

# CITY OF TALENT . COMMUNITY DEVELOPMENT

PO Box 445, Talent, Oregon 97540 Phone: (541) 535-7401 Fax: (541) 535-7423 <u>www.cityoftalent.org</u>

## **SPECIAL USE PERMIT**

	OFFICE USE ONL	Y:	
New event: Return event: Route change:	Date Received:	On time:	Late: Previous Fees Paid:

(Submit at least 90 days prior to first advertising date)

	Fill	out completely and	type or print legib	ly. Failure to do so cou	ıld result in	permit deni	al.
APPLICANT	AND SPO	NSORING ORGA	NIZATION INFO	RMATION (PERSON	/ GROUP F	RESPONSI	BLE)
Sponsoring O	rganization N	lame:					
Organization t	type: 🔲 Fo	-profit	t Tax Exempt Nur	mber:			
Organization Street Address: City, State, ZIP Code:							
Organization I	Phone:			Organization Email			
Primary Conta	act from Spor	nsoring Organization	:				
Contact Phon	Contact Phone: (office) (cell) Email:						
Name of conta	Name of contact person "on site" day of the event: (cell – required)						
Event coordin	ated through	an event promotion	company?	s  No Name of Comp	any:		
Contact Name: Phone: Email:							
EVENT INFO	ORMATION	l					
Event Type (c	heck all that	apply): 🔲 Run - Dis	stance U	/alk ☐ Bike Race ☐	Parade	Fair 🗌 Par	ty 🗌 Filming
☐ Demonstra	ation ("First A	mendment" Event)	Other (Please	e specify briefly here)			
Location   S	Sidewalk Onl	y Street Only	☐ Street and Sidev	walk	lk and Park	☐ Private	Property
City Location(	s) (Be Specif	ïc)					
Event Name							
Requested Ev	vent Date(s)			Alternative Event Date(s)			
Event Hours		Start:		End:			
Set-up	Location:			Date:		Time:	
Break-down	Location:			Date:		Time:	
Are participan bands) charge	, ,	floats, vehicles and	☐ Yes ☐ No	Admission Cost and/or	Entry Fee(s	):	
Is this an annu	ual event?	☐ Yes ☐ No	If annual, has the	route changed from the	previous yea	ır?	☐ Yes ☐ No
Medical Aid: [	☐ 911 Respo	onse	y - Name and phone	e number of medical aid:			
Estimated Par	rticipants:		Estimated Spectato	ors:	Estimated -	Total:	
Basis on whic	h attendance	e estimate is made:					
Previous year	's total attend	dance – if applicable	:				

OVERALL EVENT DESCRI	PTION					
Briefly explain event and event details (attach additional sheets if needed):						
STREET CLOSURE INFOR	MATION (AI	DDITIONAL FEE REQU	JIRED)			
(REQUIRED: A legible and de				on of travel, and street names)		
Names of streets to be closed (a	attach further c	closures on a separate she	et if needed)			
		Between		And		
		Between		And		
		Between		And		
		Between		And		
		Between		And		
Route description (i.e., held on	sidewalk and/o	or street, changes to route,	where and how you v	vish to travel)		
The City prefers to reopen stree requesting a complete street clo		the tail end of the event ha	s passed the beginni	ng of the event area (if applicable). Are you		
	,					
			I			
Time of Street Closure	Start:		End:			
Participant type and number of	entries of each	type (check all that apply)	: Participants/Spe	ectators		
☐ Vehicles ☐ Floats _	Ban	ds Bikes	-			
If you have vehicles, animals, flo	oats, fire-relate	ed entries and/or bands, pl	ease provide details a	about these entries:		
Parking restrictions requested:						
				<ul><li>☐ No (If yes, this is ODOT's jurisdiction. For</li><li>s. (To avoid revocation of permit, copy of</li></ul>		
permit MUST be received by sta			rand & Odot. State. Or. d	3. (To avoid revocation of permit, copy of		
Will your proposed route affect t	the bus route?	☐ Yes ☐ No (If Yes, o	ontact RVTD at 541-7	779-2877)		
Will you agree to alter your route if ODOT and the Public Works Department determine the proposed route will require significant city services and/or severely limit transit opportunities in high-volume areas?   Yes  No						
EVENT DETAILS						
Does your event involve the salente://www.oregon.gov/OLCC/licstreets?	cense_informat	tion.shtml#How_to_Get_a		ntrol: 541-776-6191) es, will this activity occur on (or spill into) city		
000.0. [] 100 [] NO II yes,	p.5400 4030110					
Will items or services be sold at	your event? [	Yes No (If food is b	eing served contact J	ackson County Health Dept: 541-774-8206 or		
http://www.co.jackson.or.us/pag Please describe:	Will items or services be sold at your event? Yes No (If food is being served contact Jackson County Health Dept: 541-774-8206 or <a href="http://www.co.jackson.or.us/page.asp?navid=712">http://www.co.jackson.or.us/page.asp?navid=712</a> ) If yes, will this activity occur on (or spill into) city streets? No Please describe:					

Will cooking facilities be used? ☐ Yes ☐ No (If yes, contact Jackson County Fire District #5 – 541-535-4222)				
Will you have booths? ☐ Yes ☐ No How many:				
Will the event have amplified soun	d? ☐ Yes ☐ No (If yes, fill out se	eparate "Noise Permit Applic	ation")	
Is this a fundraising event? If yes,	please describe:			
Do you have a recycling plan for you	our event?  Yes  No Please	describe your recycling and	clean-up	plans for this event:
SAFETY/SECURITY/VOLUNT				
Please describe your procedures f	or crowd control and internal securi	ity:		
If fences/barriers will be used, inclu	ude site plan.			
				d associated fees are determined
Are you expecting City Police serv crowd control? ☐ Yes ☐ No	ices at intersections and/or for	by the Talent Police Departure assistance from the Talent discretion.		
	/monitors?  Yes  No (Note: i		red)	
If yes in what capacity?				
Name and phone number of volun				
	PROMOTIONAL INFORMATION NOT TO ANNOUNCE, ADVE		D EVENT	LINTIL VOLUMAVE A SIGNED
PERMIT. Please describe the man	keting and promotional effort planne	ed for the event (advertising,		
strategies for notifying affected nei	ghborhoods and businesses (14 da	ays prior).		
☐ I have read and agree to the republic will result in the revocation	notification requirements at the e	nd of this application and	understa	nd that failure to notify the
INSURANCE INFORMATION				
	ENT: IN CONSIDERATION F			•
	SURE OF ONE OR MORE PUE SPONSOR(S) OF THIS EVEN			
AND HOLD THE CITY, ITS A	GENTS, OFFICIALS, VOLUN	TEERS, AND EMPLOYE	ES HAR	MLESS FROM AND
Signature of Sponsor or			Date	
AGAINST ANY AND ALL CLA ARISING OUT OF OR CONN	AIMS FOR DAMAGES OF ANY BECTED IN ANY WAY WITH	KIND, INCLUDING A	LL ATTC	DRNEY FEES AND COSTS,
Authorized Representative			Date	

not less than \$1,0 \$1000,000 for each claims per occurred.	00,000 for perch occurrence. The Citered the hold	ersonal injury to eace involving property by of Talent shall be harmless agreemen	maintain public liability and property th person, \$1,500,000 for personal in damage; or a single limit policy of nonamed as an additional insured on the tand liability agreement. I agree to mager determines a liability agreement w	ijury for e ot less the he policy intain pul	each occurrence, and an \$1,500,000 covering all  blic liability and
Signature of Spons Authorized Repres				Date	
PERMIT CONDI	TIONS				
See attached sheet of 2. Notifications – 0 Development Depart of those notified.  3. Signage – Parkin No signs may be possible of the signs.  4. Volunteers – On staging a safe and of Volunteers will remain monitors shall be professed occurrence and covering all claims personal	events are to be for permit fees or	e paid at least 30 days anotify affected neighbor Box 445, Talent, OR, coordinated through the posts or regulatory signed for charitable event equately supply volunifolunteers must be earlied advised by Talent Potaguest of the Permit Cots shall provide coverage and participants are necessary for the safe ent Police Department and the provide coverage on the day of the sufficient of Transportation assued with a set startion Police Supervisor of the responsible for ensures and noise permits	s <i>specific written approval is given by the</i> e event. nd ramps to state highways will be requir	tifications is prior to gnage by pards, ped 535-7401 colunteers dge, arm be required. In the prior to gnal injury it policy or unity Deve of 12 mind will be a Communed to apple to the sporior to the sp	will be sent to the Community the event and will include a list the Public Works Department. Just a signs, ground signs, etc are for more information regarding will be instructed to assist in boand, bib, shirt or cap. Proof of adequate number of to each person. \$1,000,000 for foot less that \$1,000,000 elopment prior to the event. In the police required to move to the sity Development Director. The sy for and coordinate closures are will occur at the idewalks. The event. These include, but are
11. Special conditions					
□ I have read th     □	ese conditio	ns and agree to fulf	ill any requirements therein.		
By signing this applies special conditions list			zed representative on behalf of sponsor a	agrees to	all terms and conditions and any
the permit fee for th	is event as de		at the information provided is true to the council based upon the information provided.		
Name of Sponsor or Representative (Prin	ted)				
Signature of Spon Authorized Repres				Date	
FOR OFFICE USE	Associated Fi	le Number:	Public Works Review:	Comm	unity Development Review:

FOR OFFICE USE ONLY	Associated File Number:	Public Works Review:	Community Development Review:
Date Approved:	City Manager Approval:	Talent Police Review:	

#### **ADDITIONAL PERMITS**

IF ANY OF THESE CONDITIONS EXIST YOU MAY NEED AN ADDITIONAL PERMIT FROM THE CITY OR ANOTHER AGENCY.

PERTINENT QUESTIONS	WHO TO CONTACT PHONE		
Will a park be used for the formation or ending area or anywhere along the route? If yes:	<u>City Park:</u> City Hall	541-535-1566	
Will a public address system or amplified music be used? If yes:	Community Development	541-535-7401	
Will food be served at the event? If yes:	Jackson County Health Division	541-774-8206	
Will alcoholic beverages be sold? If yes:	Oregon Liquor Control Commission	541-776-6191	
Will your procession interfere with a bus route or schedule? If yes	RVTD, Field Operations Coordinator	541-779-2877	
Will your event include a street closure that does not include a procession or athletic activity? If yes:	Community Development	541-535-7401	
Will your event include a neighborhood street fair or community event with broad participation? If yes:	Community Development	541-535-7401	
Will your event include tents, canopies, booths, food? Are you an outdoor fair? If yes:	Jackson County Fire District #5	541-535-4222	
Will your event include open fires or cooking equipment of any kind? If yes:	Jackson County Fire District #5	541-535-4222	

#### PUBLICITY AND PUBLIC NOTIFICATION OF SPECIAL EVENTS

Sponsors are advised not to publicize proposed street and sidewalk uses until after receipt of the permit from the Public Works Department to avoid publication of misinformation. Sponsors who disregard this precaution shall not receive special consideration in determining approval for the proposed street and sidewalk uses because of advance preparation or the expenditure of money.

#### A precondition for receipt of a special event permit is public notification and signage.

Sponsors of large athletic, large parades, extra large uses, uses with a closed course and possibly exceptions shall notify residential complexes, neighborhood groups, businesses and churches which will be affected by the street and sidewalk use (signature form enclosed). The notification shall be made not less than fourteen (14) days before the street and sidewalk use date. The notification shall be in writing and shall include the name and telephone number of the appropriate City official to contact in case of questions or concerns. A notification form is at the end of this document. A copy of the actual form of notification shall be sent to the Community Development not less than fourteen (14) days before the street and sidewalk use date with a list of those notified.



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## NOTIFICATION CERTIFICATION

To be submitted to Community Development by Event Organizer at least 14 days prior to the event.

	, , , , , , , , , , , , , , , , , , ,	,	
List name of the business or	organization hosting the eve	nt:	
Name and phone number of	the contact person for the ev	vent:	
Name of the event:			
☐ I certify that the entiti	es listed below have bee	n notified about my upcom	ing special event.
Signature of Sponsor or Authorized Representative		Date	
Name/Business	Address	Phone	Email

Please submit this form to: City of Talent Community Development Department



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# NOTIFICATION OF UPCOMING SPECIAL EVENT STREET CLOSURE

List name of the business or	organization hosting the ever	nt:	
List the name of the beneficia	ary (non-profit organization) o	of the event:	
Approximate number of partic	cipants and spectators:	_	
Name and phone number of	the contact person for the ev	ent:	
Name of the event:			
The above listed are proposir	ng a street closure for a comr	nunity event.	
The closure of	between	and	for a
The closure ofstreet community event will be held	on froi	n until	street ·
•	date	time	time
By signing below, we, the aboacknowledge notification of the			by the proposed closure,
Printed Name/Business	Signature	Address	Phone

Please submit this form to: City of Talent Community Development Department