

20 East Main Street Ashland OR 97520 Office: (541) 488-5587 ~ FAX (541) 488-6006 Web: www.ashland.or.us OFFICE USE ONLY: New event: C Return event: C Route change: D Date Received On time: Late: Previous Fees Paid: C

# **Street and Sidewalk Use (Special Event) Permit Application**

(Submit at least 90 days prior to first advertising date) Fill out completely and type or print legibly. Failure to do so could result in permit denial.

APPLICANT AND SPONSORING ORGANIZATION INFORMATION (PERSON / GROUP RESPONSIBLE)							
Sponsoring Organi	ization N	ame:					
Organization type: Sor-profit Nonprofit Tax Exempt Number:							
Organization Stree	et Addres	s:		City, State, ZIP Code:	:		
Organization Phone	ne:			Organization FAX:			
Primary Contact fro	om Spon	soring Organization:	:				
Contact Phone: (of	ffice)		(cell)	Email:			
Name of contact pe	erson "or	n site" day of the eve	ent:	(cell ·	– required)		
Event coordinated	through	an event promotion	company? 🗌 Y	es 🗌 No Name of Compar	ηγ:		
Contact Name:		Pho	one:	Email:			
EVENT INFORM	ATION						
Event Type (check	call that a	apply): 🔲 Run - Dis	tance	Walk 🔲 Bike Race 🗌 Pa	arade 🗌 F	Fair □ Part	ty 🔲 Filming
Demonstration ("First Amendment" Event)							
Street location: Sidewalk Only Street Only Street and Sidewalk Street, Sidewalk and Park							
City Location(s) (ch	heck all t	hat apply): Dowr		a Park  ☐ Plaza  ☐ N I Ashland St  ☐ Outer Par	Main St 'k □ Oth	er:	
Event Name							
Requested Event D	Date(s)			Alternative Event Date(s)			
Event Hours	Event Hours Start: End:						
Set-up Loc	cation:	Date: Time:					
Break-down Loc	cation:		Date: Time:				
Are participants (including floats, vehicles and bands) charged an entry fee?							
Is this an annual ev	vent?	🗌 Yes 🗌 No	If annual, has the	e route changed from the pre	evious year	r?	🗌 Yes 🔲 No
Medical Aid: 911 Response On Standby - Name and phone number of medical aid: (911 Emergency response and transport services are provided by Jackson Co Ambulance Services Area)							
Attendance:		Participants:		Spectators:		Total:	
Basis on which attendance estimate is made:							
Previous year's total attendance – if applicable:							
OVERALL EVEN	NT DES	CRIPTION					
		vent details (attach a	dditional sheets if	needed):			

STREET CLOSURE INFOR	MATION						
(REQUIRED: A legible and detailed map that includes the start point, end point, direction of travel, and street names)							
Names of streets to be closed (	attach further o	closures on a separate she	et if needed)				
		Between		And			
		Between		And			
		Between		And			
		Between		And			
		Between		And			
Route description (i.e., held on	sidewalk and/c	or street, changes to route,	where and how you w	vish to travel)			
The City prefers to reopen stree closure? Why?	ets as soon as	tail end of event is in the P	laza area (if applicabl	e). Are you requesting a complete street			
Time of Street Closure	Start:		End:				
Participant type and number of	entries of each	n type (check all that apply)	: D Participants/Spe	ectators Animals			
Participant type and number of entries of each type (check all that apply):  Participants/Spectators  Animals Vehicles  Floats  Bands  Bikes							
If you have vehicles, animals, fl Parking restrictions requested:							
Will your proposed route use N. Main, E. Main (Plaza – 3 <sup>rd</sup> ), Lithia Way, (3 <sup>rd</sup> to N. Main), Siskiyou Blvd (Walker to I-5), Ashland St (RR Overpass to I-5)? Yes No (If yes, this is ODOT's jurisdiction. For ODOT permits contact Cathaleen Harshman with ODOT at 541- 774-6360 or <u>cathy.harshman@odot.state.or.us</u> . (To avoid revocation of permit, copy of permit MUST be received by staff two weeks before event.)							
Will your proposed route affect	the bus route?	☐ Yes ☐ No (If Yes, c	ontact RVTD at 541-7	779-2877)			
	te if ODOT and	the Public Works Departm	nent determine the pro	pposed route will require significant city			
EVENT DETAILS							
Does your event involve the sale of alcoholic beverages? Yes No (Oregon Liquor Control: 541-776-6191) <u>http://www.oregon.gov/OLCC/license_information.shtml#How_to_Get_a_Liquor_License</u> . If yes, will this activity occur on (or spill into) city streets? Yes No If yes, please describe:							
Will items or services be sold at <u>http://www.co.jackson.or.us/pac</u> Please describe:				ackson County Health Dept: 541-774-8200 ) city streets? ☐ Yes ☐ No	3 or		
Will cooking facilities be used?	Yes No	o (If yes, contact Ashland F	ire Marshal at 541-55	2-2229)			
Will you have booths?  Yes	□ No Hov	v many:					
Will the event have amplified so			arate "Noise Permit Ap	oplication")			
Is this a fundraising event? If ye	es, please desc	cribe:					

Do you have a recycling plan for yo	our event?  Yes No Please of the second seco	lescribe your recycling and	clean-up	plans for this event:
SAFETY/SECURITY/VOLUNT				
Please describe your procedures fo	or crowd control and internal securit	y:		
If fences/barriers will be used, inclu	ide site plan.			
Are you expecting City Police service	ces at intersections and/or for	Conformation of Police ser	rvices and	associated fees are determined
crowd control? Yes No Do you plan on utilizing volunteers/		by the Ashland Police Dep	artment's	
If yes in what capacity?		i most cases they are requi	reu)	
Name and phone number of volunt	eer coordinator:			
PUBLIC NOTIFICATION AND	PROMOTIONAL INFORMATIC	DN		
PLEASE NOTE: YOU ARE ADVIS PERMIT. Please describe the mark				
strategies for notifying affected neig			<b>,</b> - , - , - ,	,
I have read and agree to the n	otification requirements at the er	nd of this application and	understa	nd that failure to notify the
public will result in the revocatio	n of my event permit.			-
INSURANCE INFORMATION				
HOLD HARMLESS AGREEME PUBLIC STREETS FOR THE A				
EVENT HEREBY AGREES TO				
AND AGAINST ALL DAMAGE RESULT FROM THIS ACTIVI				
INSURANCE" MAY BE REQU	IRED.)			
Signature of Sponsor or Authorized Representative			Date	
LIABILITY AGREEMENT: SPO				
EXTRA LARGE USES, AND PO AND THE CITY'S OFFICERS, A				
(INCLUDING ALL ATTORNEY	FEES AND COSTS) BROUGH	T AGAINST ANY OF TH		
ACTIVITIES AUTHORIZED BY	A STREET AND SIDEWALK U	ISE PERMIT.		
The sponsor shall maintain pub				
officers, agents and employees injury, including death, arising f				
than \$2,000,000 for personal in involving property damage; or a	jury to each person, \$2,000,000	) for each occurrence, ar	nd \$2,00	0,000 for each occurrence
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	harmless agreement and liability nce if the City Attorney determine			
Signature of Sponsor or			Date	
Signature of Sponsor or Authorized Representative			Date	

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### **PERMIT CONDITIONS**

### If your permit is approved and issued the following conditions may apply:

1. **Fees** – Fees for events are to be paid at least 30 days prior to the event. Failure to pay fees may result in the revocation of the permit. See attached sheet for permit fees.

2. **Notifications** – Organizer will notify affected neighborhoods and businesses and copies of notifications will be sent to Public Works Department at 20 E. Main Street, Ashland, OR, or by fax at 541-488-6006 at least 14 days prior to the event and will include a list of those notified.

Signage – Parking signage is coordinated through the Police Department and traffic control signage by the Street Department. No signs may be posted on utility posts or regulatory sign posts. Event signs such as sandwich boards, pedestal signs, ground signs, etc are not allowed. Some signs are allowed for charitable events - call Planning Department at 541-488-5305 for more information regarding signs.
 Volunteers – Organizer will adequately supply volunteers to staff positions along the route. Volunteers will be instructed to assist in staging a safe and orderly event. Volunteers must be easily identifiable through some form of badge, arm band, bib, shirt or cap. Volunteers will remain on post until advised by Ashland Police Department that they are no longer required. Proof of adequate number of monitors shall be provided upon request of the Permit Coordinator at least 5 days prior to the event.

Insurance – Sponsors of events shall provide coverage for not less than \$2,000,000 for personal injury to each person. \$2,000,000 for each occurrence and \$2,000,000 for each occurrence involving property damages; or a single limit policy of not less that \$2,000,000 covering all claims per occurrence. A copy of the insurance certificate must be received by the Permit Coordinator prior to the event.
 Pace – Organizer will ensure that all participants are aware they must maintain an overall pace of 12 minutes per mile. The Police supervisor may adjust the pace as necessary for the safety of runners. Participants who fall behind will be required to move to the sidewalks upon request by the Ashland Police Department.

7. **Route** – *Routes for events will not be changed unless specific written approval is given by the Permit Coordinator.* The Police Supervisor may approve changes on the day of the event.

8. **State Highways** – Large events utilizing areas around ramps to state highways will be required to apply for and coordinate closures with the State of Oregon Department of Transportation at 541-774-6360.

9. **Other closures** – Permits are issued with a set starting and ending time. These times will not be changed without permission of the Permit Coordinator or Police Supervisor on the day of the event. Resumption of normal traffic in these areas will occur at the end time specified on the event permit. Any participant left on the course will be required to move to the sidewalks.

10. **Other permits** – Organizers are responsible for ensuring all applicable permits are in place prior to the event. These include, but are not limited to: park use, other venues and noise permits. Approval jurisdiction is the city limits of Ashland. Permits outside city limits are the sole responsibility of the applicant.

11. Special conditions – (list if any )

#### □ I have read these conditions and agree to fulfill any requirements therein.

By signing this application, sponsor, or sponsor's authorized representative on behalf of sponsor agrees to all terms and conditions set forth in Ashland Municipal Code and any special conditions listed in the permit.

As the sponsor or authorized representative, I certify that the information provided is true to the best of my knowledge and agree to pay the permit fee for this event as determined by the City Council based upon the information provided in this application.

Name of Sponsor or Authorized<br/>Representative (Printed)DateSignature of Sponsor or<br/>Authorized RepresentativeSpecial Events c/o Public Works Administration<br/>20 East Main St (Physical Address: 51 Winburn Way)<br/>Ashland, Oregon 97201<br/>Office: (541) 488-5587 ~ FAX (541) 488-6006<br/>Email: SpecialEvents@ashland.or.us<br/>Web: www.ashland.or.us<br/>Web: www.ashland.or.usDate

### PUBLICITY AND PUBLIC NOTIFICATION OF SPECIAL EVENTS

Sponsors are advised not to publicize proposed street and sidewalk uses until after receipt of the permit from the Public Works Department to avoid publication of misinformation. Sponsors who disregard this precaution shall not receive special consideration in determining approval for the proposed street and sidewalk uses because of advance preparation or the expenditure of money.

A precondition for receipt of a special event permit is public notification and signage.

Sponsors of large athletic, large parades, extra large uses, uses with a closed course and possibly exceptions shall notify residential complexes, neighborhood groups, businesses and churches which will be affected by the street and sidewalk use (signature form enclosed). **The notification shall be made not less than fourteen (14) days before the street and sidewalk use date.** The notification shall be in writing and shall include the name and telephone number of the appropriate City official to contact in case of questions or concerns. A notification form is at the end of this document. A copy of the actual form of notification shall be sent to the Public Works Department not less than fourteen (14) days before the street and sidewalk use date with a list of those notified.

AD	DITIONAL PERMITS					
IF ANY OF THESE CONDITIONS EXIST YOU	IF ANY OF THESE CONDITIONS EXIST YOU MAY NEED AN ADDITIONAL PERMIT FROM ANOTHER AGENCY.					
PERTINENT QUESTIONS WHO TO CONTACT PHONE						
Will a park be used for the formation or ending area or anywhere along the route? If yes:	City Park: Parks & Recreation	541-488-5340				

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Will a public address system or amplified music be used? If yes:	Public Works Department	541-488-5587
Will food be served at the event? If yes:	Jackson County Health Division	541-774-8206
Will alcoholic beverages be sold? If yes:	Oregon Liquor Control Commission	541-776-6191
Will your procession interfere with a bus route or schedule? If yes	RVTD, Field Operations Coordinator	541-779-2877
Will your event include a block party? If yes:	Public Works Department	541-488-5587
Will your event include a street closure that does not include a procession or athletic activity? If yes:	Public Works Department	541-488-5587
Will your event include a neighborhood street fair or community event with broad participation? If yes:	Public Works Department	541-488-5587
Will your event include tents, canopies, booths, food? Are you an outdoor fair? If yes:	Ashland Fire Department	541-482-2770
Will your event include open fires or cooking equipment of any kind? If yes:	Ashland Fire Department	541-482-2770

# **Notification Certification**

## To be submitted to the Public Works Department by Event Organizer at least 14 days prior to the event.

List name of the business or organization hosting the event: \_\_\_\_\_

Name and phone number of the contact person for the event:

Name of the event:

I certify that the entities listed below have been notified about my upcoming special event.

Signature of Sponsor or	Date	
Authorized Representative	Date	

Name/Business Address Phone Email		Name/Business	Address	Phone	Email
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Please submit this form to: Ashland Public Works Administration, 541-488-5587, <u>specialevents@ashland.or.us</u>.

# Signature Form for Notification of Upcoming Special Event Street Closure (if required by Public Works Department)

List name of the business or organizati	on hosting the ev	vent:			
List the name of the beneficiary (non-p	profit organization	) of the event:			
Approximate number of participants ar	nd spectators:				
Name and phone number of the contact	ct person for the	event:			
Name of the event:					
The above listed are proposing a stree	t closure for a co	mmunity event.			
The closure of	between	street	and	street	for
a community event will be held on	date	_ from		until	•

G:\pub-wrks\eng\0\A Blank Forms\Current Permit Forms\Special Events\Current\current Special Event Application Fillable 071213.doc~ Page 6 of 7 By signing below, we, the abutting residents and/or business representatives affected by the proposed closure, acknowledge notification of the above listed street closure.

Printed Name/Business	Signature	Address	Phone

Please submit this form to: Ashland Public Works Administration, 541-488-5587, <u>specialevents@ashland.or.us</u>.