

Angola Downtown Public Safety Special Event Application



City of Angola
Downtown Services
Office of The Mayor
210 N. Public Sq., Angola, IN 46703
(260) 624-2698

Application Date of Receipt: _____
Date of Meeting: _____
Signature: _____
<i>For office use only</i>

THIS FORM MUST BE FILLED, COMPLETED AND SIGNED AT LEAST 4 WEEKS PRIOR TO THE EVENT. THE FORM WILL BE REVIEWED BY THE CITY OF ANGOLA AS WELL AS OTHER AREA SAFETY AND SECURITY ENTITIES. COMPLETION OF THIS FORM DOES NOT MEAN AUTOMATIC APPROVAL OF THE EVENT. WE WILL CONTACT YOU PRIOR TO THE EVENT SHOULD THERE BE ADDITIONAL INFORMATION REQUIRED. A MEETING WITH THE DOWNTOWN SERVICES COORDINATOR IS REQUIRED FOR APPROVAL. CALL MARIA DAVIS 260-624-2698 TO ARRANGE A MEETING.

Name of Event: _____

Date(s) and time(s) of Event: _____

Name of Applicant: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name of Managing Organization: _____

Name of Event Manager: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you a:

For-Profit _____ Not-for Profit _____ If Not-for Profit – ID Number: _____

Type of Event: Sporting Event Festival Music Speaker
Other _____

Describe briefly what will occur at your event:

(example: A walk/run relay to benefit cancer research. To begin in the NE quadrant. 10X10 booth to hand out information. Decorate light poles with yellow ribbons.)

ATTACH A LIST OF THE NAMES OF YOUR MAIN VOLUNTEERS AND MOBILE PHONE NUMBER(S) WHERE THEY CAN BE REACHED ON THE DAY OF THE EVENT. THIS IS FOR EMERGENCY PERSONNEL PURPOSES.

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Expected attendance: _____

Depending upon attendance numbers, additional forms from the City of Angola, may need to be filled out. You will be contacted if this is the case.

Where in downtown will your event be located?: _____

PROVIDE A MAP OF THE EVENT AREA ALONG WITH WHAT WILL BE LOCATED IN THAT AREA. (BEER TENT, FOOD VENDORS, NOT-FOR-PROFIT BOOTHS, SIGNAGE, BARRICADES, PARKING, ETC.)

Will there be signage?(check one) YES NO

If yes, attach a description and or image of the type of signage, quantity and proposed location. *When placing proposed signage on the event map, be sure that the location of the signage is CLEARLY indicated. A sign permit may be required through the Planning Office.*

Barricades needed?(check one) YES NO If yes, how many? _____

Attach a description and map indicating where the barricades should be placed. *When placing barricades on the event map, be sure that the location of the barricades is CLEARLY indicated.*

PROVIDE A COPY OF YOUR LICENSES AND PERMITS WITH THIS APPLICATION. *(this includes health, alcohol, fire, etc.)*

Parking needed for this event?(check one) YES NO

If yes, attach a description/image of what parking you will need for the event, include spaces, lots, etc. *(If City lots are requested, we will review availability of those lots for your event.)*

PROVIDE A COPY OF LIABILITY AND GENERAL INSURANCE TO COVER MAJOR INCIDENTS FOR THE EVENT.

I/My organization does not carry insurance for this event.

YOU MUST CONTACT AND SPEAK TO THE LISTED SAFETY/SECURITY PEOPLE BELOW PRIOR TO SUBMITTING. YOU MUST PROVIDE THEM WITH THE DATE AND TIME OF YOUR EVENT AND LET THEM KNOW THAT YOU WILL BE SUBMITTING THIS FORM FOR APPROVAL. A MEETING WITH THE DOWNTOWN SERVICES COORDINATOR IS REQUIRED FOR APPROVAL.

Department

Date

- | | | |
|----|---|-------|
| a. | City of Angola Downtown Services Coordinator (260) 624-2698 – Maria Davis | _____ |
| b. | Fire Chief (260) 665-5555 – Mike Meek | _____ |
| c. | Police Chief (260) 665-2121 – Stu Hamblen | _____ |
| d. | Emergency Medical Services (260) 668-1000 Ext. 3300 – Mary Allred | _____ |
| e. | Emergency Management (260) 668-1000 Ext. 3400 – Randy Brown | _____ |
| f. | Street Department (260) 665-7656 – Retha Hicks | _____ |

PROVIDE YOUR EMERGENCY PLAN WITH THIS APPLICATION.

I affirm that the information provided is true, correct and complete to the best of my knowledge. I am responsible for the information on this application. The event listed is also in compliance with the laws of the State of Indiana. For more information see their website at <http://www.in.gov/dhs/3552.htm>.

Applicant's Name Printed: _____

Date: _____

Applicant's Signature: _____

Date: _____

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THIS EVENT CHECKLIST MUST BE INCLUDED AND FILLED WITH YOUR APPLICATION.

Attach these with your application:

List of names and mobile phone numbers of workers/volunteers where they can be reached the day of the event.

Map containing clearly identified areas for:

Location of event

Barricades Barricades not needed

Signage Signage not needed

Parking lot(s)/areas Designated parking areas not needed

Image and/or description of the type of signage being used for the event.

Emergency Plan

Departments contacted prior to completion of this application Date of Contact

- a. City of Angola Downtown Services Coordinator (260) 624-2698 – Maria Davis _____
- b. Fire Chief (260) 665-5555 – Mike Meek _____
- c. Police Chief (260) 665-2121 – Stu Hamblen _____
- d. Emergency Medical Services (260) 668-1000 Ext. 3300 – Mary Allred _____
- e. Emergency Management (260) 668-1000 Ext. 3400 – Randy Brown _____
- f. Street Department (260) 665-7656 – Retha Hicks _____

Insurance policy for event This event is not covered by my/my organization’s insurance

Copy of proper permits and/or licenses My event does not require additional licenses or permits

List of permits or licenses

- _____
- _____
- _____
- _____
- _____

Additional Information provided

- _____
- _____
- _____