



APPLICATION FOR PUBLIC ASSEMBLY

EVENT ORGANIZER INFORMATION

**The event organizer will be the main contact for all correspondence with the City.*

Name: _____

Address: _____

Mobile Number: _____

Email Address: _____

EVENT OWNER INFORMATION (If different than the Event Organizer)

**The event owner will serve as the responsible party/rights holder.*

Name: _____

Address: _____

Mobile Number: _____

Email Address: _____

Event Website: _____

EVENT INFORMATION

Event Name: _____

Event Date(s): _____

**If the Event Organizer has multiple events throughout the year, a separate Event Details Sheet for each event must be completed. Please contact 251-968-9826 for more information.*

Event Hours: _____

Date(s) for setup: _____

Date(s) for Dismantle: _____

Event Location/Address: _____

**An official letter from property owner permitting activity MUST accompany this application, if not owned by applicant.*

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EVENT DESCRIPTION

**Please provide a specific and detailed description of your event.*

Anticipated Number of Attendees per Day: _____

Is this an annual event? Yes No How many years have you been holding this event? _____

TYPE OF EVENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Social |
| <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Fitness | <input type="checkbox"/> Demonstration/Rally |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Festival/Fair | <input type="checkbox"/> Other |

EVENT FEATURES

- | | | |
|--|---|--|
| <input type="checkbox"/> Beverage/Food Vendors | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Merchandise Vendors | <input type="checkbox"/> Tents/Canopies | <input type="checkbox"/> Electrical /Generator Usage |
| <input type="checkbox"/> Stages/Platforms | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Use of Public Property | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Inflatables/Bounce Houses |

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INSURANCE CERTIFICATE AND ENDORSEMENTS

In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If automobiles or inflatables will be utilized, the applicant shall obtain a minimum of \$1,000,000 combined single limit coverage per accident, including owned, hired and non-owned automobiles or inflatables. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Gulf Shores (City of Gulf Shores, Alabama, Attn: Purchasing Officer, P.O. Box 299, Gulf Shores, AL 36547) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Each certificate of insurance shall provide that the insurer must give the City of Gulf Shores at least thirty (30) days' prior written notice of cancellation and termination of the applicant's coverage there under.

ACKNOWLEDGEMENT AND SIGNATURE

I, the applicant, understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no guarantee that my proposed event will be issued a permit by the City of Gulf Shores. I further agree to defend, indemnify and hold the City of Gulf Shores harmless from and against all third party claims, demands, liabilities, losses, damages, suits, judgments, costs, expenses (collectively, "Third Party Claims") and reasonable attorney's fees in any manner arising out of or resulting from bodily injury, sickness, disease or death of any person or persons, or damage to or destruction of tangible property, including the loss of use resulting therefrom, or caused by or occurring during the course of performance of any services provided and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before the permit is issued is the sole responsibility of the applicant.

Print Name of Applicant

Signature

Date

APPLICATION FOR PUBLIC ASSEMBLY

Supplemental Documentation Checklist

- Certificate of insurance
**Contact Purchasing at 251-968-1443 or sdeblieux@gulfshoresal.gov regarding necessary insurance for your event.*
- Site Map with detailed site drawings and diagrams of the proposed event to include the entire event venue with the names of all streets or areas that are part of the venue and the surrounding area, including entrances and exits, emergency access, event staging, set up and break down plans.
- Medical Services Plan
**Location of first aid facilities is to be included on site map.*
- Security Plan
**Location of security is to be included on the site map.*
- Emergency Plan
- Parking, Transportation, and Accessibility Plan
- Utility requests including sources and locations of water, sewer, electricity, generators and lighting **must be identified on the site map.*
- Temporary Structures and Fencing
**Location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, fences, portable toilets, booths, and other temporary structures, including engineered structural drawings to be included on site map.*
- Entertainment list, schedule and noise abatement measures.
- Vendors, Food, Beverages, and Concessions
**Please contact the Revenue Coordinator at (251) 968-1120 to verify.*
- Garbage, Recycling, and Sanitation Plan including any required Health Permits.
- County, State, or Federal permits that may be required to hold your event.
- Letters of Support (Property owners, City, etc.)
- If application will have signage, a sign permit is required.
**Contact Planning & Zoning regarding sign permit(s) at 251-968-1150.*

Initial _____

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EVENT ORGANIZATION INFORMATION/PROCEEDS/REPORTING

The applicant shall have made provision in a manner approved by the City's revenue division, under its current regulations and procedures for the payment of all necessary business licenses* and remittance of all applicable sales taxes.

*Additional permits may be required. Please contact the Revenue Coordinator at (251) 968-1120 to verify.

Charitable Organization (Copy of 501(c) Required)

Tax Exempt (Exemption Certificate Required)

Are patron admission, entry or participant fees required? Yes No

If yes please provide amounts:

Are vendor or other fees required? Yes No

If yes please provide amounts:

Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event. Please explain how this amount was computed:

Estimated expenses for this event:

What is the projected distribution or net dollar amount the Host Organization will receive from this event?

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MEDICAL SERVICES PLAN

The applicant shall be responsible for making adequate plans for medical coverage of performers, employees, participants, customers and attendants. Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas, details on first aid stations, personnel needs, medical materials and medical transport. When City paramedics are used for this purpose, the City shall be reimbursed by the applicant for all expense related to their presence. Please describe the medical service plan below.

Are you requesting medical services from Gulf Shores Fire Rescue? Yes No

*If yes, please contact Gulf Shores Fire Rescue at (251) 968-7422 to develop a plan and verify reimbursement rates.

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? Yes No

Medical Services Provider

Name: _____

Address: _____

Phone #: _____

Email: _____

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SECURITY PLAN

The applicant shall employ at the applicant's own expense security personnel as necessary and sufficient to provide for the adequate security and protection of the maximum number of attendants at the assembly and for the preservation of order and protection of property in and around the site of the assembly. When Gulf Shores police officers are used for this purpose, the City shall be reimbursed by the applicant for all expense related to their presence.

Are you requesting security services from Gulf Shores Police? Yes No

* Please contact Special Operations at (251) 968-3005 to verify reimbursement rates.

No permit shall be issued unless the chief law enforcement officer for the city is satisfied that such necessary and sufficient security personnel will be provided by the applicant for the duration of the assembly. Please describe your security plan including crowd control, internal security and venue safety, number and certification levels of security personnel.

Have you hired a licensed professional security company to develop and manage your event's security plan? Yes No

Security Company

Name: _____

Address: _____

Phone #: _____

Email: _____

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EMERGENCY PLAN

All event organizers should consider the possibilities of natural disasters and unplanned emergencies. A basic emergency response plan should be adopted and communicated with event staff, police/security personnel and on-site first aid providers. A plan should include the following minimum provisions where applicable:

- List the name and phone number of the individual responsible for weather monitoring and making key decisions such as canceling the event:

- Plans for communicating with event staff, volunteers, guests, media, vendors, on-site police and first aid providers
- Methods for safely managing site evacuation
- Steps for caring for injured participants and lost children
- Steps for securing potentially dangerous items on the event site (tents, signage, propane tanks and items that can be propelled by high winds)
- Methods for dealing with suspicious packages
- Training for use of fire extinguishers
- Access to local hotline or portable weather station for weather updates
- Plans for a back-up public address system for announcements (generator or megaphones)
- Crowd Control
- Internal security and venue safety
- Number and certification levels of security personnel

Please describe your emergency plan in the space below or submitted separately.

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TRANSPORTATION AND ACCESSIBILITY

The applicant shall provide sufficient parking to accommodate the number of persons attending the event. Applicant shall provide a sufficient number of parking attendants at all entrances, exits, and within the parking lots. Please describe your transportation and accessibility plan.

Will your event involve the use of a parking and/or shuttle plan? Yes No

If yes, please explain:

Will your event require the use of public property or street closures? Yes No

If yes, please explain:

Will your event involve the use of traffic safety equipment? Yes No

If yes, please list:

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TRANSPORTATION AND ACCESSIBILITY CONT'D

Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Yes No

Please describe:

Will all food, beverage and vending areas be ADA accessible? Yes No

Please describe:

If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, drinking fountains, and first aid stations? Yes No

Please describe:

TRANSPORTATION COMPANY

Name: _____

Address: _____

Phone #: _____

Email Address: _____

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UTILITIES

A utility plan showing the locations of existing and proposed utilities (electric, water, etc.) shall be provided and included on the site map. Obtaining complete electrical and water needs information from vendors, musicians, tent lighting, entertainers, exhibitors, sponsors, etc. is the responsibility of the applicant.

The applicant shall provide a potable domestic water supply from a source approved by the City. Water shall not be dipped from a receptacle for drinking or cooking uses. All food concessions that prepare food items other than packaged or bottled goods must be supplied with hot and cold running water, under pressure, and a means of disposing of wastewater. Water services in parks and public beach areas are for cleaning purposes only.

The installation and distribution of all electrical power used to support the event shall be completed by a licensed electrician. In some cases, electrical distribution plans and load calculations prepared by a licensed electrical contractor or electrical engineer may be required. Existing city maintained lighting and outlet circuits may not be used for event power use unless prior approval is obtained in writing before the event date and time. The City may inspect power distribution safety at your event and may require onsite modifications. Please describe your utility plan.

Will your event require potable water? Yes No

Will your event require electricity? Yes No

Will your event require generators? Yes No

Will your event require lighting after dark? Yes No

If you answered yes to any of the above questions, please explain here:

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UTILITIES CONTINUED

Electrical Contractor

Name: _____

Address: _____

Phone #: _____

Email Address: _____

GARBAGE, RECYCLING AND SANITATION

*Please contact the Public Works department at (251) 968-1460 for specific disposal and recycling policies.

The applicant is responsible for the management of the removal of garbage and trash from the event site. The application shall also demonstrate to the satisfaction of the City that an adequate garbage, recycling and sanitation plan has been prepared. All solid waste material shall be promptly removed from the site. The assembly area and parking area shall be returned to a litter-free condition after the assembly is concluded. Adequate toilet facilities for both sexes must be distributed throughout the event site and shall be maintained in a sanitary condition at all times. When applicable, the approval by the health department of the applicant's sanitary facilities plans shall be a prerequisite for the issuance of a permit.

Please describe your plan for cleanup and removal of garbage, recyclable goods, and sanitation during and after your event. If providing garbage, recycling and sanitation at your event, please complete the information below:

of Trash Cans:

of Dumpsters:

of Recycling Containers:

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GARBAGE, RECYCLING AND SANITATION CONT'D

You may be required to provide portable restroom facilities with adequate hand sanitation*, at your event, unless you can substantiate the sufficient availability of both ADA-accessible and non-accessible facilities in the immediate area of the event site, which will be available to the public during your event. *Acceptable hand sanitation units are portable sinks or waterless hand sanitizer dispensers at a 4:1 ratio (restrooms to hand sanitizers).

Do you plan to provide portable restroom facilities at your event? Yes No

If you answered yes, please provide the following:

of portable toilets: # of ADA accessible portable toilets:

If you answered no, please explain:

Garbage/Recycle Company

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Port-a-let Company

Name: _____

Address: _____

Phone #: _____

Email Address: _____

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TEMPORARY STRUCTURES AND FENCING

Describe the type of temporary structures proposed for the event, including but not limited to tents, stages, fences, the location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, and other temporary structures.

Engineered structural drawings may be required at the discretion of the City.

*Additional permits may be required. Please contact the Building Official at (251) 968-1150 to verify.

Are temporary structures or fencing proposed at the event? Yes No

If yes, please indicate the number of structures, type and sizes. Please also provide the date of installation and date of removal for temporary fencing:

Temporary Structure Company

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Fence Company

Name: _____

Address: _____

Phone #: _____

Email Address: _____

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VENDORS, FOOD, BEVERAGES, AND CONCESSIONS

A list of all vendors (food and retail) must accompany application.

Does your event include retail vendors? Yes No

If so, list items here:

Does your event include food concession and/or preparation areas? Yes No

Do you or your food vendors intend to cook food in the event area? Yes No

If yes, please specify method: Gas Charcoal Electric Other (specify)

If yes, all food vendors will be required to obtain/have the following prior to setup at the event:

- City of Gulf Shores Special Event License/General Business License
- Current year City of Gulf Shores Fire Marshal, Fire Code Inspection
- Current year Baldwin County Health Food Permit

*The event organizer is responsible for ensuring that all food vendors are properly licensed and permitted.

Does your event involve the consumption of alcoholic beverages? Yes No

All alcohol sales must be in accordance with Federal, State of Alabama and City of Gulf Shores regulations.

If yes, please check all that apply:

(Please refer to page 3 for required certificates and endorsements)

- Free Alcohol
- Alcohol Sales
- Host and Sell Alcohol
- Beer
- Wine
- Distilled Spirits

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ENTERTAINMENT

Will your event include musical entertainment? Yes No

If yes, please explain. Include an attachment listing all bands/performers and performance time schedule.

Will sound checks be conducted prior to the event? Yes No

If yes:

Start time:

Finish time:

Will sound amplification be used? Yes No

If yes:

Start time:

Finish time:

Please describe the sound equipment that will be used for your event:

Will inflatables, slides, bounce houses, hot air balloons or similar devices be used at your event?

Yes No

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? Yes No

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MARKETING, PROMOTION, AND SIGNAGE

Will this event be marketed, promoted, or advertised in any manner? Yes No

Will there be live media coverage during the event? Yes No

Will media vehicles be parked within the event venue? Yes No

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? Yes No

Will your event include the use of any signs*, banners, decorations, or special lighting? Yes No
*Additional permits may be required. Please contact Planning & Zoning at (251) 968-1164 to verify.

If you answered yes to any of the above questions, please explain: