ASHLAND

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 Organization Name:							
Organization type: Derprofit Nonprofit Tax Exempt Number:							
Organization Street Address: City, State, ZIP Code:							
Organization	Phone:			Organization FAX:			
Primary Conta	act from Spor	nsoring Organization	:				
Contact Phon	e: (office)		(cell)	Email:			
Name of conta	act person "o	n site" day of the eve	ent:	(cell ·	- required)		
Event coordin	ated through	an event promotion	company? \Box Ye	es 🗌 No Name of Compar	ער.		
Contact Name	-		one:	Email:			
EVENT INF	ORMATION	I					
Event Type (c	heck all that	apply): 🔲 Run - Dis	tance	Walk 🔲 Bike Race 🔲 Pa	arade 🗌 Fair 🔲 I	Party	
Demonstra	ation ("First A	mendment" Event)	Other (Pleas	se specify briefly here)			
Street location	n: 🗌 Sidewa	alk Only 🗌 Street	Only 🗌 Street ar	nd Sidewalk 🛛 Street, Sid	lewalk and Park		
City Location(s) (check all	that apply): Down		Park	Main St ark □ Other:		
Event Name							
Requested Ev	vent Date(s)			Alternative Event Date(s)			
Event Hours		Start:		End:			
Set-up	Location:	1		Date:	e: Time:		
Break-down	Location:			Date:	e: Time:		
Are participan bands) charge		floats, vehicles and ee?	□ Yes □ No	Admission Cost and/or Ent	ry Fee(s):		
Is this an ann	ual event?	🗌 Yes 🔲 No	If annual, has the	e route changed from the pre	ute changed from the previous year?		
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)							
			Spectators:	Total:			
Basis on which attendance estimate is made:							
Previous year's total attendance – if applicable:							
OVERALL EVENT DESCRIPTION							
Briefly explain event and event details (attach additional sheets if needed):							

STREET CLOSURE INFORMATION						
(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 closures on a separate sheet if needed)						
Between And						
		Between		And		
		Between		And		
		Between		And		
		Between		And		
Route description (i.e., held on s	sidewalk and/c	or street, changes to route,	where and how you v	vish to travel)		
The City prefers to reopen stree	ets as soon as	tail end of event is in the P	laza area (if applicabl	e). Are you requesting a complete street		
closure? Why?			× •••	, , , , , , , , , , , , , , , , , , , ,		
Time of Street Closure	Start:		End:			
Participant type and number of ☐ Vehicles ☐ Floats _				ectators Animals		
If you have vehicles, animals, flo	oats, fire-relate	ed entries and/or bands, pi	ease provide details a	bout these entries:		
Parking restrictions requested:						
				ou Blvd (Walker to I-5), Ashland St (RR		
		· · · ·	· · · ·	ct Roger Allemand at 541-774-6360 or		
		-		eceived 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)		
Will you agree to alter your route if ODOT and the Public Works Department determine the proposed route will require significant city services and/or severely limit transit opportunities in high-volume areas?						
EVENT DETAILS						
Does your event involve the sale of alcoholic beverages? Yes No (Oregon Liquor Control: 541-776-6191)						
http://www.oregon.gov/OLCC/license_information.shtml#How_to_Get_a_Liquor_License. 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 your event? Yes No (If food is being served contact Jackson County Health Dept: 541-774-8206 or						
http://www.co.jackson.or.us/page.asp?navid=712) If yes, will this activity occur on (or spill into) city streets? Yes No						
Please describe:						
Will cooking facilities be used? Yes No (If yes, contact Ashland Fire Marshal at 541-552-2229)						
Will you have booths? Yes No How many:						
Will the event have amplified so	Will the event have amplified sound? Yes No (If yes, fill out separate "Noise Permit Application")					
Is this a fundraising event? If yes, please describe:						

Do you have a recycling plan for your event?	Yes 🗌 No Please	e describe your recycling and	clean-up	plans for this event:	
SAFETY/SECURITY/VOLUNTEERS					
Please describe your procedures for crowd contr	ol and internal secu	rity:			
If fences/barriers will be used, include site plan.					
Are you expecting City Police services at interse	ctions and/or for	Conformation of Police ser	rvices and	associated fees are determined	
crowd control? Yes No		by the Ashland Police Dep			
Do you plan on utilizing volunteers/monitors?	Yes INo (Note:	in most cases they are requir	red)		
If yes in what capacity?					
Name and phone number of volunteer coordinate	o.r.				
Name and phone number of volunteer coordinate					
PUBLIC NOTIFICATION AND PROMOTIC					
PLEASE NOTE: YOU ARE ADVISED NOT TO A PERMIT. Please describe the marketing and pro					
strategies for notifying affected neighborhoods an			, ,		
I have read and agree to the notification re	equirements at the	end of this application and	understa	nd that failure to notify the	
public will result in the revocation of my even	nt permit.			-	
INSURANCE AND INDEMNIFICATION					
Insurance: The sponsor must maintain thro	bughout the duration	on of this event liability ins	urance t	o protect the sponsor and the	
City and its officials, agents and employees					
street and sidewalk use. The insurance must					
claims per occurrence or coverage of not less than \$1,000,000 per occurrence for bodily injury (including death) to any single claimant or to multiple claimants and \$1,000,000 for each occurrence involving property damage. The City must be					
listed as an Additional Insured on a primary basis and must receive a confirming Certificate of Insurance. For a special					
event that involves only a rolling road closure, however, the City does not require sponsor liability insurance.					
Indemnification Agreement: In consideration	on of the City of As	shland closing one or more	e nublic e	streets at the request of	
sponsor, the sponsor of this event agrees to					
employees against all liability, loss and cost	ts (including attorr	ney fees) arising from action	ons, suite	s, claims or demands	
attributable in whole or in part to the acts or omissions of the sponsor in the course of the activity for which this permit was					
issued.					
□ I have read the above insurance and inden			affirms a	acceptance of the express	
terms of the above indemnification agreemen	t on beHAlf of the	sponsor.			
Signature of Sponsor or Authorized Representative			Date		

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.

5. Insurance – Sponsors of events shall provide coverage for not less than \$1,000,000 for personal injury to each person. \$1,000,000 for each occurrence and \$1,000,000 for each occurrence involving property damages; or a single limit policy of not less that \$1,000,000 covering all claims per occurrence. A copy of the insurance certificate must be received by the Permit Coordinator prior to the event.
6. 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 Representative (Printed)			
Signature of Sponsor or Authorized Representative		Date	
RETURN THIS COMPLETED APPLICATION AND ROUTE MAPS TO:	Special Events c/o Public Works Administration 20 East Main St (Physical Address: 51 Winburn Way) Ashland, Oregon 97201 Office: (541) 488-5587 ~ FAX (541) 488-6006 Email: <u>SpecialEvents@ashland.or.us</u> Web: <u>www.ashland.or.us</u>		

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.

ADDITIONAL PERMITS					
IF ANY OF THESE CONDITIONS EXIST YOU MAY NEED AN ADDITIONAL PERMIT FROM ANOTHER AGENCY.PERTINENT QUESTIONSWHO TO CONTACTPHONE					
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			
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			



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Date Received On time: D Late: D

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	Dale	

Name/Business	Address	Phone	Email

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



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

List name of the business or organization hosting the event: _____

List the name of the beneficiary (non-profit organization) of the event:

Approximate number of participants and spectators:

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

Name of the event: _____

The above listed are proposing a street closure for a community event.

The closure of ______ between ______ and _____ for a community event will be held on ______ from ______ until _____.

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>.