

Town of Lapel - Special Event Permit

Applicant Information

Organization:		Non-profit:	Yes	No
Street Address:				
Email:		Phone:		
Contact Name:				

Event Information

Name of Event:		Annual Event:	Yes	No
Event Date:		Event Time(s):		

Will the Event Include:

Concert(s)/Live Music:	Yes	No	5k/Run/Etc.:	Yes	No
Tents*:	Yes	No	Inflatables, obstacles, rock walls, etc.:	Yes	No
Concessions*:	Yes	No	Fireworks, lasers, pyrotechnics	Yes	No
Alcohol*:	Yes	No	Bingo, drawings, lottery, similar:	Yes	No
Signs or Banners prior to event:	Yes	No	Massage or similar activities:	Yes	No
Additional Lighting, décor or similar:	Yes	No	Portable restrooms*:	Yes	No

*Please see page 2 for additional information required for these activities

Event Description

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Event Logistics

Proposed Location:					
Estimated Attendance:		Estimated Number of Vendors:			
Estimated Event Start Date:		Start Time:			
Event End Date:		End Time:			
Event Set-up Date:		Set-up Time:			
Event Tear Down Date:		Tear Down Time:			

PLEASE DESCRIBE YOUR PLAN FOR CLEANUP AND REMOVAL OF TRASH DURING AND AFTER THE EVENT

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Public Services Requested

Identify any public services including street closures, electric service, etc. that you may need for the event:

Street or Alley Closure:	Yes	No	
Event Barricades:	Yes	No	
Traffic Control:	Yes	No	
EMS Presence:	Yes	No	
Fire Inspection (required for tents):	Yes	No	*Tents over 200 square feet must include "No Smoking" signage and a fire extinguisher. Please contact the Fire Department for
Public Electric Service:	Yes	No	Amperes/Voltage Requested
Public Water Service Connection:	Yes	No	

Public Water Supply requires the use of an NSF-approved food grade hose, non-lead connections, and a back flow prevention device suited to the vendor's intended use. If carbonated drink systems will require a connection to the public water system, please indicate below the type of back flow prevention device that will be used

Please describe any food or concession prep areas and/or alcohol sales and consumption planned for the event and attach a copy of your liquor license to the application

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area which will be available to the public during the event. If you will not be providing portable restrooms, please attach a description of the facility plan.

Total Number of Portable Toilets Proposed: _____ Number of ADA Accessible Portable Toilets: _____

Portable Restroom Facility Provider: _____

Contact Number: _____

Set-Up Date: _____ Time: _____ Pick-Up Date: _____ Time: _____

You are required to provide adequate trash services for the event. Please provide the contact information for the sanitation/recycling company that will provide clean-up services:

Trash/Sanitation Company Name: _____

Contact Number: _____

Number of Trash Cans w/Lids: _____ Without Lids: _____ Recycling Containers: _____

Number of Dumpsters w/Lids: _____ Without Lids: _____

Set-Up Date: _____ Time: _____ Pick-Up Date: _____ Time: _____

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Event Attachments:

Please provide the following as applicable to the event

Event Route/Site Plan	*required	Vendor List	Attached
Agenda/Proposed Activities	*required	Performer List	Please include sound check start/end time(s) Attached
Description of Security/Medical Plan	Attached	Location of Stages	Attached
Parking Plan/Bus Routes	Attached	Copy of 501 c(3) Exemption Letter	Attached
Copy of Liquor License	Attached	Copy of Insurance/Contact Information	Attached
Copy of Health Department Approval	Attached	Brief Description & Locations of signage/banners proposed	Attached
Copy of notice to public/businesses of intended closures	Attached	Other Attachments (Please List)	Attached
Contact Information for Tent Vendor/Installation	*required for fire inspections		Attached

The applicant is responsible for ensuring that the following regulations are met at all times. Failure to meet any of the following will result in denial or revocation of this permit and possible enforcement action being taken as outlined by the Town of Lapel code of ordinances.

All Applicants shall be required to submit to the Town of Lapel proof of insurance and for general liability that states that the Town of Lapel, Indiana, is listed as an additional co-insured. The minimum insurance requirement shall be \$1,000,000 per occurrence; \$300,000 per person; and \$50,000 for legal. Amusement rides, inflatables, moving vehicles, rock walls, etc. will require proof of additional coverage. Special Event Permits are required for any obstruction, use, or activity within a public right-of-way, Town property, or Town easement. Any applications for encroachments must include a site plan that details specifically the number and location of encroachments. Site plans should detail uses planned for each section or route. In cases where the proposed activities will interfere with traffic flow on streets, the application will be assessed by the Lapel Police, Fire, and Street Departments to determine the number of necessary Town personnel and/or equipment. Fees will be assessed on a case-by-case basis based on the personnel needed and total time of the event. Under no circumstance does this permit give the applicant permission to set up any activity, staging area, or other event-related feature on private property. The undersigned shall notify the Town 30 days prior to the event to ensure availability of resources. The applicant shall hold harmless and indemnify the Town of Lapel from, for, and against any claim of any person in tort, contract, or otherwise arising out of the act or omissions of the applicant, their agents, representatives, participants, etc.

Based upon the size, location, and nature of your event, additional Town resources may be required. These resources will be assessed and required by various Town personnel and the cost will be reflected in your total permit fee. The base permit fee is \$_____.

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Applicant Affidavit

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. I believe that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under Town of Lapel Municipal Code, and I understand that this application is made subject to the rules and regulations set forth by the town. As the applicant, I agree to comply with all of the requirements of the Town, County, State and Federal Government, and any other applicable entity which may pertain to the use of the Event venue and conduct of the event. I further certify that I, on behalf of the Host Organization, am authorized to commit that the organization to be financially responsible for any costs or fees that may be incurred by or on behalf of the Event to the Town of Lapel.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Town Council Approval _____ Town Council Denial _____

Town of Lapel Signature: _____ Date: _____

Large empty rectangular area for signatures or stamps.