



City of West Burlington
Special Events Permit Application

Applicant/Principal Organizer

Name of organization applying for permit:	
Name of organization benefitting from the event (if different):	
Name of event:	
Name of contact person:	Phone:
Event date(s):	Alcohol sales during event: <input type="radio"/> Yes <input type="radio"/> No
	Amplified sound during event: <input type="radio"/> Yes <input type="radio"/> No
Number of attendees expected (estimated):	
This event is being advertised to:	<input type="radio"/> Local neighborhood <input type="radio"/> Regional/Citywide

The above applicant is proposing a street closure for a community event.

Street(s) to be closed:				
	Between		And	
	Between		And	
	Between		And	

Street closure times:	
Set up starts at:	Event ends at:
Event starts at:	Street cleared and opened at:

Attach completed "Community Event Neighborhood Signature Form" a written communication from the organization/s in whose name the event will be advertised which authorizes you the applicant to apply for the special event permit.

Applicant's Name _____ Title _____

Address _____

Organization _____

Daytime Phone _____ Evening Phone _____ Emergency Phone _____

Additional Contacts (Name and Phone) _____

Title, Purpose, and Brief Description of Event

Location/Map

Please attach a map detailing the area you wish to utilize. If street closings are involved, please indicate which streets and at what point you wish them barricaded. If a parade route, show the desired route and alternate routes. Additionally, if applicable, show alcoholic beverage areas, concession areas, first aid facilities, organizer's command post, portable toilet facilities, and any temporary structures to be erected.

Location/Address_____

Requested Event Components

1. Day/Date (First Choice):_____
2. Alternate day/dates:_____
3. Requested Hours of Operation from _____ AM / PM to _____ AM / PM
4. Set up beginning day/date_____, Time_____AM / PM
5. Dismantle by day/date_____, Time_____AM / PM
6. Anticipated number of participants_____

Insurance

If your event will be held on public property, public street or sidewalk, attach to this application either an insurance policy or a certificate in insurance including the policy number, amount, and the provision that the City is included as an additional insured. (Minimum insurance requirement is \$500,000)

Sanitation

Attach your plan for cleanup and garbage containment. (Include such information as number of trash containers, number and location of portable toilets or permanent restrooms, and your plan for post event cleanup)

Availability of Food, Beverages, and/or Entertainment

1. If there will be music, sound amplification or any other noise impact, please describe, including the intended hours.

2. Alcoholic beverages to be served? Yes_____ No_____

If yes, describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years or older.

If yes, describe how, where, when and by whom the alcoholic beverages will be served.

If yes, attach to this application a copy of your permit from the State Alcoholic Beverage Control Board or indicate whose permit will be used. Alcohol may not be served without a permit.

3. Please attach a list of the types and numbers of vendors or concessionaires that will be allowed as part of the event. Vendors or concessionaires serving food may be required to obtain a health permit. Please contact the Des Moines County Health Department for further information.

Security and Safety Procedures

1. Describe your proposed procedures for set up, operation, security and crowd control.

2. If the event is to occur at night, describe how you are going to light the event area.

3. If the event requires the installation of electrical wiring or the use of existing municipal (electrical) services, please describe below.

ix. Mitigation of the Impact to Others

Describe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, motorists, and others. (I.E. Notification to adjacent property owners)

Please indicate if you have received any objections from the surrounding property owners.

City Review**Signature of Representative****Recommendation**

1. Police Department

Yes / No

2. Fire Department

Yes / No

3. Public Works Department

Yes / No

4. City Administrator

Yes / No

Comments:

Council Approval:

Mayor

Approval Date