



City of Dixon Special Event Application

Event Name: _____

Event Sponsor(s): _____

Please provide a brief description of the event: _____

Proposed Location: _____

Ensure the location has been reserved for event prior to the submission of this application.

Primary Contact

Full Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Alternative Contact

Full Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Proposed Dates & Times*

Date: _____	Date: _____	Date: _____
Times Beg. End	Times Beg. End	Times Beg. End
Setup _____	Setup _____	Setup _____
Runtime _____	Runtime _____	Runtime _____
Cleanup _____	Cleanup _____	Cleanup _____

Cleanup is **required** at the organizer's expense and is to occur immediately following the event.

*The City of Dixon reserves the right to modify or cancel the proposed special event should special conditions or an emergency exist or if the guidelines of this policy are not followed.

Does the event sponsor have a Business License? (Requires permit from City of Dixon)

Yes No N/A

Do the vendors have a Business License? (Permits must be obtained from City of Dixon at least 5 days prior to event)

Yes No N/A

Will there be vendors at the event? (If so, attach a list of vendors and indicate their placement on map. You **must** meet the State of Missouri Requirements for Vendors, as well.)

Yes No

Will the event be attended by over 150 people? If so, how many are you expecting?

Yes No If Yes, how Many: _____

Will you be placing portable toilet facilities? (Indicate locations on attached map)

Yes No If Yes, how Many: _____

Will you be placing trash receptacles or dumpsters? (Indicate locations on attached map)

Yes No If Yes, how Many: _____

Will there be alcohol? (Requires approval & license from City Council; contact City Collector at 573.917.4501 to begin the process)

Yes No

Will the event have food concessions? (May require a permit from Pulaski Co. Health Dept.)

Yes No

Will the event have cooking areas? (Requires permits from Pulaski Co. Health Dept. & must notify Dixon Fire Department)

Yes No

Will the event require first aid stations or medical care?

Yes – I **have not** contacted the Dixon Ambulance regarding this.
 Yes – I **have** contacted the Dixon Ambulance regarding this.
 No

Will the event require a street closure? (Indicate street(s) below and attach map)

Yes No

Will the event require off-street parking? (Describe your off-street parking plan)

Yes No

Will the event impact local businesses during normal operating hours? If so, have you communicated with business owners? (For example, street & parking lot closures)

Yes No

Will the event have excessive noise? (Describe type of music/sound & a tentative time-frame)

Yes No

Will the event have pyrotechnics, ceremonial fire(s), or special effects of any kind?
(If so, explain; must notify Dixon Fire Dept.)

Yes No

Will the event require banners or signs? (Describe & attach map with location)

Yes No

Will the event require the City to provide water and/or electricity? (If so, elaborate. Dixon Public Works Department does not provide after hours or weekend services)

Yes No

Will you have animals at the event? (If so, list what kind and their purpose at the event. All animals must be restrained, and not allowed to run at large, per City Ordinance 408.)

Yes No

What is your security/safety plan? (Dixon Police Dept. does not provide security)

What is your Emergency Plan?

Additional Information:

The following items must be submitted prior to the event. You can attach these items to the e-mail when submitting event details.

- Event Sponsor must furnish a Certificate of General Liability insurance** for one million dollars (\$1,000,000) listing the City as an additional insured for events to be held on public property.
- Map**
If your event is a run, walk, parade, or event set up on the city streets, a **map must be attached** clearly indicating the route or layout, and any requested street closures.
- A complete event plan is required at least 30 days prior to the event.**
This plan must include a list of vendors (business, owner, address, and phone number), vendor location plan, off-street parking plan, lighting & sound system setup, and temporary banners or signs.

Proof of approval of permits/licenses/reservations required to hold the event.

As indicated above, permits/licenses/reservations may be required by Pulaski County Health Department, City Council, and/or the Dixon Fire Department. Documentation must be attached; except for City Council, which will be handled with the approval of this application.

Vendors

Include a list of vendors and indicate their placement on map. You **must** meet the State of Missouri Requirements for Vendors.

**At least 30 days prior to the event, the organization must coordinate with City officials and departments to ensure all aspects of the event are communicated by attending a City Council meeting. A request to be on the agenda can be obtained at City Hall.*

****All event cancellations must be reported to City Hall at least 72 hours prior to the start of the event unless the reason for cancellation is inclement weather or uncontrollable circumstances.***

****7-10 days prior to the event, the organization must meet with city departments for a final wrap-up meeting.***

CITY OF DIXON

WAIVER, RELEASE & INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, the Sponsor agrees to indemnify, defend and hold harmless the City of Dixon, its officers, agents, volunteers, and employees from and against all suits, claims, damages, losses, and expenses, including but not limited to attorneys fees, court costs, or alternative dispute resolution costs arising out of, or related to, Sponsor's use of City streets, roads, parks, sidewalk or other facilities under this agreement involving an injury to a person or persons, whether bodily injury or other personal injury (including death), or involving an injury or damage to property (including loss of use or diminution in value), but only to the extent that such suits, claims, damages, losses or expenses are caused by the negligence or other wrongdoing of Sponsor, its officers, agents and volunteers, or anyone directly or indirectly employed or hired Sponsor or anyone for whose acts Sponsor may be liable, regardless of whether caused in part by the negligence or wrongdoing of City and any of its agents or employees.

The Sponsor shall purchase and maintain, at Sponsor's expense, Commercial General Liability Insurance with a minimum limit of \$1,000,000 each occurrence / \$2,000,000 general aggregate written on an occurrence basis.

Prior to using the City's facilities or infrastructure under this agreement, Sponsor shall furnish the City with certificates of insurance evidencing the required coverage, conditions, and limits required by the agreement, have the City named as an additional insured and provide the appropriate additional insured endorsements.

No provision of this agreement shall constitute a waiver of the City's right to assert a defense based on the doctrines of sovereign immunity, official immunity, or any other immunity available under law.

The undersigned does hereby waive, release and forever discharge the City of Dixon, Missouri, its agents and employees, and shall hold harmless and indemnify said City of Dixon, Missouri, its agents and employees, from any and all claims, counts, causes of action and demands of every kind and nature, including reasonable attorney's fees and cost of litigation, which may arise out of, result from or in any manner pertain to any and all loss, costs, damage or expense whatsoever from the special event that is being held on City property.

By checking this box, I certify that I represent the "Sponsor" organization/individual above. By typing my name below, I agree my electronic signature is the legal equivalent of my manual signature on this application.

Typed Name of Event Sponsor (Representative)

Date

Signature of Event Sponsor (Representative)

Title and Organization

- FOR OFFICE USE ONLY -

Fire _____ Police _____ Public Works _____ Finance _____ Insurance _____
City Council: Approved Not Approved **or** City Clerk: Approved Not Approved

City Clerk Signature _____ Date of Signature _____
Date Sponsor Notified _____ By _____