

TOWN OF JEROME, ARIZONA

POST OFFICE BOX 335 JCPOME ANIZONA SCENE (926) 634-7943

Permit #J25 - 0039

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.

| at (928) 634-7943, | | | |
|--|---|--|-------------|
| | Town L | ise Only | |
| Date Submitted 4/14/85 | Fee #100 via | Date Page 4/14/25 | |
| Special Event Approvols | | | |
| Town Manager. Approve Deny Date | Commen | The second secon | |
| *Fire Inspector Approve Deny Date | Common | 15 | |
| *Zoning Administrator Approve Deny Date* | Commen. | /8 | |
| rPolice Chief Approve Deny Date | Commen | /S | |
| Building Inspector/Public Works Approve Deny Date | Commen | ls | |
| Other approvals as needed t | rased on scope of | overii. | |
| Special Event Fee Schedule | | | W 121 |
| tion-profit 501C3 w/ no entry fee Team Spensored/Co-Sponsored Frim Pernits | 525 per day No Fee Fee based on p | Spenial Event Permit | 5/4 5162 |

Special Event Permit Application

| ******************************* |
|---|
| Checklist of Requirements |
| 1. Completed Special Event Permit Application. |
| Completed Application for Facility Use (if applicable). N/A @ Spook Hall |
| 3. Completed Hold Harmless Agreement of Indemnification. N/A @ Spook Hall |
| 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). NIA @ Spook Hall -To be provided to J#S |
| 6. Liquor License (if applicable). |
| 7. Liquor Liability Insurance (if applicable). To be provided to JHS |
| 8. Health Department Approval (if applicable). Submitted copy of Co. health app Food Handler's card All other permits required by County or State Agencies. |
| 9. All other permits required by County or State Agencies. |
| 10. Permit filing fee. |
| 11. Written approval from Police Chief/Fire Inspector (if applicable). |

Applicant Information

| Прри | cant's Contact Information | | | |
|--|--|-------------------------|--|--|
| Name of Applicant | 5 Hall | Date: | | |
| Name of Organization/Sponsor | Miss Rodor IIC | | | |
| Federal Tax or 501 (c)(3) Number | | | | |
| Business Mailing Address _ | | | | |
| City /VUSON | State A7 Z | ip 85742 | | |
| Business Email | - " | | | |
| Business Phone # | Cell Phone # | | | |
| 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. | | | | |
| Please list any other authorized cor | ntacts for the Event, includir | ng an emergency contact | | |
| that will be available during the eve | nt. At least one must be pro | ovided. | | |
| Please list any other authorized corthat will be available during the even Name Charleton Hall Name Aug Hall | nt. At least one must be pro | ovidea. | | |
| that will be available during the eve | nt. At least one must be pro | ovidea. | | |
| Name Constraint Hall Emergency contact for Event* | nt. At least one must be pro Phone Phone Phone | - | | |
| Name Character Hall Name Hall Emergency contact for Event* | nt. At least one must be pro Phone Phone Phone | - | | |

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

Event Information

| Name of Event |
|---|
| Set-Up Date/Time: From 6/38/35 10:00m To 6/38/35 5-45 pm Tear-Down Date/Time: From 6/38/35 9:30pm To 6/38/35 10:00pm Date Time To 6/38/35 10:00pm Date Time To 6/38/35 10:00pm |
| Number of expected/estimated Participants |
| 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? |
| Will the Special Event take place on property. ☐ YES ☐ NO |
| If yes, which property? |
| 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 in not required. To hang signs from Town owned property will require prior approval. |

Event Details Continued

| Will Alcohol be Sold? | | | |
|--|----------------------------------|-------------------------------------|---|
| | YES | | By Donation |
| If yes, you must submit ap | proval documen | ts from the Arizo | na Department of Liquor Licenses and Control. at least 30 days |
| Will Food be Sold? | | | |
| | YES YES | □ NO | By Donation |
| If yes, you must submit ap event approval or Special | proval documen Event Variance | ts from the Yava granted by Yava | pai County Health Services Department, or proof of a prior pai County Health Services in the same calendar year |
| Will there be outdoor, as | mplified sound | at the event? | |
| | YES | NO | |
| Please provide a brief d | escription of ou | utdoor/amplified | d sound to be used: |
| | | | |
| e de la composition della comp | | | |
| Jerome Town Code section noise that is a public nuise unreasonable interference | ince, is prohibite | d. The Town res | nd hours of outdoor sound and amplification devices. Loud serves the right to limit the hours of the Special Event to avoid |
| Will there be outdoor lig | hting, or other | electrical needs | 5? |
| | YES | X NO | |
| Please provide a brief d | escription of th | e electrical req | uirements for the event: |
| | | | |
| | | | |
| Will the event include of | | | dition to the business/entity applying for this permit? |
| | YES | ☐ NO | |
| business name(s), dba, ow license number. | rner(s) name (s), | pnysical busine. | e Town of Jerome Manager prior to the event Including the ss location, contact telephone number(s) and vendors TPT |
| Will the event require the | e use of tents o | or canopies or c | other temporary structures? * |
| | YES | A NO | |
| *Please include the placen the exact type of structure | at to all only or | connains on the | site plan, with points of entry or exit clearly marked, including own time(s) must be indicated on Page 4. |

Special Event Access

| Will the event require th | e use of fenci | ng, ropes, barricades, or other types of barriers? * |
|--|--|--|
| | MYES | i⊠ NO |
| wast han at tanging at Na | any points of e | ntry of exit through barriers should be clearly marked on your site plan, including a |
| Will the event require th | e closure and | /or detour of any roadway, sidewalk, or other public access route? |
| | ☐ YES | X NO |
| Ple ase includ e a de scri cro wds anticip ated . (Sp | ption of the properties of the | imary access routes to the event/property and available parking for the ontrol may be required for larger events) |
| | | |
| | restrooms be | necessary during the event? |
| | YES | Ø vo |
| Please note the use of | portable restr | ooms may be required on a case-by-case basis |
| Will trash be created d | uring the spec | ial event? |
| | □ YES | ™ NO |
| Briefly description of th | ne receptacles | to be used and/or efforts to minimize litter around Town during the event; |
| | | |
| morning following the end Garbage and Trash Colle | d of the Special ection. | of all waste and temporary structures, must be completed by 10 00 a.m. of the Event. Please refer to and comply with Jerome Town Code section 9-1, |
| Hee any community of | itreach been c | completed in regard to this special event? |
| Has any community of | | |
| | YES YES | □ NO |
| Please give a brief des | cription of any edback receiv | outreach to neighboring residents and/or businesses regarding the specia |

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