

SPECIAL EVENTS APPLICATION

www.cityofclaytonga.gov

EVENT TITLE	ENTER EVENT TITLE HERE
APPLICANT TYPE	APPLICANT INFORMATION
<input type="checkbox"/> Regular <input type="checkbox"/> Non-Profit (501c) * <small>* MUST PROVIDE IRS LETTER</small> <input type="checkbox"/> City Event <input type="checkbox"/> City Sponsored <input type="checkbox"/> Other: _____	Host Organization: _____ Chief Officer _____ Applicant Name: _____ Address: Street _____ City _____ State _____ Zip _____ Telephone: Cell _____ Home _____ Email: _____

IMPORTANT NOTE: PLEASE SEE DEADLINE FOR APPLICATION SUBMITTAL UNDER EVENT CATEGORY BELOW	DATE(S) REQUESTED			
	1ST CHOICE		2ND CHOICE	
	Start	End	Start	End
	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

EVENT TYPE	ADMISSION	LOCATION	CHECK ALL THAT APPLY	
<input type="checkbox"/> Athletic/Tournament <input type="checkbox"/> Exhibit/Special Attraction <input type="checkbox"/> Festival/Wedding <input type="checkbox"/> Parade/Procession/March <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Farmer/Outdoor Market <input type="checkbox"/> Run/Walk/Bike <input type="checkbox"/> Fundraiser <input type="checkbox"/> Other: _____	<input type="checkbox"/> Public Event (no cost) <input type="checkbox"/> Tickets / Entry Fees <input type="checkbox"/> Pre-Registration <input type="checkbox"/> Registration at Event <input type="checkbox"/> Private Event <input type="checkbox"/> Other: _____	<input type="checkbox"/> City Street <input type="checkbox"/> Stekoa Park <input type="checkbox"/> Commercial * <input type="checkbox"/> Residential * <small>* Please provide approval letter from Property Owner.</small>	<input type="checkbox"/> Crossing/Closing Roads <input type="checkbox"/> Signage/Banners <input type="checkbox"/> Amplified Sound/Music <input type="checkbox"/> Tents/Canopies <input type="checkbox"/> Carnival/Rides <input type="checkbox"/> Fireworks/Lasers <input type="checkbox"/> Generators/Electricity <input type="checkbox"/> Portable Restrooms <input type="checkbox"/> Trash & Recycling <input type="checkbox"/> Serving Alcohol	<input type="checkbox"/> Require Law Enforcement <input type="checkbox"/> Require Fire/EMS <input type="checkbox"/> Require Public Work staff <input type="checkbox"/> Require City Equipment <input type="checkbox"/> Cones/Barrels/Barricades <input type="checkbox"/> Transportation/Shuttle <input type="checkbox"/> Vendors/Concessions <input type="checkbox"/> Require Hotel Rooms <input type="checkbox"/> Media Coverage/Press <input type="checkbox"/> Inflatable Recreation

ACTIVITY DESCRIPTION*	LOCATION DESCRIPTION*
_____	_____
_____	_____
_____	_____

(* IF MORE SPACE IS NEEDED TO DESCRIBE YOUR ACTIVITY OR LOCATION, ATTACH ADDITIONAL SHEETS AS NEEDED TO THIS FORM)

ATTENDANCE	ANTICIPATED		EVENT DATE / TIME		
	SPECTATORS	PARTICIPANTS	DATE	TIME	DAY OF THE WEEK
Estimated Total:			Setup:		
Estimated at Peak Time:			Event Starts:		
			Event Ends:		
Total Attendance:			Dismantle:		

Additional information and fees shall be required based on additional services requested. These include, but are not limited to the following: Rental Fees, cleanup plan, sanitation plan, security plan, life safety plan, equipment delivery/pickup/setup, directing traffic, utilities, insurance, field/landscaping preparation, inspections, etc.

CHOOSE YOUR EVENT CATEGORY				
CLASS	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
DEADLINE FOR SUBMITTAL:	2 WEEKS BEFORE EVENT	4 WEEKS BEFORE EVENT	8 WEEKS BEFORE EVENT	12 WEEKS BEFORE EVENT
INSURANCE:	\$ 0	\$500,000	\$1,000,000	\$2,000,000
STAFF REQUIRED:	None	1 or 2	4 or more	10 or more
ATTENDANCE:	20 or less	100 or less	Over 100	1,000 or more
ACTIVITIES:	Birthdays, Gatherings, etc.	Weddings, Celebrations, etc.	Concerts, Performances, etc.	Sports Event, Festival, etc.
APPLICATION FEE:	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
DEPOSIT:	\$ 0	\$ _____	\$ _____	\$ _____

Signature of Applicant /Authorized Representative: _____ Date: _____

OFFICIAL USE ONLY			
Date Application Received	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date Approved: