



## Special Event Application

Complete application and return to:  
Florence Administration Department  
8100 Ewing Boulevard  
Florence, KY 41042  
Phone 859-647-8177 Fax 859-647-5411  
[www.florence-ky.gov](http://www.florence-ky.gov)

Please print or type information.

Special Event #: \_\_\_\_\_

Application Date: \_\_\_\_\_

### APPLICATION INFORMATION

1. NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

2. CONTACT PERSON, if different than applicant: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_ 24 HR #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

3. SPONSOR STATUS:

NOT FOR PROFIT ORGANIZATION TAX EXEMPT NO: \_\_\_\_\_

FOR PROFIT ORGANIZATION

INDIVIDUAL

CHARITABLE

OTHER

**4. HAVE YOU OBTAINED AN OCCUPATIONAL LICENSE? YES [ ] NO [ ]**

**APPLICANTS WHO ARE NOT CONSIDERED A CHARITABLE ORGANIZATION MAY BE REQUIRED TO OBTAIN AN OCCUPATIONAL LICENSE FROM THE CITY OF FLORENCE BEFORE THE EVENT DATE. FOR INFORMATION CONTACT THE FINANCE DEPARTMENT AT 859-647-5413.**

**5. EVENT INFORMATION:**

NAME OF EVENT: \_\_\_\_\_

LOCATION(S): \_\_\_\_\_

EVENT DATE (S): \_\_\_\_\_

EVENT HOURS OF OPERATION: \_\_\_\_\_

SET UP DATE(S) AND TIME(S): \_\_\_\_\_

EVENT TEARDOWN DATE(S) AND TIME(S): \_\_\_\_\_

STREET CLOSURES DATES AND TIMES (if applicable): \_\_\_\_\_

**6. SPECIFIC TYPE OF EVENT: (CHECK MORE THAN ONE BOX IF APPLICABLE)**

FESTIVAL

FUNDRAISER

PARADE

POLITICAL

FAIR/CARNIVAL

RELIGIOUS

PRIVATE PARTY

FILMING

SPORTS EVENT

COMMUNITY EVENT

CONCERT/PERFORMANCE

NAME OF PERFORMER/DJ/ BANDS: \_\_\_\_\_

TYPE OF MUSIC:  POPULAR  CLASSICAL  ROCK  COUNTRY

OTHER (SPECIFY): \_\_\_\_\_

**IF FUNDRAISER, NAME OF CHARITY RECEIVING FUNDS:**

\_\_\_\_\_  
\_\_\_\_\_

**7. BRIEFLY DESCRIBE THE EVENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. ANTICIPATED ATTENDANCE:**

ESTIMATED ATTENDANCE FOR EVENT: \_\_\_\_\_

PRIOR YEAR ATTENDANCE: \_\_\_\_\_

**9. IS THE EVENT FREE TO THE PUBLIC? [ ] YES [ ] NO**

PLEASE INDICATE ADMISSION/ENTRY FEE (if applicable) \$ \_\_\_\_\_

**10. WILL FOOD AND/OR BEVERAGES BE SERVED? [ ] YES [ ] NO**

	NO CHARGE	CHARGE	#OF VENDORS
[ ] FOOD	[ ]	[ ]	_____
[ ] BEER	[ ]	[ ]	_____
[ ] WINE	[ ]	[ ]	_____
[ ] SOFT DRINKS	[ ]	[ ]	_____
[ ] ARTS/CRAFTS	[ ]	[ ]	_____
[ ] OTHER (SPECIFY)	[ ]	[ ]	_____

**NOTE: IF YOU PLAN TO SELL ALCOHOLIC BEVERAGES YOU MAY NEED TO OBTAIN A TEMPORARY LIQUOR LICENSE FROM THE FLORENCE FINANCE DEPARTMENT. FOR INFORMATION CONTACT THE FINANCE DEPARTMENT AT 859-647-5413.**

**11. WILL YOU BE USING ANY OF THE FOLLOWING: [ ] YES [ ] NO**

FIRE WORKS [ ]	MECHANICAL RIDES [ ]
DATE: _____	DATE: _____
TIME: _____	TIME: _____
PLACE: _____	PLACE: _____

COMPANY NAME: \_\_\_\_\_  
 INSURANCE CARRIER: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_

**FLORENCE FIRE/EMS DEPARTMENT MUST APPROVE ALL INDOOR/OUTDOOR PUBLIC DISPLAY OF FIREWORKS OR PYROTECHNICS. APPLICATIONS ARE AVAILABLE UPON REQUEST AND MUST BE RECEIVED BY THE FIRE DEPARTMENT AT LEAST 30 DAYS PRIOR TO THE DISPLAY DATE. FOR INFORMATION CONTACT THE FLORENCE FIRE/EMS DEPARTMENT AT 859-647-5660. MECHANICAL RIDE VENDORS MUST CONTACT THE KENTUCKY DEPARTMENT OF AGRICULTURE, DIVISION OF REGULATION AND INSPECTION, AT 502-564-4696 IN ADVANCE OF THE EVENT.**

**12. WILL VENDORS BE COOKING OR HEATING FOOD? [ ] YES [ ] NO**

IF YES:  
 [ ] GAS CHARCOAL [ ]  
 [ ] ELECTRIC OTHER [ ] Specify) \_\_\_\_\_

WILL YOU BE INSTALLING TEMPORARY ELECTRICITY: [ ] YES [ ] NO  
 IF YES, NAME, ADDRESS, AND PHONE NUMBER OF ELECTRICAL CONTRACTOR:

24 HR PHONE #: \_\_\_\_\_

**ALL TEMPORARY ELECTRIC INSTALLATIONS ARE REQUIRED TO BE INSPECTED BY A STATE CERTIFIED ELECTRICAL INSPECTOR. A KENTUCKY LICENSED ELECTRICAL CONTRACTOR MUST PERFORM ALL ELECTRICAL INSTALLATIONS. FOOD PREPARATION BOOTHS NEED TO BE INSPECTED BY THE HEALTH DEPARTMENT.**

FLORENCE FIRE/EMS DEPARTMENT REQUIRES ONE (1) 10#ABC FIRE EXTINGUISHER FOR EACH COOKING LOCATION.

**13. WHICH OF THE FOLLOWING ITEMS WILL BE UTILIZED:**

- BOOTH(S) # \_\_\_\_\_ SIZE(S) \_\_\_\_\_
- TENT(S) \_\_\_\_\_
- CANOPY(S) \_\_\_\_\_
- OTHER \_\_\_\_\_

BOONE COUNTY BUILDING DEPARTMENT MUST APPROVE THE CONSTRUCTION OF ANY TENT OVER 100 SQ. FT. CONTACT THE BOONE COUNTY BUILDING DEPARTMENT AT 859-334-2218 FOR INSPECTION AND APPROVAL DETAILS.

**14. WILL THIS EVENT REQUIRE THE PRESENCE OF EMERGENCY MEDICAL PERSONNEL:**

- YES  NO
- SERVICES NEEDED:  AMBULANCE  PARAMEDICS  EMERGENCY MEDICAL TECHNICIANS  NURSES  DOCTORS

AGENCY PROVIDING SERVICE: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

AN EMERGENCY MEDICAL PLAN MUST ACCOMPANY THE SPECIAL EVENT APPLICATION, IF APPLICABLE. THE PLAN SHOULD INCLUDE BUT NOT LIMITED TO ACCESS, TRIAGE, TREATMENT, TRANSPORTATION, AND MEDICAL CARE STAFFING. FLORENCE FIRE/EMS DEPARTMENT WILL REVIEW THE PLAN TO ENSURE AN APPROPRIATE LEVEL OF CARE IS AVAILABLE. FLORENCE FIRE/EMS MAY ASSIST IN PROVIDING EMERGENCY CARE AT THE EVENT. FOR INFORMATION CONTACT THE FLORENCE FIRE/EMS DEPARTMENT AT 859-647-5420.

**15. WILL THIS EVENT REQUIRE A SECURITY PLAN FOR THE SAFETY OF PATRONS AND/OR TRAFFIC CONTROL:**

- YES  NO

IF YES WILL YOU BE USING:  FLORENCE POLICE  PRIVATE SECURITY

A SECURITY PLAN MUST ACCOMPANY THE SPECIAL EVENT APPLICATION, IF APPLICABLE. FOR INFORMATION OR ASSISTANCE DETERMINING WHETHER A SECURITY PLAN IS NECESSARY CONTACT THE FLORENCE POLICE DEPARTMENT PATROL COMMANDER AT 859-647-5420.

**16. ANY EVENT TO BE HELD IN A FLORENCE CITY PARK MUST HAVE THE APPROVAL OF THE PARKS ADMINISTRATOR. YOU MAY CONTACT THE PARKS DEPARTMENT AT 859-647-5439.**

**17. INDICATE WHO WILL BE RESPONSIBLE FOR EMPTYING TRASH CANS, REMOVING TRASH FROM VENDOR BOOTHS, AND PICKING UP LITTER IN THE EVENT AREA DURING THE EVENT HOURS OF OPERATION.**

NAME: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

**18. WHO WILL BE RESPONSIBLE FOR CLEANUP OF THE EVENT AFTER THE EVENT IS OVER.**

NAME: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**FOR INFORMATION CONCERNING TRASH COLLECTION IN THE CITY OF FLORENCE CONTACT THE FLORENCE PUBLIC SERVICES DEPARTMENT AT 859-647-5416.**

**19. HOW DOES THE EVENT BENEFIT THE CITY OF FLORENCE? (QUANTIFY IF POSSIBLE)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some special events may require the City of Florence to provide services that are above the regular day-to-day activities of its departments. Such services may include the cost of special security by Florence police officers, crowd control, traffic control, emergency medical personnel, use of City barriers, special clean up by City workers, etc. An estimate of City services costs will be provided prior to the event, if necessary. Applicant may be given an itemized bill after the event, if applicable. If applicable, the applicant agrees to pay the cost of City services.

**INSURANCE INFORMATION**

Organizations having a special event must provide the City of Florence a current certificate of insurance complying with specified insurance coverage and limits as prescribed by the city not less than seven (7) working days prior to the event. The insurance company must have a minimum "A" rating to be acceptable. Liability limits: 1 million dollars for general and liquor liability (if applicable).

- I. Coverage: \_\_\_\_\_
- II. Insurance Company: \_\_\_\_\_
- III. Limits of Liability: \_\_\_\_\_
- IV. Agent: \_\_\_\_\_
- V. Agent's Phone Number: \_\_\_\_\_
- VI. Is the City named as an additional insured in this policy: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

To the fullest extent permitted by law, \_\_\_\_\_ hereby agrees to defend, pay in behalf of, and hold harmless the City of Florence against any and all claims, demands, suits, losses, including costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Florence, its elected and appointed officials, employees, volunteers, agents or all others working on behalf of the City of Florence, by reason of personal injury, including bodily injury and death; and/or property damage or intended wrongful act, including loss of use thereof, which arose out of the alleged negligence of \_\_\_\_\_ (name of organization) and/or in any way connected or associated with the event(s) known as \_\_\_\_\_ (name of event) which is being sponsored by \_\_\_\_\_ (name of organization).

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the City of Florence of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of above organization(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the City of Florence, its staff, officers, and designated agents and will comply with all local, state, and federal laws or regulations.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A COMPLETED FLORENCE SPECIAL EVENT APPLICATION MUST BE RECEIVED BY THE CITY OF FLORENCE 60 DAYS PRIOR TO THE EVENT DATE. IF THE SPECIAL EVENT APPLICATION PACKET IS NOT RECEIVED WITHIN THE PERSCRIBED TIME PERIOD, THE CITY MAY DENY THE APPLICATION.**

**INTERNAL USE ONLY**

The above special events application is hereby: \_\_\_\_\_ Granted \_\_\_\_\_ Denied

\_\_\_\_\_  
**City Coordinator** **Date**

Cost: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Internal Comments Received:

<u>Department</u>	<u>Y/N</u>	<u>Date</u>	<u>Initials</u>	<u>Remarks</u>
Police	_____	_____	_____	_____
Fire	_____	_____	_____	_____
Public Services	_____	_____	_____	_____
Parks	_____	_____	_____	_____

Application Last Revised: 8/14/2008