CITY OF GLENWOOD SPECIAL EVENTS APPLICATION

Please complete all sections of this application. An incomplete application will be returned to applicant. Once all required documentation and signatures are received, only then will it be considered by the City Council for final approval. It is highly recommended that Application be completed and submitted 30 days prior to the date of the event to ensure proper review and approval. An application submitted less than 30 days prior to an event may not be processed in time to be approved by the City Council. It is recommended that a representative be present at the Council Meeting when the application is considered.

PLEASE RETURN TO: Amber Farnan, City Clerk, 5 N. Vine St, Glenwood, Iowa

1.	APPLICANT INFORMATION				
	Applicant:				
	Event:				
	Coordinator:				
	Mailing Address:				
	Daytime Phone #: Evening Phone #:				
	Email Address:				
2.	EVENT INFORMATION Type of Event with general description:				
	Open to Public Private Event				
	Days/Dates of Event:				
	Time(s) of Event: (Include Set Up/Tear Down Time)				
	Event Location:				
Will ev	vent require an alcohol license or require modification of an existing license?YesNo				
For ev	ents with temporary outdoor service/beer garden City Outdoor Service Application must be completed per				
City Co	ode Chapter 120.06.				

REQUESTED INFORMATION (Check All Applicable Lines)

notified (For events it is recommended that adjoining property owners sign a form (provided by applicant) showing the been notified of the event by the applicant.):		Temporarily close streets:
If closing street, applicant must notify affected owners/residents - describe how residents were/w notified (for events it is recommended that adjoining property owners sign a form (provided by applicant) showing the been notified of the event by the applicant.):		Area to be closed:
notified (For events it is recommended that adjoining property owners sign a form (provided by applicant) showing the been notified of the event by the applicant.):		Date & Time of closure:
Parade (attach map of route and indicate streets to be closed) Walk/Run (attach map of route and indicate streets to be closed) Tent(s) to be used – over 400 sq ft or canopies over 1,000 sq ft Other (please specify): Street barricades Fencing Emergency "No Parking" Signs Other (please specify): SOUND SYSTEM S Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		If closing street, applicant must notify affected owners/residents - describe how residents were/will notified (For events it is recommended that adjoining property owners sign a form (provided by applicant) showing they been notified of the event by the applicant.):
Walk/Run (attach map of route and indicate streets to be closed) Tent(s) to be used – over 400 sq ft or canopies over 1,000 sq ft Other (please specify): ITEM S REQUESTED FROM THE CITY OF GLENWOOD Street barricades Fencing Emergency "No Parking" Signs Other (please specify): SOUND SYSTEM S Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		Use of City Park (specify park and attach map of setup):
Tent(s) to be used – over 400 sq ft or canopies over 1,000 sq ft Other (please specify): ITEM S REQUESTED FROM THE CITY OF GLENWOOD Street barricades Fencing Emergency "No Parking" Signs Other (please specify): SOUND SYSTEM S Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		
Other (please specify): Other (please specify):Street barricades Fencing Emergency "No Parking" SignsOther (please specify):SOUND SYSTEM S Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		
TEM S REQUESTED FROM THE CITY OF GLENWOOD Street barricades Fencing Emergency "No Parking" Signs Other (please specify): OUND SYSTEM S lease indicate if the following will be used: Amplified Sound/Speaker System Live Music		
Fencing Emergency "No Parking" Signs Other (please specify): OUND SYSTEM S lease indicate if the following will be used: Amplified Sound/Speaker System Live Music	I	TEM S REQUESTED FROM THE CITY OF GLENWOOD
Emergency "No Parking" Signs Other (please specify): **OUND SYSTEM S** Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		Street barricades
Emergency "No Parking" Signs Other (please specify): SOUND SYSTEM S Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		Fencing
Other (please specify):OUND SYSTEM S Please indicate if the following will be used: Amplified Sound/Speaker System Live Music		
lease indicate if the following will be used: Amplified Sound/Speaker System Live Music		Other (please specify):
Live Music		
		Amplified Sound/Speaker System
Recorded Music		Live Music
		Recorded Music
	•	<u>Encing</u>

	removal from the site. Will additional restrooms be brought to the site?	Yes	No	If yes, how many?
	Please name the individual, organization, or contract	tor respor	sible for cl	ean-up and trash removal:
	Contact Person:	A	ddress:	
	Daytime Phone:	Ev	ening Pho	ne:
	(Event applicant will be invoiced for any additional of	cost incur	red by the	City for clean-up or trash removal
	after an event)			
7.	SECURITY			
8.	INSURANCE. Applicant shall obtain and maintain	_	•	
	Glenwood as additional insured using form IL7305 so conducting an event on public property . For even			
	coverage in the general liability insurance policy sha	all be \$2,0	00,000 ger	neral aggregate, \$1,000,000 persona
	injury and \$1,000,000 each occurrence. For all other coverage for the general liability insurance policy wi		•	• •
	the Glenwood City Council until the proper insura	ance certi	ficate is s	ubmitted and approved by the City
	Administrator. Residential block parties are exempt f	rom insura	ance requi	rements.
	Certificate of Insurance provided and accep		_	

SANITATION/TRASH

6.

9. **AGREEMENT**

In consideration of the City of Glenwood, Iowa, granting permission for the activity described above, the undersigned indemnifies and holds harmless the City of Glenwood, Iowa, its employees, representatives and agents against all claims, liabilities, losses or damage for personal injury and/or property damage or any other damage whatsoever on account of the activity described above and/or deviation from normal City regulations in the area. The undersigned further agrees to indemnify and hold harmless the City of Glenwood, Iowa, its employees, representatives and agents against any loss, injury, death or damage to person or property and against all claims, demands, fines, suits, actions, proceedings, orders, decrees and judgments of any kind or nature and from and against any and all costs and expenses including reasonable attorney fees which at any time may be suffered or sustained by the undersigned or by any person who may, at any time, be using or occupying or visiting the premises of the undersigned or the above-referenced public property or be in, on or about the same, when such loss, injury, death or damage shall be caused by or in any way result from or rising out of any act, omission or negligence of any of the undersigned or any occupant, visitor, or user of any portion of the premises or shall result from or be caused by any other matters or things whether the same kind, as, or of a different kind that the matters or things above set forth. The undersigned hereby waives all claims against the city for damages to the building or improvements that are now adjacent to said public property or hereafter built or placed on the premises adjacent to said property or in, on or about the premises and for injuries to persons or property in or about the premises, from any cause arising at any time during the activity described above. The undersigned further agrees to comply with all the rules, regulations, terms and conditions established by the City of Glenwood, Iowa.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS DOCUMENT, INCLUDING THE FACT IT IS RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREES TO THE TERMS AND CONDITIONS AS SET FORTH HEREIN.

Applicant/Sponsor Signature	Date

DEPARTMENT APPROVALS

The request has been reviewed by the undersigned and recommended for approval from Council with the condition as noted:

POLICE	DEPARTMENT Signature:		Date:	
	Recommended Conditions:			
EIRE DE	PARTMENT			
TINE DE	Signature:		Date:	
	Recommended Conditions:			
PUBLIC	WORKS DEPARTMENT			
	Recommended Conditions:		Date:	
PARKS	DEPARTMENT Signature:		Date:	
	Recommended Conditions:			
OTHER				
OTTIEN	Signature:		Date:	
	Recommended Conditions:			
Dispato	ch notified		Date:	
	(CITY COUNCIL APPE	ROVAL	
			Approved: De	nied:
Mayor CONDI	TIONS IMPOSED:	Date		