

SPECIAL EVENT PERMIT APPLICATION



City of Townsend • 123 Tiger Drive • Townsend, TN 37882 • Ph#: (865)448-6886 Fax#: (865)448-0908

The following application is for the permitting of special events held inside the City of Townsend. Answer all questions, using additional sheets as necessary. Return the completed application, including site plan if required, and appropriate application fee to the City Recorder's Office at the above address. Incomplete applications will NOT be processed. Application deadlines are as follows:

- **Thirty (30) days** prior to planned time of the event
- **Forty-five (45) days** if beer is to be served

APPLICANT INFORMATION

Applicant Name:		Email:	
Applicant Address:			
Phone Numbers - Home:	Work:	Cell:	
Organization Represented (if any) Name:		Applicant's Title/Position	
Organization Address:			
Phone:	IRS Tax Exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		

EVENT INFORMATION

Event Name: _____

Event Date(s): _____ Event Time(s): _____

Event Type: (check all that apply) Run/Walk/Race* Parade/March* Fair/Festival Concert Wedding

Other (specify) _____ Estimated Attendance: _____
 * Site plan required

Is there an attendance fee? Yes No If yes, who will benefit from the proceeds? _____
 If no, what is the purpose of the event? _____

Event Location:

Property Location: _____

Other Location: _____

If on private property, do you have permission to use property? Yes No
 Please explain: _____

Will there be multiple mobile vendors (t-shirts, food trucks, etc.) at the event? Yes No

Will the event require water service? Yes No If yes, please describe:

Will the event require any temporary closure of public rights-of-way including greenways? Yes No If yes, a Site Plan is required indicating locations and times of closure. The Townsend Police Department (TPD) will determine the signage, barricades, and labor necessary to accommodate the closures based on the site plan.

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EVENT INFORMATION (continued)

Will the event include any tents, stages, amusements, or other structures? Yes No If yes, please specify.
(These structures require inspection, which must be conducted during regular business hours, M – F 8:00a - 4:30p)

Will the event require security, traffic control or other emergency services? Yes No
The TPD and TVFD will determine the required level of these services based on review of the application. If applicant intends to provide any of these services, please indicate below:

Will the event include any signage? Yes No If yes, a **Site Plan** is required indicating size, type, and location.
Please note, the temporary use of signs celebrating certain special events are permitted to be displayed no more than 7 days prior to the event and must be removed the day following the event.

Refuse and post event clean-up. Will the event require supplemental refuse containers? Yes No
Will the City be requested to provide post event clean-up? Yes No If yes, to either, please describe below:

Additional description. Please attach additional pages as necessary to describe the event more fully in or to assist in the evaluation and approval process. Topics may include event logistics; beneficiaries of proceeds, if any and applicant(s) prior event management experience.

Indemnification.
By signing below, special event permit applicant does hereby remise, release, discharge, indemnify and hold harmless City from any, and all manner of, actions and causes of action, suits, damages, injuries, claims and demands whatsoever in law or in equity, including incidental, consequential, or punitive damages which may result from, or in any way relate to, the special event described herein including the actions of the Special Event permit applicant and its officers, employees, agents, guests, patrons, invitees and/or customers. In the event any legal proceeding is taken against City, Special Event permit applicant shall be responsible for all costs and expenses related thereto. Special Event permit applicant further agrees to be responsible for any personal injury, liability and/or property damage arising out of said special event.

Certification. By signing below, Special Event applicant hereby certifies that the information submitted in this application is true and correct to the best of their knowledge and belief.

Applicant Signature

SPECIAL EVENT FEES

	Resident	Non-Resident
Application Fee	\$0	\$0
Multiple Mobile Vendor Fee	\$0	\$0
Events with retail sale and/or consumption of beer. Certificate of Insurance required. (See <i>Facility Use Agreement</i>)	\$0	\$0
Use of inflatables and/or other wind-activated attractions	Certificate of Insurance may be required (see <i>Facility Use Agreement</i>)	

Reservations for City facilities are subject to department approval and one will be responsible for the cleanup and condition of the facility after an event. Tents and such are required to be weight secured, as opposed to surface-penetrating anchors. Liability insurance may be required.

	Staffing	Overtime/Holiday
Public works (Traffic Operations) Street closures, runs/walks, bike races and parades are based on average overtime rates	Field Crew (2) with vehicle	\$40/hr., 2 hr. minimum
Off-Duty Services (Traffic Control)	Officer and vehicle	\$50/hr., 2 hr. minimum

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Please check here if applicable

SOUND PERMIT APPLICATION

Townsend Municipal Code 11-301

If the event will employ the use of public address systems, the amplified reproduction of music or other sounds or will involve live musical performances, whether amplified or not, a **Sound Permit** is required. Permit operating hours are from 7:00 a.m. until 11:00 p.m.; however, exceptions may be granted on a case-by-case basis.

APPLICANT INFORMATION: If the same as Special Event Applicant enter "same " and proceed to next item.

Name _____ Phone contact: _____

Address _____

SOUND DEVICES TO BE USED AND REQUESTED TIMES OF OPERATION:

Public Address System From _____ To _____
Date(s) _____

Music (reproduced or live) From _____ To _____

Date(s) _____ **Other (describe)** _____ From _____ To _____

Date(s) _____

ESTIMATED DISTANCE FOR WHICH SOUND WILL BE AUDIBLE: _____

SITE PLAN REQUIRED: Indicate the locations and sound direction of bandstands, amplified public address speakers including remote loudspeakers on the event Site Plan.

ADDITIONAL INFORMATION: Please provide any additional information that would be helpful in evaluating this application below or on additional sheets as needed.

Signature of Applicant: _____ Date: _____

Permit Approved: _____ Date: _____

City Recorder

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Please circle Part 1. if applicable

BEER PERMITS

Townsend Municipal Code 8-201

*Special Event Beer Permits may be granted to a new applicant or to a sponsoring existing Townsend Beer Permit holder. In either case, the Townsend Beer Board requires applications to be submitted 45 days in advance of the event along with a \$250 processing fee. Existing permit holders sponsoring the special event should complete **Part 1**. Applicants requesting the issuance of a new permit for this event should complete **Part 2**.*

PART 1. (circle if applicable) EXISTING BEER (SPONSORING) PERMIT HOLDER APPLICATION APPLICANT INFORMATION:

Sponsor Name: _____ Primary Phone: _____

Email Address: _____ Alternate Phone: _____

Home Address: _____

Business (Existing Permit) Address: _____

WILL ANY OTHER EXISTING TOWNSEND BEER PERMIT HOLDERS ASSIST IN THIS EVENT Yes No If yes, please list names

SITE PLAN REQUIRED: Indicate on the attached Site Plan the proposed locations for dispensing beer including fencing or other physical control measures to ensure that dispensing of beer at the event is responsibly managed.

HOW WILL THE DISPENSING OF BEER BE MANAGED? Describe below the procedures proposed to manage the dispensing of beer at the event in accordance with State and local law. For example, will attendees be pre-qualified and issued wrist bands or will other methods be used. Please supply any additional information that would be helpful in gaining approval of the permit.

INSURANCE REQUIREMENTS: Provide a Certificate of Insurance stating the limits of \$1,000,000 liability and showing the City of Townsend as an additionally insured. (please attach)

Signature of Applicant: _____ Date: _____

Signature of Sponsor (beer permit holder) _____ Date: _____

Permit Approved: _____ Date: _____

City Recorder

I have been advised of and will abide by all comments and/or special provisions. _____ Applicant

_____ Date

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Please circle Part 2 if applicable **BEER PERMITS (continued)**

PART 2. (circle if applicable)

NEW SPECIAL EVENT BEER PERMIT HOLDER APPLICATION

AUTHORIZATION: By submitting this application, I hereby authorize the City of Townsend to use the personal information below to perform investigative background checks necessary to ascertain whether I meet the requirements for being granted a beer permit.

APPLICANT INFORMATION:

Full name of applicant: _____

Person Firm Corporation Joint-Stock Company Syndicate Association Other

Social Security # _____ Primary Phone _____ Alternate Phone _____

Date of Birth ____/____/____ Place of Birth (city, state, country) _____

Driver License # _____ State of Issuance _____

Applicant's present home address and dates lived at this residence:

List addresses of places of residence for the last ten years and respective dates:

Has the Applicant had a beer permit revoked, suspended, or denied in the State of Tennessee?

Yes No. If yes, specify where, when, and why.

WILL ANY OTHER EXISTING TOWNSEND BEER PERMIT HOLDERS ASSIST IN THIS EVENT Yes No If yes, please list names here:

SITE PLAN REQUIRED: Indicate on the attached Site Plan the proposed locations for dispensing beer including fencing or other physical control measures to ensure that dispensing of beer at the event is responsibly managed.

HOW WILL THE DISPENSING OF BEER BE MANAGED? Describe below the procedures proposed to manage the dispensing of beer at the event in accordance with State and local law. For example, will attendees be pre-qualified and issued wrist bands or will other methods be used. Please supply any additional information that would be helpful in gaining approval of the permit.

INSURANCE REQUIREMENTS: Provide a Certificate of Insurance stating the limits of \$1,000,000 liability and showing the City of Townsend as an additionally insured. (please attach)

Signature of Applicant: _____

Date: _____

Permit Approved: _____

Date: _____

City Recorder

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INTERNAL USE ONLY

EVENT NAME _____

TYPE: Run/Walk/Race Parade/March Fair/Festival Concert Wedding Other _____

WHERE _____ **WHEN** _____

CONTACT NAME: _____

APPLICANT REQUESTED OR STAFF DETERMINED PERMITS, ASSISTANCE OR SERVICES:

- Beer Permit Sound Permit Vendor Permits Insurance Required Traffic Control Event Security
- Fire Apparatus Ambulance Paramedics Inspections-Tents, Amusements, Etc.
- Street/Greenway Closure Detour Signage Other Signage Garbage/Recycle Containers
- Litter Pick-up Street Sweeping Special Electric Service Mobile Vendors Special Water Service
- Other _____

DEPARTMENT HEADS/STAFF: Based on review of the application: please indicate your approval/disapproval of the event; provide a collectable reimbursement cost based on estimated personnel, equipment, materials, and supplies required to conduct the event using the current rate schedule; and, list any conditions, concerns, or other information you feel important relevant to the event.

APPROVALS:	TOTAL COSTS	CONDITIONS / COMMENTS:
City Recorder: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____	_____
Police: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____	_____
Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____	_____
Public Works: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____	_____
Codes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	\$ _____	_____
Event Total Costs:	\$ _____	

MAYOR APPROVAL: Subject to the payment of all fees and complying with all other laws, regulations, and stipulations.

_____ MAYOR Date: _____

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