

## **Special Event Permit Application**

311 Hauss Square Room 316, New Albany, IN 47150 812-948-5333 www.cityofnewalbany.com

Name of Org	janization:					
Name of Applicant:		Date:				
		City:		State:	Zip:	
Contact Pho	ne :()	Ema	il:			
Onsite event	day contact person:		F	Phone:		
Event Info	rmation					
Ту	pe of Event					
	_ Run/Walk Rally	Parade	Wedding Cerer	nony/Photos		
_	_ FairConcert	Picnic	Other (Specify)			
Event Title: _						
Event Date:		Estimated A	uttendance:			
Requested P	Park: Bicentennial Par	·k	_ Riverfront Amphitheat	er City So	quare	
	Other (Specify) _					
Event Hours:	: AM/PM	AM/PN	1			
Set Up Hours	s: AM/PM	AM/PM	Tear Down Hours:	AM/PM -	·	AM/PM
Please indica	ate all of the following that a	pply to your eve	nt			
Yes No						
	FOOD CONCESSIONS					
	ALCOHOLIC BEVERAG	SES				
	FIRST AID FACILITY A	ND AMBULANC	E			
	TABLES AND CHAIRS SET UP, IF YES HOW MANY					
	FENCING, BARRIERS,	BARRICADES				
	ELECRTICITY REQUIR	ED, IF YES SO	URCE			
	BOOTHS, EXHIBITS, D	ISPLAYS				

CANOP	IES, TENTS			
VEHICII	LES, TRAILERS, IF YES HOW MANY	_		
TRASH	CONTAINERS, DUMPSTERS			
PORTA	BLE TOILETS			
ENTER	TAINMENT, IF YES PLEASE DESCRIBE			
INFLAT	ABLES, AMUSEMENT, IF YES PLEASE DESCRIBE			
Voluntary Donations				
Albany Bicentennial Park a broad array of recreation	the use of our non-parks public spaces, donations are accepted for the use k, Riverfront Amphitheater, City Square or any other non-parks public space on all activities for residents and visitors, as well as helping to maintain our ele to New Albany Parks and Recreation Department are tax deductible.	e. Contributions support		
Other permits				
agencies. Board of Work permission from other ag	vent are subject to Board of Works approval and may require approval by an as approval permits use of the specified space under the terms of the permit gencies. Events that impact other agencies must seek proper approval and as responsibility of the applicant to secure all necessary permissions and pages.	t and does not constitute permitting from said		
Insurance Requiremen	ts			
<u> </u>	be required before final permit approval. Each event is evaluated on its risk ponsible for any accidents to persons or property resulting from the issuance	-		
Affidavit of Applicant				
to abide by the policies, ordinances, as they perform property will be the sole regulations and city ordinal discretion of the New Alb	ated on this application is correct to the best of my knowledge. I have read, rules and regulations listed on this and all applicable forms, including City of ain to the requested usage. Applicant agrees and understands any significant responsibility of the applicant. By signing this application, the applicant agrees and revocable at any to be permit, if granted, is not transferrable and is revocable at any to be applicated. All programs and facilities of the City of New Ace, sex, age, color, religion, national origin or handicap.	of New Albany ant damage to city ees to follow all rules and ime at the absolute		
For any questions regard 812.948.5333.	ding special event permitting, please contact Courtney Lewis at <a href="mailto:clewis@city">clewis@city</a>	vofnewalbany.com or		
		_ (please print)		
Signature:	Date:			
	Office Use Only			
Approved	Notes:			
Denied	Signed: Date:			
	(Board of Works President)			