



CITY OF ASHLAND EVENT APPLICATION

Note: Applications received less than 45 days from the date of the requested event, assume the risk of not completing the approval process.

Event Name: _____ **Event Date:** _____
Official name of festival or event (name used to advertise event)

Is this a new event? yes no Number of years the event has been held: _____

Description of Event: _____
Be Specific/ Attach Flyers, Brochures or Additional Sheets as Needed

Event Producer:

Name of individual, group or organization producing event / agency with which event is contracting

Primary Contact:

Person who should be contacted regarding the application, event or in case of an emergency

Contact Address:

Street Mailing Address City State Zip

Primary Contact Information:

Day Phone Cell Phone Night Phone

E-mail Address Web site Fax

ORGANIZATION/GROUP TYPE - Check the box below that best describes your

Organization/Group

Registered Profit Nonprofit Charitable

Other: _____

SPECIAL EVENT LOCATION

Venue address/route:

Date(s) and Time(s) of Event (include Load-In and Load-Out/Clean-Up)

Load-In Date: ___/___/___ Time: ___:___ M

Load-Out/Clean-Up End Date: ___/___/___ Time: ___:___ M

Event Start Date: ___/___/___ Time: ___:___ M

Event End Date: ___/___/___ Time: ___:___ M

Total attendance expected: _____ **Peak attendance expected at any one time:** _____

Rain/Cancellation Policy:

Provide alternative dates, times and locations of event, if applicable.

Will you require streets to be closed? _____ **If yes, please designate streets.**

If proposed event location is Port of Ashland:

Check One Lower Half Upper Half Both

(Using both would require Short Street to be closed during the event. See Guidelines/Rules)

ADDITIONAL EVENT FEATURES

Review the checklist of possible event features below and check all that apply to your event:

Does the Organization/Group intend to charge a fee to spectators to witness the event?

Yes No

Does the Organization/Group intend to charge any participant (food, runner, booths, floats, vehicle, etc.) a fee?

Yes No

NOTE: An organization may not distribute any product in a glass container to participants. If you serve from a glass container, you must distribute the product in paper or plastic.

If a fee is involved, identify, and describe: How much? For what? etc.:

What does the Organization/Group intend to do with the revenue raised as a result of any fee?

Does the Organization/Group intend to generate?

Food and Beverage Sales Souvenir and/or Program Sales Other revenue as a result of _____

Other (Explain):

Do you plan to sell/serve alcohol? _____
(Restricted Areas ONLY)

Will you be using an ABC licensed caterer to supply alcoholic beverages and food for the event? _____
If yes, please indicate name of caterer _____

If no, please provide a list of approved vendors, the number of locations they are allowed to have (each booth or location would need a separate license), and the type of alcohol they will be permitted to sell. (Wine, Malt Beverages, Distilled Spirits)

NOTE: Alcohol sales must be approved by Alcohol Beverage Control Office and Proper Permits must be secured. Events serving or selling alcohol must have liquor liability insurance in the amount of \$1,000,000 (see insurance)

CLEAN-UP PLANS AND PROCEDURES

Review the checklist of other services needed below and check all that apply to your event:

Generally, all events require some level of COA support or services in order to be successful. Please check all services you will need. A cost estimate will be provided to you, at the time you are notified of approval of your event. At this time, you may modify your request to meet your budget needs. Event producers may choose to be responsible for clean-up and removal of debris from the area (**including adjacent property**). A security deposit of \$100 is required for most events. **If alcohol will be served & estimated attendance is over 100, a security deposit of \$1000.00 is required.** The amount will be refunded to the applicant if the property is returned to COA in the same condition it was provided to the applicant. COA reserves the right to charge additional fees if damage/cleanup to the property exceeds security deposit amount (\$100. or \$1000.). The Fees for services will be billed following the event.

Other Services

- Traffic/Streets Transportation Parks/Recreation
- Police/Fire Permission to use Banner/Signs/Display Boards
- Sanitation Electrical Service (Please Explain)

Other Needs (Please Explain) _____

Application Requirements:

1) **INSURANCE:** The applicant shall furnish a certificate of commercial general liability insurance written through a company with an A.M. Best rating of "A" or better with the minimum amount of \$1,000,000 per occurrence, listing the COA as an "additional insured". **If your event will be serving/selling alcohol you will also need a liquor liability policy in the amount of \$1,000,000 from each vendor serving/selling the alcohol.** NOTE: Acceptable Insurance Certificates must be submitted at least **14 days before the date of the event**, or the event application is subject to be denied.

2) **INDEMNIFICATION:** It is fully understood that the City of Ashland, its agents or assigns shall have no personal liability whatsoever for the event that is to begin on the _____ day of _____, 20____. The City of Ashland reserves the right to modify terms of applications at any time. It is the responsibility of the sponsor to contact the City to determine the Requested City Services that will be provided.

It is further hereby acknowledged that _____ the event sponsor, expressly agrees to hold harmless and indemnify the City of Ashland, its agents and assigns against any loss which may occur and to defend the City of Ashland against any action, in the law or equity that may arise out of the above mentioned event.

3) If you will be serving alcohol you must get a permit from the ABC Office. ****SALE OF ALCOHOLIC BEVERAGES IS PROHIBITED IN ANY CITY PARK****

4) **The approval process takes approx. 2 weeks.** This includes: sending it to the appropriate departments for costs then application is submitted to Commission for approval, if applicable. You will be notified by mail/email of the approval.

X _____ /_____/_____
Signature and title Date (M/D/Y)

Return to: Parks & Recreation Department
Attn: Amber Berry
P.O. Box 1839 Ashland, KY 41105-1839
(606) 327-2046 office / (606) 327-0095 fax
Email: aberry@ashlandky.org

Date Received _____

Deposit must be received no later than 1 week prior to the event
Please check boxes to ensure you have completed and enclosed all required material:

- Completed Application
- Security Deposit
- Certificate(s) of Insurance
- Map of parade, walk, or run route

(For COA use only)
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