**Sidney**

**of**

**City**

**Montana’s Sunrise City**

**115 2nd Street S.E., Sidney, Montana - 406-433-2809**

***Special Event Application/Park Use Application***

***APPLICANT INFORMATION***

NAME OF ORGANIZATION:

APPLICANT NAME:

ADDRESS: CITY: STATE: ZIP: PHONE: CELL: EMAIL:

ORGANIZATION/EVENT WEBSITE: MANAGER ON SITE DAY OF EVENT: PHONE: CELL: EMAIL:

***EVENT INFORMATION***

EVENT TITLE: EVENT TYPE: RUN/WALK RALLY PARADE FAIR WEDDING REUNION CONCERT OTHER

IF OTHER, PLEASE SPECIFY: PARK(S) REQUESTED: LOCATION(S) IN PARK REQUESTED (BE SPECIFIC): EVENT DATE: EVENT START TIME: EVENT END/TEAR DOWN:

***EVENT DETAILS***

EVENT DESRIPTION:

***PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY, INLUDING PLANS, DRAWINGS, MAPS, ECT***

**PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT:**

YES NO

FOOD CONCESSION AND/OR FOOD PREPARATION AREA(S)

(IF YOU NEED TO COOK FOOD IN THE EVENT AREA)

FIRST AID FACILITY (IES) AND AMBULANCE(S)

WILL YOU SET UP TABLES(S) AND/OR CHAIRS, **HOW MANY?**

FENCING, BARRIERS, AND/OR BARRICADE(S)

DOES YOUR EVENT REQUIRE ELECTRICITY? **SOURCE:**

BOOTH(S), EXHIBITS(S), DISPLAY(S) AND/OR ENCLOSURE(S)

TENT(S**) PLEASE INCLUDE NUMBER OF AND DIMENSIONS:**

SCAFFOLDING, BLEACHER(S), PLATFORMS(S), GRANDSTANDS(S), OR RELATED STRUCTURE(S)

VEHICLE, AND/OR DUMPSTER(S) ABOVE THE ALREADY PROVIDED

PORTABLE TOILETS(S) **IF YES PLEASE INDICATE COMPANY PROVIDING UNITS:**

USE OF THE VETERAN’S PARK PAVILION SOUND SYSTEM/ELECTRICITY? ($25.00 FEE FOR USE)

STAGE(S) **PLEASE INCLUDE DIMENSIONS IF PROVIDING OWN:**

ENTRAINMENT **PLEASE DESCRIBE:**

INFLATABLE DEVICE(S), AMUSEMENT(S), RECREATIONAL ACTIVITIE(S)

BANNER(S)

WILL THE EVENT BE ADVERTISED? **HOW?**

AMPLIFIED SOUND? IF YES PLEASE INDICATE: START TIME: END TIME:

WILL ALCOHOL BE SERVED ON SITE: IF YES, PLEASE RESPOND TO THE FOLLOWING?

**AREA WHERE ALCOHOL WILL BE SERVED (BE SPECIFIC, ATTACH MAP IF NECESSARY:**

 **DATE/TIME THAT ALCOHOL WILL BE SERVED:**

**DESCRIBE HOW ALCOHOL AREA WILL BE SERVED: DESCRIBE HOW ALCOHOL AREA WILL BE MARKED AND APPROPRIATELY CONTAINED:**

**ANY ALCOHOL USE IN THE PARKS REQUIRES ADDITIONAL APPLICATOIN VIA THE CITY POLICE DEPARTMENT, AND A DEPOSIT TO BE REFUNDED WHEN PARK IS INSPECTED FOR CLEAN-UP**

***INSURANCE INFORMATION***

INSURANCE CARRIER: CONTACT INFORMATION:

**INSURANCE REQUIREMENTS**

The vendor agrees to furnish the city a certificate of liability isurance from their entity probiding liability insurance coverage that also identifies the city as an additional insured on the certificate of liability insurance coverage limits at a minimin shall provide liability insurance coverage in accordance to Montana State statute, sectoin 2-9-108 MCA of $750,000 for each claim and $1.5 million for each occurrence. The certificate of insurance shall also provide that the insurance coverage shall not be amended, altered, canceled, or reduced without providing at least **ten (10) day** advance written notice to both the insured as well as to the city.

Please read and acknowledge with your **intials** your responsibility(if applicable) for the following:

Garbage/recycling receptacles and regular removal

Sanitary disposal of human waste

Emergency servies/first aid on site

Private security (if deemed necessary)

Law enforcement as required by law enforcement officials

Proof or responsible beverage services and sales training for individuals involved with the sale of alcohol

Proof of liability insurance in the amounts of $750,000 per claim and $1.5 million per occurrence which limits are set forward in the montana towrt claims act, m.c.a. 2-0-108, with said insurance policy naming the city of Sidney as an additional insured during the time of the special event including setup and teardown. (if not waived)

To pay extraordinary costs incurred (if required)

Sign defense/indemnity agreement (if required)

***FURTHER INFORMATION***

**ADDITIONAL CONDITIONS REQUIRED BY THE CITY:**

1. The organization, when required, shall provide the City Clerk a copy of the orgnization’s current liability insurance documentation, no later than **one (1) week** prior to the use of the park or event.
2. All keys signed out shall be returnd to the city no later than **five (5) days** after the completion of the event. No paddle locks or extra locks of any kind on any door shall be installed. A deposit may be requird by the city at the time of signing out the keys, to be returned when all keys are returned.
3. No major changes or regulatory sign removal shall be allowed to the park property without th e prior approval form the city/park and recration board.
4. All garbage, trash and loose debris shall be picked up daily, after each event and properly dispose of in accordance to city oridnance.
5. Concession areas, if used, shall be throughly cleaned out by the organization within **two (2) days** after the completion of the event.
6. Alcohol, tabacco and drugs are strickly prohibited in the park areas. Special permits for alcohol can be obtained via the City of Sidney Police Department, and a deposit will be required.
7. All park rules shall be followed at all times.

***AFFIDAVIT OF APPICATION***

Everthing that I have stated on this applicationis correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertian to the requested usage, and all city ordinaces that would apply. By signing this application, the applicant agrees to follow all rules and regulations. The permit if granted, is not transferable and is revocable at anytime at the absolute discretion of the city.

AME OF APPLICANT:

 (PLEASE PRINT)

SIGNATURE: DATE:

FOR OFFICAL USE ONLY

DEPOSIT: YES NO

AMOUNT O FDEPOSIT: DATE PAID:

ALOCHOL PERMIT GRANTED BY CITY POLICE DEPARTMENT: NO YES (IF YES, PLEASE ATTACH)

REVIEWED AND APPROVED WITH RECOMMENDATIONS ATTACHED BELOW:

 CITY CLERK DATE

 PUBLIC WORKS DIRECTOR DATE

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

 CHIEF OF POLICE DATE

SPECIAL CONDITIONS TO INCLUDE ON PERMIT:

LIABILITY INSURANCE REQUIRMENT WAIVED: YES NO

DEFENSE/INDEMNITY AGREEMENT REQUIRED: YES NO

PERMIT ISSUED: (INITIALS) DATE:

INSURANCE CERTIFICATE (PROVIDED IF APPLICABLE)

INCLUDING ADDITIONAL INSURED ENDORSEMENT, PROVIDED, IF APPLICABLE: (INITIALS)

DEFENSE/INDEMNITY AGREEMENT SIGNED (IF APPLICAPLE): (INITIALS)

ALL FINES AND DEPOSIT(S) HAVE BEEN PAYED. EVENT FOLLOWS CITY POLICIES AND PARK(S) REGULATION. EVENT HAS BEEN APPROVED TO PROCEED.

DATE

CITY CLERK

City of Sidney Park Use Defense/Indemnification Agreement

Vendor shall agree to indemnify, protect, defend, save and hold harmless the City, its officers, employees, agents, and volunteers from and against any and all liability, claims, suits, and causes of action for death or injury to persons, or damage to property, resulting from intentional or negligent acts, errors, or omissions of Vendor or resulting from any violation of any federal, state, or municipal law or ordinance, the extent caused, in whole or in part, by the willful misconduct, negligent acts, or omissions of Vendor, which occurs related to the actions or activities of the Vendor. The Vendor further agrees to waive all claims against the City on account of any loss, damage or injury from whatever cause which may occur to it and its property in the use and occupancy of said described premises, the giving of this waiver being one of the considerations upon which this Agreement is granted.

**COVID-19 PARTICIPATION WAIVER**

I hereby certify, that to the best of my knowledge, neither I, nor a member of my household with whom I live or any other person with whom I am in close contact:

1. Has experienced any cold or flu-like symptoms in the previous 14 days, including but not limited to, fever, cough, sore throat, respiratory illness, or difficulty breathing
2. Is currently diagnosed with COVID-19
3. Has a pending COVID-19 test
4. Is currently under quarantine due to COVID-19 concerns
5. Has had contact in the previous 14 days with someone diagnosed with COVID-19 or any person who has had contact with someone diagnosed with COVID-19
6. Has traveled in the previous 14 days to anywhere designated as having widespread ongoing transmission of COVID-19 by the Centers for Disease Control

I further understand that I, or any participant in my event, may contract COVID-19 while engaging in the use of the facilities and parks of the City of Sidney. I hereby waive and release the City of Sidney and their agents and employees, from any and all liability that may arise from the voluntary participation of myself or my guests in this activity.

Event Name (Vendor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Event Manager Signature Date

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Witness Date