption of alcoholic beverages, please check all that apply:

- Free/Host-Provided Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled Spirits

### FOOD CONCESSIONS AND PREPARATION

Please describe how food will be prepared and/or served at the event:

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# LIABILITY WAIVER

## Liability Waiver for the City of Madison:

By submitting the application for this special event permit, the Applicant agrees to release and discharge the City of Madison, its officers, agents and employees from any and all actions, sums of money, claims, suits, judgments, responsibility or potential liability whatsoever which has or may in the future arise out of or be associated with any activity conducted pursuant to or otherwise related to said permit. Applicant further agrees to indemnify and forever hold harmless the City of Madison, its officers, agents and employees from any and all claims, suits, judgments, responsibility or potential liability which has or may in the future arise out of any activity conducted pursuant to or otherwise related to said permit. Provided, however; this provision shall not apply to claims, etc., arising solely out of Permittee's assertion of constitutionally protected First Amendment rights.

THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

### FOR OFFICE USE ONLY

#### Department Recommendations & Approvals, for applicable departments only

- Public Works  \_\_\_\_\_
- Fire Chief  \_\_\_\_\_
- Recreation Department  \_\_\_\_\_
- Revenue Department  \_\_\_\_\_
- Legal  \_\_\_\_\_
- City Clerk  \_\_\_\_\_
- Police Department  \_\_\_\_\_
- Building Department  \_\_\_\_\_
- Planning  \_\_\_\_\_
- Mayor  \_\_\_\_\_

\_\_\_\_\_ **APPROVED:** The Special Event Permit Application is hereby issued for the event to be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, at the location and in the manner described herein.

\_\_\_\_\_ **DENIED:** The Special Event Application is hereby denied. Reasons justifying said denial are attached. Any person denied a permit may appeal to the Mayor within seven (7) days which may reverse, affirm or modify this denial.