SPECIAL EVENT PERMIT APPLICATION

PLEASE TAKE TIME TO REVIEW THE APPLICATION AND INSTRUCTIONS BEFORE YOU BEGIN COMPLETING THE APPLICATION.

The Town of Oro Valley is proud to have its residents and visitors host a multitude of community events to improve the quality of life and contribute to the economic vitality of the Town. The following pages include the Town of Oro Valley Special Events Permit Application and accompanying instructions developed to guide you through the permit process.

Any organized activity including the use of, or having impact upon public property, street areas or the temporary use of private property in a manner that varies from its current land use, requires a permit. Completed applications must be received no later than sixty (60) days prior to an event start date and may be submitted as early as (12) months prior to the event start date. For the processing of the application, additional fees will be assessed based on the entire event production requirements.

Please review the application in its entirety.



CONTACT

Community & Economic Development Department

Andrew Fairbanks
Tourism Strategies Coordinator
(520) 229-4846
afairbanks@orovalleyaz.gov

Community & Economic Development 11000 N. La Canada Drive, Oro Valley, AZ 85737

APPLICATION INSTRUCTIONS

PERMIT APPLICATION PROCESS

The Permit Application Process begins when the Event Organizer submits a completed Application and Non-Refundable Permit Fee. During the initial application screening process, you will be allowed time to provide all pending documents (e.g., Liability Insurance, secondary permits, etc.). Upon receipt of your completed Application, a representative from the Town will contact you. Thereafter, this person will serve as your Town Liaison and will be your primary point of contact for the processing of your permit.

A completed application must have all applicable sections of the application complete and must include a detailed site plan / map including a side legend of the event layout. Any application that is submitted without a site plan / map of the event layout will be deemed incomplete and returned to the applicant.

Your Town Liaison will distribute, for review, copies of your Application to all Town Departments affected by your event. You may be contacted individually by these departments only if they have specific questions or concerns about your event. Please be aware that in some cases you may need to contact federal, state, or county agencies in addition to the Town of Oro Valley.

Throughout the Application Process you will be notified if your event requires any additional information, permits, licenses or insurance. Delays in providing the requested items often delay the ability to finish the Application Process and approve an Application in a timely manner and could result in denial of the application.

Note: Keep in mind that acceptance of your Application should in no way be construed as final approval or confirmation of your Permit. Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed.

NON-REFUNDABLE PERMIT FEE

Fees are determined taking into consideration the needs of the Host Organization. The Fee is established by resolution of the Town Council and may not be waived.

Event organization will be required to create an online portal account to submit new applications, making payments, scheduling inspections, etc.

New customers, without existing permits or applications, may proceed to the customer portal and create your new account.

https://twn-orovalley-az.smartgovcommunity.com/Application/CaseApplicationEntry

*A late fee will be applied in addition to the permit fee if the application is submitted less than thirty (30) days from the date of the special event.

Event Fee				
Permit Fee * The fee range depends on the needs of the event. Additional fees may apply.	Late Fee*			
\$50.00 - \$200.00	\$300.00			

CANCELLATION POLICY

Should Event Organizer, for any reason, need to cancel their event they must first notify their Town Liaison. Written notice of cancellation must be received in our office no later than thirty (30) days prior to the event start date. Cancellations must be in written form; verbal cancellations will not be accepted.

Please keep in mind that Permit Fees are non-refundable. It is also possible that fees related to Police Services will still be incurred. Please contact your Town Liaison for more details.

Should, before or upon the date of the event, Public Health Regulations change to prohibit such event or gathering, the Town will notify Event Organizer of the public health closures via email by 3:00 pm on the reserved date.

INSURANCE

Host Organization and/or Event Organizer must provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 combined single limit, \$2,000,000 aggregate, AND \$1,000,000 Auto Liability if the event includes any moving vehicles including golf carts AND an additional insured endorsement naming the Town of Oro Valley, its officers, employees, and agents' as additional insured. \$2,000,000 Liquor Liability if the event is selling alcohol. \$2,000,000 Liquor Host if the event is distributing alcohol at no charge.

All vendors participating in the event and service providers must provide insurance as well as all contracted services for the event i.e., Security services, rentals, traffic management, etc. This document must be submitted no later than thirty (30) days prior to the event start date.

SPECIAL EVENT PERMIT APPLICATION							
SECTION I: Contact Information. Required information. Please complete entire section.							
Host Organization: the org provides the required insura	. •	nancial responsibility for the	event and				
Organization Name:							
Type of Organization:	Corporation	Non-Profit Must provide copy of determination letter	LLC				
Address:							
Phone Number:							
Website Address:							
Event Organizer: Only those authorized as event organizer and secondary event organizer will be able to make changes to the application.							
Name & Title:							
Phone Number:							

Mobile Numbe	er:										
Email:											
					authorized as to the applica		aniz	zer and	seco	ndary ev	vent
Name & Title:											
Phone Numbe	er:										
Mobile Numbe	er:										
Email:											
	ct: Person	who '	will be	on-s	ite and will be	the primary	′ CO	ntact or	n the (day(s) of	the
Name:											
Title:											
Check if same	as above	for E	vent O	raar	nizer or Second	arv Event C	Orac	anizer			
Phone Numbe								_			'
Mobile Numbe	er:										
Email:											
Event Details	ent Intormo	ation.	Requir	edl	nformation. Ple	ease compl	lete	entire se	ection	า.	
Event Name:	T										
Type of Event:	Athletic/	Γourn	ament		Farmers/Outo	door	С	ar/Motoi	rcycle	Show	
Lveill.	Festival/C	Celeb	ration/	,	Parade/Proce	ession/	C	oncert			
Ceremony			,		March	.,					
	Other:										
Detailed Even	t Descriptio	on:									
Event Location				ı			l ,				
Is this an annu	al event?	YES					NC)			
Is this a multi-	day event?	? If so	, how					No. Da	ys:		
many days? Anticipated A	Hondanaa		Total:					 Daily:	1		
_											
Previous Years	Attendan	ce	Total:				_	Daily:			
Event Set-Up 8	Tear Dow	n									

Set-Up Date:	Time:	AM	PM	Day of the	
				Week:	
Event Start	Time:	AM	PM	Day of the	
Date:				Week:	
Event Ends	Time:	AM	PM	Day of the	
Date:				Week:	
Tear Down	Time:	AM	PM	Day of the	
Date:				Week:	
If your event is a multi-do					date. If event is
longer than two (2) days	, please attach additic	onal sheets with	the reque	ested intormation.	
Additional Day One:					
Set-Up Date:	Time:	AM	PM	Day of the	
				Week:	
Event Start	Time:	AM	PM	Day of the	
Date:				Week:	
Event Ends	Time:	AM	PM	Day of the	
Date:				Week:	
Tear Down	Time:	AM	PM	Day of the	
Date:				Week:	
Additional Day Two:	<u> </u>	<u> </u>			
Set-Up Date:	Time:	AM	PM	Day of the	
-				Week:	
Event Start	Time:	AM	PM	Day of the	
Date:				Week:	
Event Ends	Time:	AM	PM	Day of the	
Date:				Week:	
Tear Down	Time:	AM	PM	Day of the	
Date:				Week:	

SECTION III: Site Plan/Map Instructions

A detailed site plan is required as part of the application. While site plans are not required to be professionally drawn, they must be legible and provide sufficient detail to demonstrate what an event will look like when activated. The site plan should clearly show the entire event footprint, including the names of all streets or areas that are part of the venue and the surrounding area. Site plan footprints should be on an aerial view to show the relationship and location of event items with surrounding properties. Colored site plans are preferred but may be accepted in black and white if the footprint is legible and identifiable. If multiple site plans are submitted, one key map showing an overall footprint and corresponding sheet number shall be submitted.

If applicable, the following must be shown on the site plan as part of the activated event footprint:

- Tables, chairs, bars, furniture, seating, activities, and games
- Barriers and/or barricades
- Stages (location and dimensions), speakers, platforms, scaffolding, bleachers, grandstands
- Canopies, tents, portable toilets, booths, beer gardens, trash containers and dumpsters, and other temporary structures
- Food booths and cooking areas, grills, and flammable gases
- Event footprint dimensions and exits
- Generator locations and/or source of electricity
- Placement of display vehicles, food trucks, trailers
- Fencing height and type along with entrance and exit locations
- Passenger loading and unloading areas for valet, transport vehicles, ride providers or shuttles
- Signs, banners, elaborate decorations such as inflatables, balloon arches, etc.,
- Vendor and merchandise areas or booths
- Location of first aid station and emergency services (if applicable).

Course Map/ Route: A detailed route or racecourse is required for distance events such as walks, runs, rides, races, and parades. Indicate the direction of travel and all street or lane closures. All event items being placed along the course, must be included as part of the event request. This includes any temporary toilets, water stations, aid stations, tables, canopies, signs, etc.

Traffic Control Plan: A traffic control plan is required if the event impedes, obstructs, impairs, interferes, or disrupts normal use of Town's streets, facilities, public sidewalks, or right-of-way. The applicant is responsible for hiring a barricade company for any street, alley, lane, or public sidewalk closure. The Town does not provide barricades. For road closures, detour routes including necessary detour signs shall be shown on the plan. Homemade devices, vehicles and/or other objects are not authorized in lieu of barricades. Any street closures and barricade setup/removal shall match the approved barricade plan on file. Oversight of barricade setup is the responsibility of the event applicant. Discrepancies or safety issues may result in the delay or cancellation of the event.

SECTION IV: Parking & Shuttle Service. Required information, please complete entire section.

Parking Encroachment Details. Be advised on the following parking zones that cannot be reserved: no parking zones, disabled parking, and loading zones. These three zones may not be reserved.

- Temporary No Parking Signs must indicate the Date and Time of Restriction.
- Temporary No Parking Signs must be posted by the permittee a maximum of 72 hours and a minimum of 24 hours before the date and time they are to take effect.
- Temporary No Parking Signs SHALL NOT cover or obscure existing signs or parking meter heads.
- Temporary No Parking Signs must be unobstructed and clearly visible by drivers on the street or affected parking patrons. Post the Temporary No Parking Signs:
 - Facing oncoming traffic, directly below the existing signage, and at a 45-degree angle to the street
 - Fastened at both top and bottom
 - Signs must include "Entire Parking Lot" if an entire parking lot will be closed
 - Signs must include "Entire Block" if an entire block will be closed
- All Temporary "No Parking Signs" must be removed by the permittee upon the expiration of the signs or at the end of the event, whichever comes first.

YES	NO							
		Parking Garage?	Location:					
		Street Parking?	Location:					
		Parking Lot?	Location:					
		Impacts ADA/Disab	Impacts ADA/Disabled Parking Stall(s) or Pedestrian Access Ramps?					

Please describe Public Parking arrangements. (Please indicate location(s) on Site Plan/Map) If parking is located on private property, please provide a copy of written authorization.

Shuttle Service Details. Complete if shuttle services are provided for this event. If providing a private shuttle service, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance Certificate and Arizona State License.

Please describe plan:			
Company Name:			
Contact Name:			
Address:			
Phone Number:			
Email:			

Complete this section Section VI.	only if your ev	vent wi	ll incluc	de a street closure, if no	t please p	oroceed to	
Does host organization	n have its own	barric	ades a	nd signage	YES	NO	
equipment?							
Host Organization will	rent barricade	e and s	ignage	e equipment.	YES	NO	
	g a private co	mpany	, please	e provide the following	informati	ion.	
Company Name:							
Contact Name:							
Address:							
Phone Number:							
Email:							
Notice of Temporary S	treet Closure						
	, ,			residents/businesses bo	th on and	d adjacent [.]	to a
proposed street closu	e be notified	of such	n a stree	et closure.			
Please use the "Notice	e of Temporar	y Stree	t Closui	re" form located in the	Appendi	ix as proof c	of
• •		e. This	s "Notic	ce of Temporary Street	Closure" (document r	may
be reproduced as ne	eded.						
Closure(s)							
Closure Start Date:				Closure End Date:			
		AM	PM	Closure End Date: Closure End Time:		AM	PM
Closure Start Date: Closure Start Time: If your event requires in the start Time in		et closu	ıres, ple	Closure End Time: ease complete the folice		rmation for	each
Closure Start Date: Closure Start Time: If your event requires in the start Time in	event require	et closu es street	res, ple	Closure End Time: ease complete the folices longer than three (3)		rmation for	each
Closure Start Date: Closure Start Time: If your event requires is separate date. If your	event require	et closu es street	res, ple	Closure End Time: ease complete the folices longer than three (3)		rmation for	each
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of possible controls and additional sheet of possible controls.	event require	et closu es street	res, ple	Closure End Time: ease complete the folices longer than three (3)		rmation for	each
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of possible Additional Day One	event require	et closu es street	res, ple	Closure End Time: ease complete the folices longer than three (3) rmation.		rmation for	each
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of postational Day One Closure Start Date: Closure Start Time:	event require	et closu es street equest	ires, ple closure ed info	Closure End Time: ease complete the folices longer than three (3) rmation. Closure End Date:		ormation for ease attach	each 1 an
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of postadditional Day One Closure Start Date:	event require	et closu es street equest	ires, ple closure ed info	Closure End Time: ease complete the folices longer than three (3) rmation. Closure End Date:		ormation for ease attach	each 1 an
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of post Additional Day One Closure Start Date: Additional Day Two	event require	et closu es street equest	ires, ple closure ed info	Closure End Time: ease complete the folices longer than three (3) rmation. Closure End Date: Closure End Time:		ormation for ease attach	each 1 an
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of post Additional Day One Closure Start Date: Additional Day Two Closure Start Date: Closure Start Time:	event require	et closues street equest	res, ple closure ed info	Closure End Time: ease complete the folices longer than three (3) rmation. Closure End Date: Closure End Time:		ormation for ease attach	each n an
Closure Start Date: Closure Start Time: If your event requires is separate date. If your additional sheet of post additional Day One Closure Start Date: Additional Day Two Closure Start Date: Closure Start Time: Additional Day Three	event require	et closues street equest	res, ple closure ed info	Closure End Time: ease complete the folices longer than three (3) rmation. Closure End Date: Closure End Time: Closure End Time:		ormation for ease attach	each n an
Closure Start Date: Closure Start Time: If your event requires a separate date. If your additional sheet of post Additional Day One Closure Start Date: Additional Day Two Closure Start Date: Closure Start Time:	event require	et closues street equest	res, ple closure ed info	Closure End Time: ease complete the folices longer than three (3) rmation. Closure End Date: Closure End Time:		ormation for ease attach	each n an

Traffic Plan

It may be necessary for the Event Organizer to obtain a Professional Traffic Plan.

Please keep in mind that streets must be closed from intersection to intersection; streets cannot be closed midblock. Event Organizer is responsible for posting Temporary "No Parking" Signs according to requirements on page 7.

Please list the streets, from intersection to intersection, which will be closed for your event. Space is provided for up to seven (7) entries. If you need more space, please attach an additional sheet of paper with the requested information. Your Site Plan/Map must show all streets, street closures, and must include a designated 12-foot-wide emergency access lane.

1	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
2	Street Name:			,
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
3	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
4	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
5	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
6	Street Name:	311001 0103010	Tolacwaik Closure	rearie closore
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
7	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure

SECTION VI: Venue	& Staging. Requi	red information. Ple	ase complete entire se	ection.		
Will this event take park?	place in a YE	S	NO			
If yes, a Park Facilit	y Permit Applicat	ion must be submitt	ed.			
division or facility n of your event. Rule information, please	nanager within thes, regulations, an	e Parks & Recreatio d restrictions unique	esponsibility to contact n Department to coor to each site/facility moartment at (520) 544-	dinate the schedule nay apply. For more		
Production Details						
	Amplified Music	Bleachers	Dance Floor(s)	Live Entertainment		
Please mark all that apply:	Microphone(s)	Disk Jockey (DJ)	Balloons	Animals		
	Loud Speaker(s)	Jumper	Moving Vehicles (Including golf carts)	Stage		
Stage Number & Size:						
Provided by:						
Arizona drone laws Administration) be happen during the The pilot is limited to restricted airspace The pilot needs to parades, and firew	s require you to refore flying outdoor e daytime (30 min to 400 feet above (5 miles from airp maintain 5 miles d vorks displays) tha	ors. Flight must occuutes before sunrise to the ground and 10 ports, 3 miles from he away from crowds out are not directly rel	ith the FAA (Federal Avur within visual line-of-site 30 minutes after sun 0 mph. They need to keliports, 2 miles from sear events (including poated to the operation	ght and can only set). teep away from aplane bases, etc.). litical rallies, festivals,		
Animals: Will there be any kind of animals at this event? YES NO If animals will be present, please list the type of animals:						
Food service cand	pies/tents must b	e at least fifty (50) fe	eet away. It will also be	e required that		
Event Organizer pr Note: If any of the Plan/Map with Leg	ovide portable has above items will ligend. Use of the c	and-washing station be used, please indi	ns. cate their location on quire the Event Organi	your attached Site		

beverages will be provided or sold at the event, a State Permit is required. Alcohol Permit application must be submitted to the Town for approval a minimum of 60 days prior to the event. Police services may be required. Event will include the following (please mark all that apply): Alcoholic beverages Wine Beer Liquor Sold Alcoholic beverages Wine Beer Liquor Hosted **Food vendors** How many How many food trucks: vendors: **Professional How many** Prepackaged **How many** booths: booths: Catering Items Pot-Luck **How many** Retail **How many** booths: booths: **Items** vendors **NOTE:** A complete list of all vendors / exhibitors must be provided a minimum of 30 working days prior to the event. All participating vendors must have a Town of Oro Valley Business Tax Certificate, and Liability Insurance. **SECTION VIII: Sanitation & Waste Removal** Will Event Organizer provide portable restroom facilities? YES NO If yes, a copy of the rental company's Town of Oro Valley Business Tax Certificate and Liability Insurance must be attached to Permit Application. Please indicate location(s) on your Site Plan/Map. **Company Name: Contact Name:** Address: **Phone Number: Mobile Number:** Email: **Waste Removal Details** Event Organizer is responsible for arranging for the removal of all waste related to the event. This includes but is not limited to emptying of trash bins and the removal of waste from the event site and other affected areas. A copy of the sanitation company's Town of Oro Valley Business Tax Certificate and Liability Insurance must be attached to Application. If not hiring a professional sanitation company, please provide the following information for the person(s) responsible for waste removal. Contact Name & Title: **Phone Number:** Mobile Number: **Email:** If hiring a professional sanitation company, please provide the following information. **Contact Name & Title: Phone Number: Mobile Number:** Email:

SECTION VII: Catering, Food & Retail Vendors. Required information. Please complete entire section.

Event Organizer must obtain a health permit for the event including all food providers. If alcoholic

Vendor Details

SECTION IX: Security	<mark>/, Police & Fire.</mark> Re	quired information	on. Please con	nplete er	ntire selection	on.	
Security and/or Poli	се						
Event Organizer is re Department. The Or contract for service contact Extra Duty S orovalleyaz@extrad	o Valley Police De s provided via Ext Solutions (520) 988	epartment will rec ra Duty Solutions	quire a signed	YES		NO	
Event Organizer will	provide a private	security compa	ny.	YES		NO	
If providing a privat of the company's Ticense.	, .	,		_			
Contact Name:							
Address:							
Phone Number:							
Mobile Number:							
Email:							
Fire (Fire and Buildin	ig & Safety Permit	s may be require	d)				
Will there be firewor for special effects?	ks, pyrotechnics,	mock gunfire/of	ner weaponry	YE	S NO		
Will event require th	e use of electrica	I generators?	How many?		Size(s):		
Note: Please be addressed.	Please contact y	our Town Liaison	for more infor	mation.			aded
If hosting the use of weaponry for speci		,		_	and/or the	use of	
Date and Time of De	emonstration:						
Company Providing	Demonstration:						
Demonstration & Lot the Site Plan/Map):	cation Description	n (Please indicate	the location (of the sho	ow and/or l	aunchir	ng on

SECTION X: Emergency Services. Required information. Ple	ease complete e	entire se	ection.		
Medical Plan					
For more information regarding medical on-call services,					
Chief of Emergency Medical Services, Tony Rutherford at	520-825-9001 or	trutherf	ord@grf	daz.go	OV.
If necessary, in case of an emergency, the On-Site Conta	ct will dial 911.	YES		NO	
Event Organizer will provide an ambulance company to b	e on site.	YES		NO	
Event Organizer will provide a medical doctor, registered	nurse and /or	YES		NO	
EMT staff to be on site.	noise, and /or	125		110	
If providing an ambulance company, please provide the					oies of
their Town of Oro Valley Business Tax Certificate, Liability Ir	nsurance and Ar	izona St	tate Lice	ense.	
Ambulance Company:					
Contact Name & Title:					
Address:					
Phone Number:					
Mobile Number:					
Email:					
If providing a medical doctor, RN, and/or EMT Staff, pleas	e provide the fo	llowing	informa	ition ar	nd
attach a copy of their identification credentials.					
Contact Name & Title:					
Address:					
Phone Number:					
Mobile Number:					
Email:					

SECTION XI: Miscellaneous

Public Health Regulations

Host Organization and Event Organizer(s) must read and adhere to all federal, state, and local guidelines. Host Organization and Event Organizer(s) are responsible for ensuring the safety of event participants and agree to abide by all Public Health Regulations that are in place as of the date of this Application and as of the date of the event. Failure to do so may result in a revocation of access and/or denial of future special event permit applications.

ADA Requirements

It is the responsibility of the event organizer to ensure the event site is accessible. Such examples are public sidewalks may not be blocked with tents, portable toilets, or other structures; cables or electrical cords must not create an obstacle; ADA accessible parking and portable toilets must be available. Vendors should be prepared to meet any accessibility accommodations.

INDEMNIFICATION AGREEMENTINDEMNIFICATION AGREEMENT

to be held on, Event Name Event Date(s)						
Event Name By:	of	Event Date(s)				
Бу	OI	·				
Event Organizer/Primary Applicant	Host Organizati	on				
Indemnification and Certification: Applicant agrees to indemnify and hold had employees, and officers from and against of arising out of (a) dealings between the Appropriate and (c) the Town's approval of secund application is being prepared. This indemnificagrees at its own expenses, to defend all of claim. The applicant shall have full control of adjust the same provided that the Town on right to conduct any such litigation at its own has read and understands all of the attached to any other individual and must be always. I have a race related event in the Town of that includes waiving liability against the Town of the Individual and must be always. I have included a copy of the insurance centaring the Town of Oro Valley as additional.	any and all claims, liabilities olicant and third parties; (burity provisions regarding the fication includes the cost of the persons to whom this of the defense of any litigate relieving the applicant in two expense by its own couled policies and will abide available for inspection but of Oro Valley and hold extificate showing approprie	s, damages, or judgments caused by or o) the issuance of the special events he proposed event for which this of litigation and legal fees. Applicant covenant extends against any such ution and may settle, compromise, or writing of indemnification shall have the nsel. Applicant further certifies that he/sh by the same. This permit is not transferably a Town employee during the event.				
WARRANTY: Applicant warrants that the info		pplication is true and accurate to the				
The Applicant's signature below authorizes property at any time, including setup.	a Town representative to i	nspect a special event on Town or privat				
AUTHORITY: For special events, the Applicar 1. I am the permittee or an authorized a		authority to legally bind the permittee				

Title

Signature

	 	_
Date		

APPLICANT AGREEMENT

Title	Date	
Print Name	Signature	
Development Department. By s agreement to the above statem		and/or Event Organizer indicate understanding and
support of this application and p failure to adhere to the polic https://orovalley.town.codes/TC imposed upon the permit by Department, is cause for revoca	ermit is cause for denial of issuance cies and procedures established /8-3-1, known as the "Special Evthe Oro Valley Police Departmention of the Special Event Permit. Application of the Special Event Permit.	lse statement or material misrepresentation made in e of a Special Event Permit. Applicant also agrees that d by the Town of Oro Valley ordinance number events Ordinance", or any conditions or restrictions nt or the Community and Economic Development applicant further agrees that the Special Event Permit colice Department or the Community and Economic
-	vent Organizer agree to supply war osure may be maintained in a safe o	arning signs and/or barricades and to situate them in and orderly manner.
	amplified sound. Notification also inc	all residents and businesses that will be affected by includes the posting of official temporary "No Parking"
ten (10) days prior to the event of any clean-up costs, in excess of	as a condition of the issuance of the	st, to pay a refundable Cleaning Deposit no later than ne Special Event Permit. Applicant also agrees to pay n as a result of additional clean-up required to return
issued by the Internal Revenue S		est, to provide a copy of their Determination Letter, as te of Arizona, if the application is made on behalf of d/or charitable organization.
security measures to be taken to passersby. This plan may be re	protect the health, safety and well viewed by the Police Department	st, to submit a Security Plan setting forth the proposed elfare of the participants, spectators, bystanders, and nt who may require alterations to the plan. Security e security or Oro Valley Police Officers at the expense
providing evidence of general li \$2,000,000 aggregate, AND \$1,0 an additional insured endorsem	ability insurance coverage in the m 000,000 Auto Liability if the event inc	st, to provide a General Liability Insurance Certificate minimum amount of \$1,000,000 combined single limit, includes any moving vehicles including golf carts AND ey, its officers, employees and agents' as additional days prior to the event start date.
Please read each statemen agreement to the statemen	<u> </u>	ment indicates your understanding and

APPENDIX

This section provides you with documents that you may need to complete the application process. This section includes:

Block Party Petition for Temporary Street Closure

Notification of Temporary Street Closure

Notice of Temporary Parking Encroachment Participating

Vendor List

For more information please contact (520) 229 - 4846 or afairbanks@orovalleyaz.gov.

BLOCK PARTY PETITION FOR TEMPORARY STREET CLOSURE

The Town of Oro Valley requires that all affected residents/businesses both on and adjacent to a proposed street closure sign this petition. Therefore, this document serves as a petition for the following proposed street closure.

Name	of Person Re	sponsible for Initiating tl	his Petition:			
	oorary street e Start Date:		ested for the following date		for the street Start Time:	ts listed. AM/PM
		(Day of Week)	(Date)			
				Closure	e End Time:	
Closur	e End Date:	(Day of Week)	(Date)			AM/PM
Street		· · · ·	· · ·			
				_		
The pu	urpose of the	e proposed street closs	ure is (Event Description):			
hold h	armless the T mages, liabili n or property	own of Oro Valley, its c ty, expense or cost arisir	Street Closure," the undersign officers, employees and aging from any accident or occuted to the closure of the	ents from currence	any and all locausing any ir	osses, damages, claims njury or damage of any
1	Print Name	j.	 	ture		
			0.9113	.0.0		
Addre	SS				Phone Numb	per
0						
2	Print Name	9	Signa	ture		
Addre	SS				Phone Numb	per
3						
	Print Name	9	Signat	ure		
Addre	SS			<u> </u>	Phone Numb	er
4	Print Name			ure		
Addre	SS				Phone Numb	per

NOTICE OF TEMPORARY STREET CLOSURE

The Town of Oro Valley requires that all affected residents/businesses both on and adjacent to a proposed street closure be notified of such a street closure. Therefore, this document serves as proof of notice of the proposed street closure listed.

A temporary stre Closure Start Date:	et closure has been requ	ested for the following	g date(s)/time(s) for the Closure Start Time:	
	(Day of Week)	(Date)		
Classes Food Date			Closure End Time:	A
Closure Ena Date	e: (Day of Week)	 (Date)		AM/PM
The construction of the		a is 15 years December 1	1.	
rne purpose of fi	ne proposed street closur	e is (Event Description):	
Host Organization	n Name:			
-				
Contact Name:				
Mailing Address:				
	(Street Address)	(Cit	y) (State)	(Zip)
Acknowledgeme	ent:			
By signing below Encroachment."	, the undersigned acknov	vledges receipt of the	e above "Notice of Tem	porary Street Closure."
Signature:		Print Name:		
Title:		Date:		
Address:				

NOTICE OF TEMPORARY PARKING ENCROACHMENT

The Town of Oro Valley requires that all affected residents/businesses both on and the adjacent to a proposed parking encroachment be notified. Therefore, this document serves as a template of proof of notice of the proposed parking encroachment listed.

A temporary parking encroachment has been request listed below:	red for the following date(s) and time(s) at the location
Parking Encroachment Start Date:(Day of Week and Date)	Parking Encroachment Start Time:AM/PM
Parking Encroachment End Date:(Day of Week and Date)	Parking Encroachment End Time:AM/PM
Garage: YES □ NO □	Location (Address, Lot, or Garage):
Parking Lot: YES □ NO □	
On-Street Parking (not marked): YES \square NO \square	
Marked Stalls: YES \square NO \square Impacts ADA/Disabled Parking Stall(s) or Pedestrian	
Access Ramps: YES □ NO □ The purpose of the proposed parking encroachment is	
Host Organization Name:	
Contact Name:	
Email Address:	
Acknowledgement: By signing below, the undersigned acknowledges r Encroachment."	eceipt of the above "Notice of Temporary Parking
Signature: Prir	nt Name:
Title:Business Name:	
Address:	

Phone Number: _____

PARTICIPATING VENDORS

Please list all participating vendors. List of all vendors must be provided a minimum of 15 working days prior to the event. All participating food vendors must have a valid Permit from the Health Department of Pima County, Town of Oro Valley Business Tax Certificate, and Liability Insurance. Food Truck vendors will need an additional inspection approval from Golder Ranch Fire Department (520) 825-9001.

(020) 020 7001.						
				FOR OFFICE USE ONLY		NLY
Wandan Nama	Type of Vendor	Addes	Discuss November	Health	Business Tax	
Vendor Name	vendor	Address	Phone Number	Permit	Certificate	Insurance