

PUBLIC EVENT GUIDELINES

The Town of Clifton is often asked by organizations to permit, co-sponsor or sponsor public events. To ensure that all liability, health and safety requirements are met, guidelines are necessary. Proof of responsibility, accountability and planning are also necessary in seeking the Town Council’s approval and to better ensure the success of respective events. Form submission is recommended no later than three months prior to event but required two months prior to event.

The following are guidelines for organizing a public event within the Town of Clifton:

**A. Organization/ Sponsorship:**

1. Who is sponsoring the event? \_\_\_\_\_
2. Is the organization non-profit or for-profit? \_\_\_\_\_
3. If organization is non-profit, provide a copy if IRS letter designating its non-profit status.
4. Is there an organizing committee?  
\_\_\_\_\_
5. Who are the chairperson and committee members? \_\_\_\_\_
6. Who will coordinate with Town Manager/ Designee? \_\_\_\_\_

**B. Schedule:**

1. When and where is the event scheduled? \_\_\_\_\_
2. What is the event’s theme? \_\_\_\_\_
3. Are there any other competing or conflicting events? \_\_\_\_\_
4. Has the season(weather) been taken into consideration? \_\_\_\_\_
5. What is the estimated attendance? \_\_\_\_\_
6. Who is in charge of ensuring all necessary permits are obtained? \_\_\_\_\_

**C. Public Works:**

1. List any specific requests you are making of the town. (Examples are booths, trash containers, cleanup before/ after event, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coordination with various agencies is important to the health and safety of the public. Police, Fire and Ambulance services should be included in all event planning and coordination. Vendors handling/selling food must have proper permits from the County Health Dept.

**D. Health**

1. Who will coordinate with the County Health Dept. and food vendors regarding health permits?  
\_\_\_\_\_
2. Who will coordinate restroom needs? \_\_\_\_\_
3. Will restrooms be easily available? \_\_\_\_\_
4. Will extra restrooms (Port-A-Johns) be needed? \_\_\_\_\_
5. If so, where will they be located? \_\_\_\_\_
6. Will restrooms be Handicapped Accessible? \_\_\_\_\_

**E. Safety:**

1. What is your Emergency (Evacuation) plan in case of fire or other emergency? \_\_\_\_\_
2. Who will be in charge of Security/Crowd control? \_\_\_\_\_
3. Who will coordinate with the following agencies: \_\_\_\_\_  
Police: \_\_\_\_\_ Fire Dept. \_\_\_\_\_  
Ambulance: \_\_\_\_\_ Morenci clinic: \_\_\_\_\_
4. Where will designated parking areas be? (please provide a map) \_\_\_\_\_
5. Where will Handicapped parking sections be? (Mark on Map) \_\_\_\_\_
6. Who will be in charge of Traffic Control/Parking?  
\_\_\_\_\_
7. Will you have volunteers to assist? \_\_\_\_\_
8. Will parking areas be inspected for safety hazards prior to event? \_\_\_\_\_  
By whom? \_\_\_\_\_

**F. Inspection:**

1. If held on Town property, who will inspect the grounds (Parks, Sidewalks, Benches, Tables. Etc.) for safety? \_\_\_\_\_
2. Who will inspect progress and safety during preparation for the event and give progress reports to the town? \_\_\_\_\_
3. Who will supervise, inspect cleanup of trash, garbage and proper storage for pick up? \_\_\_\_\_
4. Who will give a final overall report to the Town Manager/Designee (To include the condition of public facilities/equipment) after the event? \_\_\_\_\_

**G. Budget /Finance:**

1. What is the estimated cost of the event? \_\_\_\_\_
2. Has a budget been formulated? \_\_\_\_\_
3. If the answer to #4 is yes, please submit budget to town?  
\_\_\_\_\_

4. If answer is No, please formulate and submit budget to town: \_\_\_\_\_
5. Is fundraising planned to help pay for event? \_\_\_\_\_
6. If so, how will it be done? \_\_\_\_\_  
Who are additional financial sponsors, If any? \_\_\_\_\_
7. To whom or what organization will financial profits go? \_\_\_\_\_
8. Who will do financial record keeping? \_\_\_\_\_
9. Do sponsors have proof of liability insurance? \_\_\_\_\_  
(A copy of the policy must be provided to the Town of Clifton.)
10. Are sponsors willing or able to obtain liability insurance and list the Town of Clifton as a co-insured if it should be required? \_\_\_\_\_

**H. Publicity/Advertising:**

1. How will the event be publicized? \_\_\_\_\_
2. Who will be in charge of publicity? \_\_\_\_\_
3. Is cost of publicity included in the budget? \_\_\_\_\_

**I. Other:**

1. Will Alcohol be served? \_\_\_\_\_
2. Has a permit for alcohol been obtained?  
\_\_\_\_\_

This Town of Clifton form is intended to help public-event organizers establish a chain of command and ensure that necessary tasks are accomplished.

Organizational Chart

Organization/ Committee Name

\_\_\_\_\_

Chairperson(s) \_\_\_\_\_

Vice-Chair \_\_\_\_\_

Committee Members

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

Sub-Committees

Public Works: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members \_\_\_\_\_

Budget/Finance: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members \_\_\_\_\_

Publicity/Advertising: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members \_\_\_\_\_

Health/Safety: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members: \_\_\_\_\_

Entertainment: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members \_\_\_\_\_

Parking: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members \_\_\_\_\_

Inspection/Final Report: Chair \_\_\_\_\_ Vice-Chair \_\_\_\_\_

Members \_\_\_\_\_