



Event name _____

Date of Event _____

Major Special Event

Event Application Booklet

Complete and return to:

Assistant to the City Manager - Public Affairs
City of Lebanon
50 S Broadway
Lebanon, OH 45036

For City Staff Only

Date Received: _____

Meeting Date: _____

Checklist

- Application Fee
- Site Map
- Insurance
- Liquor Permit

This packet should be received by the City of Lebanon no less than 60 days prior to your proposed event. If the application for permit is not received by that time, the City of Lebanon has the right to refuse to review for permit.

City of Lebanon Event Application

To be completed by event organizer and submitted with:

\$25 non-refundable application fee for parades/walks/runs *that require barricaded street closures.*

\$50 non-refundable application fee for events no less than 60 days prior to the event.

Organization Background Information

Organization Name: _____

Describe the mission of your organization: _____

Contact Person: _____ Title: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Is your organization a registered, nonprofit or charitable organization? No Yes

Event Background Information

Name of Event: _____

Date of Event: _____

Start Time of Event: _____ End Time of Event: _____

Location of Event: _____

Type of Event (check one): Run/Walk Parade Festival Other Special Event

Other (description): _____

Description of Event – ***include purpose and target audience – be specific***

Provide the organization's phone number and/or website/email that will be provided to the public for more information?

Phone: _____ **Website:** _____

Email: _____

Event Setup: Date/Times _____

Event Tear-Down: Date/Times _____

Rain Day(s) and Date (s) _____

Is this a first time event in Lebanon? Yes No

Previous Attendance (include date) _____

Estimated attendance: a. Spectators/visitors: _____
b. Participants/vendors: _____
c. Number of units (for parades) _____

At what point during the event will attendance peak: _____

What percentage of attendants will make up the following age groups:

15 & younger _____ % 16 - 20 _____ % 21 - 25 _____ %
26 - 35 _____ % 36-45 _____ % 45 & older _____ %

Will an admission fee be charged? No Yes - Fee: _____

Does your event provide a handicapped parking area or drop-off location? Yes No

If so, please indicate: _____

Street Closure Information

List streets that will require closure for your event, include street name and times of each

Note: The event organizer must issue a "notice of street closure" letter to all affected residents and businesses by the street closure. The notice should list all roads that will be closed, date and times, and your contact information, including name, address and phone number.

Hours of street closure: Date: _____ Close: _____ am/pm Reopen: _____ am/pm

Alcoholic Beverages

Will alcoholic beverage(s) be sold? No Yes

You will be required to obtain a temporary sales permit from the State of Ohio, carry liquor liability insurance, and submit a detailed plan for sales.

What types of alcohol do you intend to sell? Beer Wine Other (list below)

Who will be serving the alcohol?

Event Sponsors

Please list all event sponsors (list anticipated sponsors if not confirmed; this cannot be blank or TBA at time of submission).

Do the event sponsors receive and special recognition/benefits for their contributions? Please explain.

Event Costs & Revenues

Estimated Cost of producing the event _____

Estimated Revenue generated from producing event _____

What does the organization intend to do with any expected revenue generated from the event? If the revenue will be donated, please list intended recipients and donation amounts. (If this is not known for this year's event, please estimate).

Does the sponsor/producer intend to generate revenue as a result of their own concessions, souvenir and/or program sales? No Yes

Acknowledgement

I will comply with all regulations specified in the Special Events Guidebook, and have completed this Major Special Event application as thoroughly and honestly as possible. Additionally, I understand the City of Lebanon has final review and approval on all aspects of city services and public health and safety. Upon review and approval of these forms, an estimated cost of city services* that my organization will be responsible for may be provided prior to the event. These costs may include expenses from the Police, Fire, Streets, and Electric divisions and any other city departments that provide service to the event. I understand I will be given an itemized bill after the event.

Signature of Applicant

Title

Date

**Organizers who receive In-Kind Services donations through the City's Civic Donation Program will not be provided with a cost estimate of city services.*

Please return the completed application no less than 60 days prior to the event to: City of Lebanon, Attn: Assistant to the City Manager, 50 S Broadway; Lebanon, OH 45036.

Checklist: all must be included before application will be reviewed for permit

Completed Application

Site Map or Course Map

Application Fee

** PLEASE NOTE: The above recommendation approves the event host to continue with the event process. The Asst. to the City Manager will assist in the planning and coordination effort between the event organizer and City of Lebanon services. If your application is denied, you may formally appeal to the City Manager.

FOR OFFICE USE ONLY

The Board of Festival and Tourism, has;

Recommended *this event* to continue with the application process

Not Recommended *this event* to continue with the application process

Date: _____
Board of Festivals & Tourism

City of Lebanon

Hold Harmless/Indemnity Agreement

To the fullest extent by law, the undersigned Organization agrees to indemnify and hold the City of Lebanon, its respective officers, agents and employees and volunteers harmless from and against all loss, cost, expense, damage, liability or claims, whether groundless or not, arising out of bodily injury, sickness, or disease (including death result at any time there from) which may be sustained or claimed by any person or persons, or the damage or destruction of any property, including the loss of use thereof, based on any act or omission, negligent or otherwise, of the Organization, or anyone acting in its behalf in connection with or incident to the scheduled for _____ Event Name _____, except that the Organization shall not be responsible to the City on indemnity for damages caused by or resulting from the City's sole negligence; and the Organization shall, at its own cost and expense, defend any such claim and any suit, action, or proceeding which may be commenced there under. And the Organization shall pay any and all judgments that may be recovered in any suit, action or proceeding, and any and all expense, including but not limited to, costs, attorney's fees and settlement expenses that may be incurred therein.

Organization Name: _____

Authorized Signature: _____ Date: _____

Administrative Information

The following pages **MUST** be completed if you are requesting city services for your event.

Location of Command Post: _____

Location of First Aid Service: _____

Will tents be used? Yes No Size(s) _____

Will temporary structures be used? Yes No

Size(s) & Location(s) _____

Please list the name(s) of the person(s) who will be in charge during the event.

Name _____

Addresses _____ Day Phone _____

Please list locations and types of signage to inform motorists of re-routed traffic/parking/shuttle _____

What type(s) of vehicles (trucks, golf carts, etc.) will you need to have access to the event area?

Electric Department Services Request

(Completed by Event Organizer and submitted to City of Lebanon Service Dept)

The Event Organizer will select the festival box locations needed for the event (See Power Layout Map). The Event Organizer must submit a Vendor Electric Request form signed by each vendor requesting electric service, along with payment to the City of Lebanon Service Dept, no later than 7 days prior to the event.

The Event Organizer will be billed a flat rate of \$150.00 for each festival box requested. The Event Organizer may establish the fees charged to individual vendors in order to recoup the electric service charges paid to the City, but the total fees collected by the Event Organizer cannot exceed the total electric service charges paid to the City by the Event Organizer.

The Event Organizer will not be charged for electric service used to support non-vendor requirements such as; stages, sound systems, or other Event Organizer operated activities.

Festival boxes will be installed by the City the day prior to the event.

Power Layout Map Details: **RED** circles are festival box locations with 6 each 20 amp GFCI protected circuits at 120 volts. **GREEN** circles are festival box locations with 6 each 20 amp GFCI protected circuits at 120 volts and 2 each 50 amp circuits at 240 volts.

Select Festival box locations:

Zone A A1 A2 A3 A4

Zone B B1 B2 B3 B4

Zone C C1 C2 C3 C4

Zone D D1 D2 D3 D4

Zone E E1 E2 E3 E4

Zone F F1 F2 F3 F4

Zone G G1

Zone H H1 H2 H3 H4 H5

Zone I I1 I2 I3 I4 I5

Festival Organizer box(es) located at: _____.

Total \$ _____ *(No. of festival boxes - Event Organizer boxes) x \$150 per box*

Contact information for sound and lighting contractor if used: _____

Vendor Electric Request

(To be completed by event/festival vendors and submitted to the Event Organizer)

Event _____ Date(s) _____ Booth# _____

Booth Name: _____ Contact Person: _____

Address: _____ Day Phone: (____) _____

City: _____ State: _____ Zip _____

Electric Service Required: *List the number of each type circuit (duplex outlet) required*

_____ **120 volt, 20 amp circuit(s)**

_____ **240 volt, 50 amp circuit(s)**

Please note locations for the 240-volt service are limited to specified sites (See Power Layout Map). Users of 240-volt service must supply a 50 amp NEMA 14-50p plug with a sufficient amount of UL listed cable rated for service required. (See page 2 diagram)

The per circuit fee charged to the booth vendor will be determined by, and payable directly to, the Event Organizer.

Booths using electric service should be located no more than 100 feet from the electric connection point (electric festival box). Only NEC approved, outdoor rated, grounded extension cords may be used.

Vendor Agreement:

I understand that overloading of electrical circuits is prohibited. If I have overloaded a circuit, I will be required to remove an appliance or appliances from service. If Electric Dept Personnel must respond to an overloading problem, I understand that I may be billed \$75.00 for a service call. I understand that electric heaters of any kind are prohibited, and that I cannot connect to any unauthorized electric source including street lighting.

Vendor Signature _____ Date _____

POWER LAYOUT MAP



Public Works Services Request

Street Department Services Requested:

- Barricades: Number of Barricades _____ *(note locations on site map)*
- Road Barrels Number of Barrels _____ *(note locations on site map)*
- Trash Barrels Number of Trash Barrels _____
- Trash Pick Up Number of Trash Pick-Ups Requested _____
- "No Parking" Signs Number needed (\$1/sign) _____
- Street Cleaning Times for Street Cleaning _____

Set-up Information:

***Please note that weather conditions may affect the dates and times of material drop off.*
Date and Times of Drop-Off _____

Other Information:

Organization responsible for cleaning and re-stocking restroom facilities and port-o-lets:

How often will this be done? _____

If not city crews, detail who will be collecting the trash, how often it will be collected, and where it will be deposited.

Location and size of the dumpster, the company, and delivery & pickup dates:

Who will be responsible for cleanup of the event area after the event is over?

Fire Department Services Request

The following services are rendered based on availability and are not guaranteed. If services cannot be provided, City staff will attempt to provide the applicant with contact information for additional resources.

EMS on Site

Please note that this request can only be provided if there is adequate staff available. You will be contacted prior to receiving your final permit if your request cannot be accommodated.

Times _____ Location _____

Fireworks*

Company _____ Date/Time _____

You must contact Fire Division for inspector to be on site during set-up and show.

Vendor Review: *Must be checked if vendors will be at the event.*

Non-food vendors must have a 5lb ABC fire extinguisher; food vendors must have a 10lb ABC fire extinguisher. All extinguishers must be in good working order and not past the expiration date. All tanks must be secure.

Who will be providing the staff and the equipment for the first aid facility?

Contact _____ Phone _____

Are these staff: Paid Volunteer

Police Department Services Request

The following services are rendered based on availability and are not guaranteed. If services cannot be provided, City staff will attempt to provide the applicant with contact information for additional resources.

Event Security

Restricted Parking

Streets and times where parking should be restricted

Traffic Control Location and times to re-route traffic

Other; Please note additional requests

Alcohol: Who will be serving?

What training will servers receive?

Please describe your security procedures. If you are not requesting to use the police department as event security or traffic control, please note who will be providing these services. The police department has final approval on all security issues and will give final approval upon review of the security plan.

Note: If any services are requested on this form, you are required to complete the following "Agreement for Special Police Services." Services will not be scheduled unless this form is completed. Any applicable fees will be determined as part of the application process, and the event organizer will be notified of any such fees before actual services are rendered.

AGREEMENT SPECIAL POLICE SERVICES

This agreement entered into this _____ day of _____, 20____ by and between the City of Lebanon, Ohio and _____, for the provision of special police services by the City.
(Day) (Month)
(Recipient Name)

1). The City shall provide the following 1) services and equipment under this Agreement:

(Please list the function of the officers requested)

2). The aforesaid services shall be rendered at the following location:

(Please list the address or location where the services will be needed)

3). The aforesaid services shall be rendered on the date and at the times specified as follows:

i.e. # of officers 5p-8p _____ - _____ - _____ - _____

(Please list the number of officers with the date(s) and time(s) the services are needed)

4) In consideration of the provision of special services by the City as aforesaid, Recipient shall pay to the City the following fees:

- a. For the first two (2) hours or less of each duty, \$100.00 per officer; Holidays - \$120.00
- b. For each additional hour, \$50.00 per officer. Holiday - \$60.00

5) Recipient shall indemnify and hold harmless from any liability, including the cost of defense that may arise from provision of services, under this Agreement by the City, it's employees, agents or assigns.

6) City shall retain all responsibility for control of personnel performing services under this Agreement including, but not limited to, hiring, training, assignment, disciplining, and dismissal of said personnel.

7) City shall be responsible for maintaining records concerning performance of services including, but not limited to, number of calls for service, nature of calls, number of arrests, number of persons arrested by sex and age, number of non-criminal calls, and assistance given.

IN WITNESS WHEREOF, the parties have hereunto set their hands on the day and year aforesaid.

RECIPIENT:

CITY OF LEBANON, OHIO

Name

Jeffrey W. Mitchell
Chief of Police

Signature

Recipient's Billing Address/Phone

xc: Ms. Pam Stotts, Payroll/Personnel (billing)

Complete this form if you are applying for event signage in coordination with your special event.



Right-of-Way Minor Maintenance Permit Application

Date: _____ Previous ROW Permit Number: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____ Email Address: _____

Contractor Name: _____

Contractor Address: _____

Phone Number: _____ Email Address: _____

Location of Proposed Work: _____

Type(s) of Existing Infrastructure Impacted by Proposed Work: _____

Type of Proposed Work: _____

Purpose of Proposed Work: _____

Beginning Date: _____ Ending Date: _____

Proposed Hours of Work: _____

Note: City Ordinance prohibits work between the hours of 9:00 PM and 7:00 AM

Provide the following with the permit application:

1. If applicable, credible evidence that the applicant has obtained a right-of-way occupancy permit, or proof that the applicant has written authority to apply for a minor maintenance permit on behalf of a party that has been issued a right-of-way occupancy permit;
2. A statement that the applicant will employ protective measures and devices that, consistent with the Ohio Manual of Uniform Traffic Control Devices, will prevent injury or damage to persons or property and to minimize disruptions to the efficient movement of pedestrian and vehicular traffic.

The City may impose reasonable conditions upon the issuance of the minor maintenance permit and the performance of the minor maintenance permittee thereunder in order to protect the public health, safety, and welfare, to insure the structural integrity of the rights-of-way, to protect the property and safety of other users in the rights-of-way, and to minimize the disruption and inconvenience to the traveling public.

Applicant shall update any new information on permit applications within ten (10) days after any material change occurs.

Failure to provide the information provided above or any misrepresentation therein shall be cause for denial of the permit if not corrected, or supplemented within a reasonable period from notice to applicant of such deficiency.

I hereby agree that all work performed under the authority of this permit will be done in strict accordance with the specifications and standards of the City of Lebanon as directed by the Deputy City Manager.

Owner: _____

Contractor: _____

Office Use Only
Permit Fee: <u> \$25.00 </u> Receipt No. : _____

Permission is hereby granted to the above applicant to perform the work listed above. The permit shall become void ninety (90) days after the date inscribed below.

Conditions: _____

Date: _____

Deputy City Manager: _____

Attachments (required):

Be sure to include:

- a. Layout map, including command post, first aid area, vendor sites, locations of sanitation facilities and logistical needs
- b. Deposit
- c. Zoning Permits
- d. Security Plan
- e. Plan for Liquor Sales
- f. Parking and Shuttle Plan
- g. Fireworks permit, if applicable.

Signatures

Event Organizer

By signing below, I understand the City of Lebanon has final review and approval on all aspects of city services and public health and safety. Upon review and approval of these forms an estimated cost of city services* that my organization will be responsible for will be provided prior to the event. These costs may include expenses from the Police, Fire, Streets, and Electric divisions and any other city departments that provide service to the event. I understand I will be given an itemized bill after the event.

**Organizers who receive In-Kind Services donations through the City's Civic Donation Program will not be provided with a cost estimate of city services.*

Event Organizer: _____ Date: _____

Event Organizer: _____ Date: _____

Event Organizer: _____ Date: _____

City of Lebanon

City Staff Contact List

Application & Final Permit

Karen Graves
Assistant to the City Manager
513-228-3110

Electric

Kevin White
Division of Electricity
513-228-3210

Fire & EMT

Ryan Dipzinski
Division of Fire
513-535-2408

Safety/Traffic/Parking

Mike McCutchan
Division of Police
513-228-3350

Street Closures & Trash Removal

Darren Owens
Public Works
513-228-3701

Signage (Promotional)

Meredith Snyder
Planning & Development
513-228-3170

Tent Permits

Zoning Permit
Permit Clerk
513-228-3171

Building Permit
Warren County Building Dept.
513-695-2984