



Founded 1876
Incorporated 1899

TOWN OF JEROME, ARIZONA

POST OFFICE BOX 335, JEROME, ARIZONA 86331
(928) 634-7943

Permit # J25-0040

Special Event Permit Application

Thank you for choosing the Town of Jerome for your special event.

Please fill out this packet and submit to the Town Manager.

- All information must be submitted at least **60** days prior to the event.
- Fee(s), due at the time of application submission.
- For questions regarding Special Event Permits, please contact Jerome Town Hall at (928) 634-7943.

Town Use Only

Date Submitted: 4/17/25 Fee: _____ Date Paid: _____
Paid via: ☐ Check # _____ ☐ C.C. ☐ Cash

Special Event Approvals

Town Manager:

Approve ☐ Deny ☐ Date: _____ Comments: _____

*Fire Inspector:

Approve ☐ Deny ☐ Date: _____ Comments: _____

*Zoning Administrator:

Approve ☐ Deny ☐ Date: _____ Comments: _____

*Police Chief:

Approve ☐ Deny ☐ Date: _____ Comments: _____

*Building Inspector/Public Works:

Approve ☐ Deny ☐ Date: _____ Comments: _____

**Other approvals as needed based on scope of event.*

Special Event Fee Schedule:

Non-profit 501C3 w/ no entry fee
Town Sponsored/Co-Sponsored
Film Permits

\$25 per day

No Fee

Fee based on production type

Special Event Liquor License

Special Event Permit

\$75

\$100

Special Event Permit Application

Checklist of Requirements

- ☒ 1. Completed Special Event Permit Application.
- ☐ 2. Completed Application for Facility Use (if applicable). *N/A*
- ☐ 3. Completed Hold Harmless Agreement of Indemnification. *N/A*
- ☒ 4. Completed Site Plan in 8 ½" x 11" or 8 ½" x 14" format that includes:
 - a. A map of the event area(s) including the location(s) for stage(s), performers, vendors, barriers/fencing (including type), sound amplification equipment and speakers, race/run routes, tents/canopies, and any points of entry and exit where applicable.
 - b. List of all participating vendor(s)/businesses (if applicable).
 - c. Accessibility, parking and/or traffic control plan.
 - d. Restroom plan.
 - e. Trash and waste removal plan.
 - f. Community outreach (if applicable)
- ☒ 5. Certificate of insurance in the amount of no less than one million dollars (\$1,000,000) of general liability coverage naming the Town of Jerome as additional insured and referencing the specific activity and date(s).
- ☒ 6. Liquor License (if applicable).
- ☒ 7. Liquor Liability Insurance (if applicable).
- ☐ 8. Health Department Approval (if applicable). *N/A*
- ☐ 9. All other permits required by County or State Agencies. *N/A*
- ☒ 10. Permit filing fee.
- ☐ 11. Written approval from Police Chief/Fire Inspector (if applicable). *N/A*

Applicant Information

Applicant's Contact Information	
Name of Applicant	<u>Scott Hudson</u> Date: <u>4/2/25</u>
Name of Organization/Sponsor	<u>Jerome Historical Society</u>
Federal Tax or 501 (c)(3) Number	<u></u>
Business Mailing Address	<u>PO Box</u>
City	<u>Jerome</u> State <u>AZ</u> Zip <u>86331</u>
Business Email	<u>Scott@JeromeHistoricalSociety.com</u>
Business Phone #	<u>928-634-1066</u> Cell Phone # <u></u>

Authorized Contacts for Event

Please list any other authorized contacts for the Event, including an emergency contact that will be available during the event. At least one **must** be provided.

Name	<u>Scott Hudson</u>	Phone	<u></u>
Name	<u></u>	Phone	<u></u>
Emergency contact for Event*			
Name	<u>Mary Beth Barr</u>	Phone	<u></u>

*Emergency contact should be a party available for duration of event including set up and tear down.

If additional contacts need to be shared, please use a separate sheet to list additional points of contact

Event Information

Name of Event <u>History talk & Movie</u>			
Date(s) / Time(s) of Event – If multiple dates (Not including set-up/tear-down time)			
Start: Date: <u>6/4/25</u>	Time: <u>6pm</u>	End: Date: <u>6/4/25</u>	Time: <u>9pm</u>
Start: Date: _____	Time: _____	End: Date: _____	Time: _____
Start: Date: _____	Time: _____	End: Date: _____	Time: _____
Set-Up Date/Time: From _____ To _____ <small>Date Time Date Time</small>			
Tear-Down Date/Time: From _____ To _____ <small>Date Time Date Time</small>			
Number of expected/estimated Participants <u>100</u>			
Will an admission or registration fee be charged? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Fee \$ _____			
Please briefly describe the event: <u>History talk & Movie</u>			

Event Details

Special Events which occur on a Town right-of-way or on property owned or leased by the Town require an "Application for Facility Use." Please complete and submit along with the Special Event Permit Application.

Will the Special Event take place on property owned or leased by the Town of Jerome?

☐ YES ☒ NO

If yes, which property? _____

If no, what is the **physical address** for the event? _____

Please note that Separate permits or approvals may be required by County or State agencies, depending on the type of event or where there may be the presence of alcohol or food for sale, or by donation. Documentation of all applicable approvals must be provided **30 days prior** to the event.

Will the Special Event require the use of temporary signage?

☐ YES ☒ NO

*All signage must comply with Section 509 of the Jerome Zoning Ordinance. A separate sign permit for special events is not required. To hang signs from Town owned property will require prior approval.

Event Details Continued

Will Alcohol be Sold?

☐ YES

☒ NO

☐ By Donation

If yes, you must submit approval documents from the Arizona Department of Liquor Licenses and Control, at least 30 days prior to the event.

Will Food be Sold?

☐ YES

☒ NO

☐ By Donation

If yes, you must submit approval documents from the Yavapai County Health Services Department, or proof of a prior event approval or Special Event Variance granted by Yavapai County Health Services in the same calendar year.

Will there be outdoor, amplified sound at the event?

☐ YES

☒ NO

Please provide a brief description of outdoor/amplified sound to be used:

Jerome Town Code section 10-1-13 restricts the volume and hours of outdoor sound and amplification devices. Loud noise that is a public nuisance, is prohibited. The Town reserves the right to limit the hours of the Special Event to avoid unreasonable interference with adjacent properties.

Will there be outdoor lighting, or other electrical needs?

☐ YES

☒ NO

Please provide a brief description of the electrical requirements for the event:

Will the event include other vendors/businesses in addition to the business/entity applying for this permit?

☐ YES

☒ NO

If yes, please provide a list of all participating vendors to the Town of Jerome Manager prior to the event. Including the business name(s), dba, owner(s) name(s), physical business location, contact telephone number(s) and vendors' TPT license number.

Will the event require the use of tents or canopies or other temporary structures? *

☐ YES

☒ NO

**Please include the placements of tents or canopies on the site plan, with points of entry or exit clearly marked, including the exact type of structure – Please note set-up and tear-down time(s) must be indicated on Page 4.*

Special Event Access

Will the event require the use of fencing, ropes, barricades, or other types of barriers? *

☐ YES ☒ NO

**Please note barriers and any points of entry or exit through barriers should be clearly marked on your site plan, including exact type of fencing or barriers to be used.*

Will the event require the closure and/or detour of any roadway, sidewalk, or other public access route?

☐ YES ☒ NO

Please include a description of the primary access routes to the event/property and available parking for the crowds anticipated. (Special traffic control may be required for larger events)

Will the use of portable restrooms be necessary during the event?

☐ YES ☒ NO

Please note the use of portable restrooms may be required on a case-by-case basis.

Will trash be created during the special event?

☒ YES ☐ NO

Briefly description of the receptacles to be used and/or efforts to minimize litter around Town during the event:

Trash is collected and put out for Friday
PICKUP

Cleanup of the site(s), including removal of all waste and temporary structures, must be completed by 10:00 a.m. of the morning following the end of the Special Event. Please refer to and comply with Jerome Town Code, section 9-1, Garbage and Trash Collection.

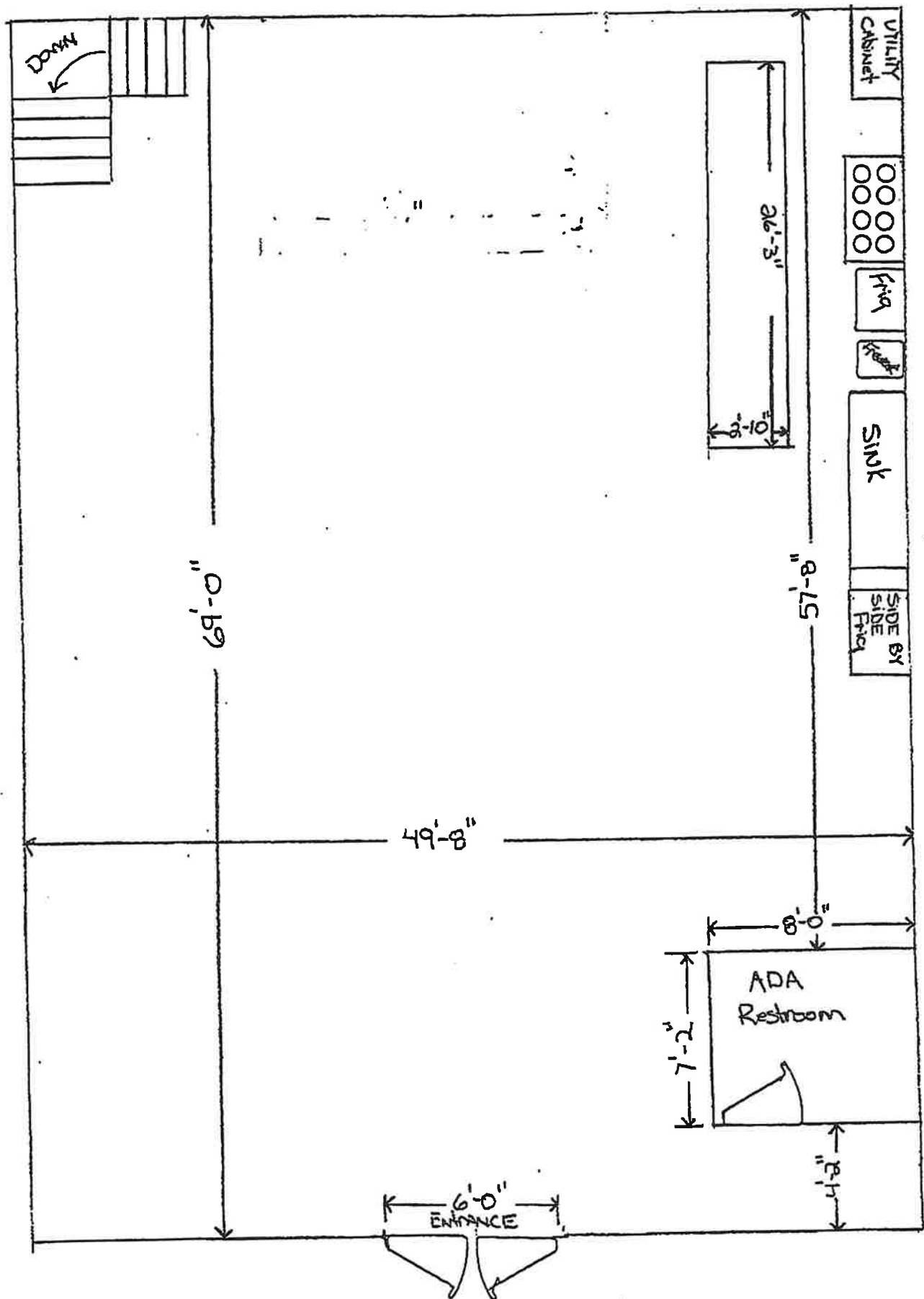
Has any community outreach been completed in regard to this special event?

☐ YES ☒ NO

Please give a brief description of any outreach to neighboring residents and/or businesses regarding the special event, including any feedback received from that outreach.

**This page intentionally left blank (insert Site Plan(s) here) **

SPOOKHALL INTERIOR LAYOUT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	FAX (A/C, No):
American Specialty Insurance & Risk Services, Inc.	PHONE (A/C, No, Ext):	
	E-MAIL ADDRESS:	
7609 W. Jefferson Blvd., Suite 100	INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Wayne IN 46804	INSURER A: Arch Insurance Company	11150
INSURED	INSURER B:	
Jerome Historical Society	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Jerome

AZ 86331

COVERAGES

CERTIFICATE NUMBER: 1002340733

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N		SNCGL5582000	04/29/2025	05/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- Coverage is included for host liquor.

- Evidence of coverage as respects to the HISTORY TALK & MOVIE on May 04, 2025.

CERTIFICATE HOLDER

Jerome Historical Society

260 Hull Avenue

Jerome

AZ 86331

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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