

Town of Sardis Special Event Application

| SPECIAL EVENT APPLICATION | | | | |
|---|---|--|------------------------|------------------|
| APPLICANT INFORMATION | | | | |
| Applicant Name | | Organization Name | | |
| Address | | City | State | Zip |
| E-Mail Address | | Web Site Address | | |
| Telephone Number | Facsimile | Mobile Number | | Secondary Number |
| Type of Organization () Charitable () For Profit Organization () Other | | <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit Organization 501.3C Tax ID # _____ | | |
| On Site Contact | | Mobile Number for On-Site Contact | | |
| EVENT INFORMATION | | | | |
| Event Name | | Event Date(s) | | Time |
| Type of Event | <input type="checkbox"/> Carnival <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Festival <input type="checkbox"/> Professional Filming | | | |
| | <input type="checkbox"/> Fundraiser <input type="checkbox"/> Parade <input type="checkbox"/> Private Gathering <input type="checkbox"/> Reception | | | |
| | <input type="checkbox"/> Run/Walk <input type="checkbox"/> Sports/Recreational <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Is this a first time event? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If No, date of previous event _____ What was the past attendance? _____ | | |
| Is this event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Admission/Entry Fee | Estimated Total Budget | |
| Proposed Area | | _____ _____ _____ | | |
| Setup: (first item to be loaded in on site) Date: Time: | | Teardown: (last item removed) Date: Time: | | |
| Estimated Attendance | | Known Current Sponsor(s): | | |
| Participants | Spectators | Est. # Hotel Rms. | _____ | |
| | | | Beneficiary(ies): | |

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EVENT SPECIAL FEATURES (CONTINUED)

| | | |
|---|---|--|
| Electrical Services <i>*Event must use a licensed electrician</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Equipment <i>(check all that apply)</i> | Requirements: <input type="checkbox"/> Generator(s) # _____ <input type="checkbox"/> Light Tower(s) # _____ |
| Professional Parking/Valet | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, provide Company: |
| Number of Parking Personnel | Hours | # of Cars |
| Carnival/Amusement Rides and Attractions | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, provide Company: |
| | Contact Name | Phone |
| Climate Control | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, provide Company: |
| | Type (check all that apply) | <input type="checkbox"/> Fan (pedestal, box, etc) <input type="checkbox"/> Misting Air <input type="checkbox"/> Air-Conditioning <input type="checkbox"/> Heater(s) |
| Pyrotechnics/Laser/Special Effects | <input type="checkbox"/> Yes <input type="checkbox"/> No Show Budget \$ _____ | If Yes, provide Company: |
| Day/Time of Show | Length of Show (in minutes) | Products Used |
| Please check all items that apply to your event. Provide a detailed explanation in the space provided for each item checked. <input type="checkbox"/> a. Animals <input type="checkbox"/> b. Barricades <input type="checkbox"/> c. Bicycles <input type="checkbox"/> d. Bleachers <input type="checkbox"/> e. Booths – Vendors handing out items <input type="checkbox"/> f. Booths – Vendors Selling <input type="checkbox"/> g. Decorator/scenery <input type="checkbox"/> h. Drawing or raffle <input type="checkbox"/> i. First Aid Station <input type="checkbox"/> j. Golf Carts <input type="checkbox"/> k. Inflatable's <input type="checkbox"/> l. Road Closure <input type="checkbox"/> m. Security <input type="checkbox"/> n. Shuttle bus/tram <input type="checkbox"/> o. Signs/banners <input type="checkbox"/> p. Ticket agent <input type="checkbox"/> q. Video Production/Photography <input type="checkbox"/> r. Other _____ | | |
| Explanation of items checked above (list letter for reference): _____ _____ _____ _____ _____ _____ | | |

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INSURANCE INFORMATION (Proof of insurance required within 30 days of event)

| | | |
|--------------------------|-------|---------|
| Name of Insurance Agency | | |
| Name of Insurance Agent | | |
| Address | | |
| City | State | Zip |
| Phone | Fax | Policy# |

REFERENCES (For first time event or out of town applicants or as required)

| | |
|--|--|
| Contact Name _____ Company _____ Telephone # _____ Relationship _____ | Contact Name _____ Company _____ Telephone # _____ Relationship _____ |
| Contact Name _____ Company _____ Telephone # _____ Relationship _____ | Contact Name _____ Company _____ Telephone # _____ Relationship _____ |

Lack of Reference is not Grounds for Denial of Application

Signature _____ Date _____

Application received by _____ Date _____

Submission of this form does not guarantee approval of the event

Promoter/Applicant agrees that this form is complete to the best of his/her knowledge and ability. Promoter/Applicant agrees that it accepts, shall abide by, and is subject to all terms and conditions of the Special Event Guidelines, which are incorporated herein for all purposes as if set out in full, and are included in this package and hereby represents that it had read the said Rules, Regulations and General Information and understands the same.

Checklist

- ✓ Completed Application
- ✓ Site Plan
- ✓ Fees (Checks made payable to Town of Sardis)
- ✓ Copy of Insurance Certificate
- ✓ Non-profit, 501c3 Certificate (if applicable)
- ✓ Completed Sponsorship Application (if applicable)

Town of Sardis Special Event Application

| Applicant Information | | | |
|---|-----------|-------------------|-------|
| This sponsorship request will be attached to and become part of the Event Application | | | |
| Applicant Name | | Organization Name | |
| Address | City | Zip | State |
| E-mail Address | | Web Site Address | |
| Telephone Number | Facsimile | Mobile Number | |
| Type of Organization <input type="checkbox"/> Charitable <input type="checkbox"/> Non-profit organization (501.C3 Tax ID # _____) <input type="checkbox"/> Other | | | |

Event Information

| Event Name | Event Date(s) | Event Time |
|---|---------------------------------|------------|
| Event estimated needs and justification for City in-kind services: In-kind services request: | Other sources of event funding: | |
| | | |

Advertising and Promotion

What types of advertising/promotion will be done prior to the event?

- | | | |
|----------------|------------------------------|-----------------------------|
| Radio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Television | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Print Ads | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Press Release | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fliers/Posters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Direct Mail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Billboards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Explain

This request acknowledges that if the Town of Sardis through the Board of Aldermen decides to sponsor your event through in-kind services, then the value of the sponsorship calculated will serve to determine the sponsorship level that is commensurate with that value. This sponsorship level will allow the City to have the visibility afforded to all other sponsorships at the same or equivalent level.

Signature of Applicant

Date

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STATE OF MISSISSIPPI
COUNTY OF Panola

ATTACHMENT TO SPECIAL EVENT APPLICATION AGREEMENT TO INDEMNIFY

As a condition precedent to holding and conducting the event, which is the subject of this application, and as consideration for same, and in accordance with the provisions of the application and the Town of Sardis:

_____ (*name of applicant*) (The "Indemnitor") agrees to and shall indemnify, hold harmless, and defend at its sole cost and expense the Town of Sardis, Mississippi (The "City"), its officials, officers, employees, agents (in both their official and private capacities) (Each an "Indemnitee") from and against any and all claims, suites, actions, judgments, liabilities, penalties, fines, expenses, fees, costs (including attorney's fees and other costs of defense), and damages (together, "damages") arising out of or in connection with (A) the Indemnitor's performance of the event, (B) the use of any portion or property of the city, by the Indemnitor or by any owner, officer, partner, shareholder, member, employee, agent, representative, contractor, sub-contractor, licensee, customer, guest, invitee, or concessionaire of the Indemnitor, or any person action by or under the authority or with the permission of the Indemnitor, or any other person under the express or implied invitation of the Indemnitor, or any other person or entity for whom the Indemnitor may be liable (together, "the Indemnitor parties"), or any of them, (C) the conduct of the Indemnitor's business or anything else done or permitted by the Indemnitor (or any of the Indemnitor parties) to be done in or about any portion of property of the city, (d) any breach or default in the performance of the Indemnitor's obligation in connection with the event, and (E) without limiting any of the foregoing, any act or omission of the Indemnitor or any of the Indemnitor parties under, related to, or in connection with, the event, which is the subject of this application, including damages caused in whole or in part by an Indemnitee's own negligence.

In the event that the Indemnitor fails or refuses to provide an indemnity and defense as set forth herein, the City shall have the right to undertake the defense, compromise, or settlement of any such claim, lawsuit, judgment, or cause of action, through counsel of its own choice, on behalf of and for the account of, and at the risk of the Indemnitor, and the Indemnitor shall be obligated to pay the reasonable and necessary costs, expenses and attorneys' fees incurred by the City in connection with handling the prosecution or defense and any appeal(s) related to such claim, lawsuit, judgment, or cause of action.

This indemnity provision is solely for the benefit of the City, its officials, officers, employees, and agents and is not intended to create or grant any rights, contractual or otherwise to any other person or entity.

This indemnity agreement survives the termination or expiration of the event, which is the subject of this application, and the termination or expiration of any contract between the Indemnitor and the City.

The undersigned officer, representative, and/or agent of the Indemnitor is the properly authorized officer, representative, and/or agent of the Indemnitor and has the necessary authority to execute the Agreement on behalf of and to bind the Indemnitor, and the Indemnitor hereby certifies to the City that any necessary resolutions or other act extending such authority have been duly passed and are now in full force and effect.

In the event of any action hereunder, venue for all causes of action shall be instituted and maintained in Panola County, Mississippi. The parties agree that the laws of the State of Mississippi shall govern and apply to the interpretation, validity and enforcement of this Agreement; and, with respect to any conflict of law provisions, the parties agree that such conflict of law provisions shall not affect the application of the law of Mississippi (without reference to its conflict of law provisions) to the governing, interpretation, validity and enforcement of this Agreement.

AGREED:
APPLICANT/INDEMNITOR

ATTEST:

BY: _____

BY: _____

TITLE: _____

TITLE: _____