

## **City of Park City KY**

41 Mammoth Cave Avenue, Park City, KY 42160 PO Box 304, (270)749-5695 visitparkcityky.com

Mayor Larry Poteet, mayor@parkcity.ky.gov
Commissioners: Donna Scavo, Angelo Scavo, Mike Burgess & Gary Carroll
Fire Chief Ronnie Stinson
City Clerks-Karen Briggs & Amanda Johnson cityhall@parkcity.ky.gov

Special Event Permit
Please complete this application and submit to ABC officer, Amanda Johnson by emailing or mailing to City hall at

City of Park City P.O. Box 304 Park City, KY 42160

cityhall@parkcity.ky.gov

Summary of Event					
Event Title:	Date of Event:				
Event Location:					
Event Description:					
Event Organizer Information					
Organizing Agency:	Agency Contact:				
Email Address:	On-Site Contact:				
On-Sit Phone:	Billing Contact:				
Billing Phone:					
Agency Status: ( ) Profit ( ) Non-Profit	( ) Fundraiser / what cause?:				

## **Secondary Permit Requirements**

Note: A special Event Permit does not negate the additional requirements of obtaining proper zoning, alcohol, tent, or other applicable permits. Please review "Special Event Instructions" for additional details.							
Yes ( ) No ( ) is there an open vent? ( ) Public Property ( ) Private Property ( ) Parking Lot							
Yes ( ) No ( ) Alcohol or beer on-site? ( ) Alcohol Sales ( ) Beer Sales ( ) Free Beverages							
Yes ( ) No ( ) Concessionaires on-site? Number of food vendors: Number of item vendors:							
Yes ( ) No ( ) Food preparation on-site? ( ) Charcoal ( ) Electric ( ) Gas							
Yes ( ) No ( ) Tents or stages on-site? If yes, what size?							
Yes ( ) No ( ) Other Structures on-site? If yes, please explain:							
Yes ( ) No ( ) Using a City Park? Name and Location:							
Mitheaties of less out							
Mitigation of Impact  Please describe your plan for cleanup and removal of waste and garbage during and after your event:							
Theade accorded your plant of discurate and garbage daming and after your crome							
Insurance Information							
Organizations holding a Special Event Permit shall provide the City of Park City a current certificate of insurance complying specified insurance coverage and limits are prescribed by the City of Park City. The City of Park City shall be listed as an additional insured on the certificate. The insurance company shall have a minimum "A" rating to be acceptable. Liability limits: \$1,000,000 for general and liquor liability, if applicable.							
Yes ( ) No ( ) Certificate of insurance Agency and Phone:							
If yes, please submit certificate. If no, please explain :							

## **Hold and Harmless Agreement and Applicant Affidavit**

To the fullest extent permitted by law, hereby agrees to defend, pay on behalf of claims, demands, suits, losses, including coasserted, claimed, or recovered against from the employees, volunteers, agents, or all other personal injury, including bodily injury and including loss of use thereof, which arose (Name of associated with the event(s) known as sponsored by	, and hold harmless the City of Par osts connected therewith, for any om the City of Park City, its elected rs working on behalf of the City of d death, and/ or property damage out of the alleged negligence of Organizing Agency) and/or in any (Name	ck City against any and all damage which may be d and appointed officials, Park City, by the reason of or intended wrongful act, way connected or				
Applicant declares all information submitted on this application is true and accurate. An application approval does not imply city sponsorship. Review the instructions for further information in reference to special events. Applicant will immediately notify the City of Park City of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the organizing agency, and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the City of Park City, its staff, officers and designated agents, and will comply with all local, state and federal laws or regulations. I further certify that I, on behalf of the organizing agency am also authorized to commit that agency, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Park City.						
Print Name: Si	gnature:	Date:				
Phone Number:	Email Address:					
For Official Use Only						
Date Received:						
The above Special Event is: ( ) Approve	ed ( ) Denied					
Approved by:	Date approved:					
Other Notes:						