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# TOWN OF JEROME, ARIZONA

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

Permit # J24-0023

## 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: 2/28/2024 Fee: 25.00 Date Paid: 3/12/24  
 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	\$25 per day	Special Event Liquor License	\$75
Town Sponsored/Co-Sponsored	No Fee	Special Event Permit	\$100
Film Permits	Fee based on production type		

### Applicant Information

Applicant's Contact Information					
Name of Applicant	Dani Vorves	Date:	feb 28 2024		
Name of Organization/Sponsor	Datura Yoga and Sk84life				
Federal Tax or 501 (c)(3) Number					
Business Mailing Address	po box 1134				
City	Jerome	State	az	Zip	86331
Business Email	connect@daturayoga.com				
Business Phone #	928 308 9951	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 <b>must</b> be provided.			
Name	Jeanette Vorves	Phone	'
Name		Phone	
Emergency contact for Event*			
Name		Phone	
*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 Sk84life Roller Disco

Date(s) / Time(s) of Event – If multiple dates (Not including set-up/tear-down time)

Start: Date 4/28/24 Time 6pm End: Date 4/28/24 Time 9pm

Start: Date 7/28/24 Time 6pm End: Date 7/28/24 Time 9pm

Start: Date: \_\_\_\_\_ Time \_\_\_\_\_ End: Date \_\_\_\_\_ Time \_\_\_\_\_

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Set-Up Date/Time: From 4/28 & 7/28 4:30pm To 4/28 & 7/28 6pm  
Date Time Date Time

Tear-Down Date/Time: From 4/28 & 7/28 9pm To 4/28 & 7/28 10pm  
Date Time Date Time

Number of expected/estimated Participants 30-50

Will an admission or registration fee be charged? YES  NO  Fee \$ Donation

*Please briefly describe the event:*  
community skate event all are welcome, DJ music and family fun.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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? the basketball courts

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:

dj set up from 6pm to 9pm  
\_\_\_\_\_  
\_\_\_\_\_

*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:

2 light stands for colored lights  
\_\_\_\_\_  
\_\_\_\_\_

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)

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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:

very minimal, possible water cups.

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*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.

we have been doing this skate night event for 12 years in Jerome at the basketball courts and spook  
The community has been very supportive, the feedback has been positive.

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



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**TOWN OF JEROME, ARIZONA**  
POST OFFICE BOX 335, JEROME, ARIZONA 86331  
PHONE (928) 634-7943 FAX (928) 634-0715

### Application for Facility Use

Please complete and return this application and Hold Harmless Agreement (attached) to the office of the Town Clerk, P.O. Box 335, Jerome, AZ 86331, together with a CERTIFICATE OF INSURANCE, if required by the Town, naming the Town of Jerome as an Additional Insured with respect to this event.

**YOUR APPLICATION MUST BE APPROVED BY THE TOWN BEFORE A PERMIT CAN BE ISSUED** and should be submitted at least 60 days prior to the event.

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Name of Applicant: Datura Yoga and Sk84life

Address: PO Box 1134 Jerome az 86331

Telephone: 9283089951

If applicant is an organization, list officers:

Name	Address	Telephone
Datura Yoga		

Requesting the use of:

- UPPER PARK (Parcel 401-06-156)
- LOWER PARK/SLIDING JAIL (Parcel 401-06-075)
- COUNCIL CHAMBERS (Parcel 401-10-002)
- 300 LEVEL PARKING LOT (Parcel 401-03-015L)
- MIDDLE PARK (Parcel 401-06-015)
- ALL OTHER TOWN RIGHT OF WAY

Date(s) of Use: 4/28/24 & 7/28/24

Rain Date: \_\_\_\_\_

Hours of Use: 430pm to 10pm Approximate # of people: 30-50

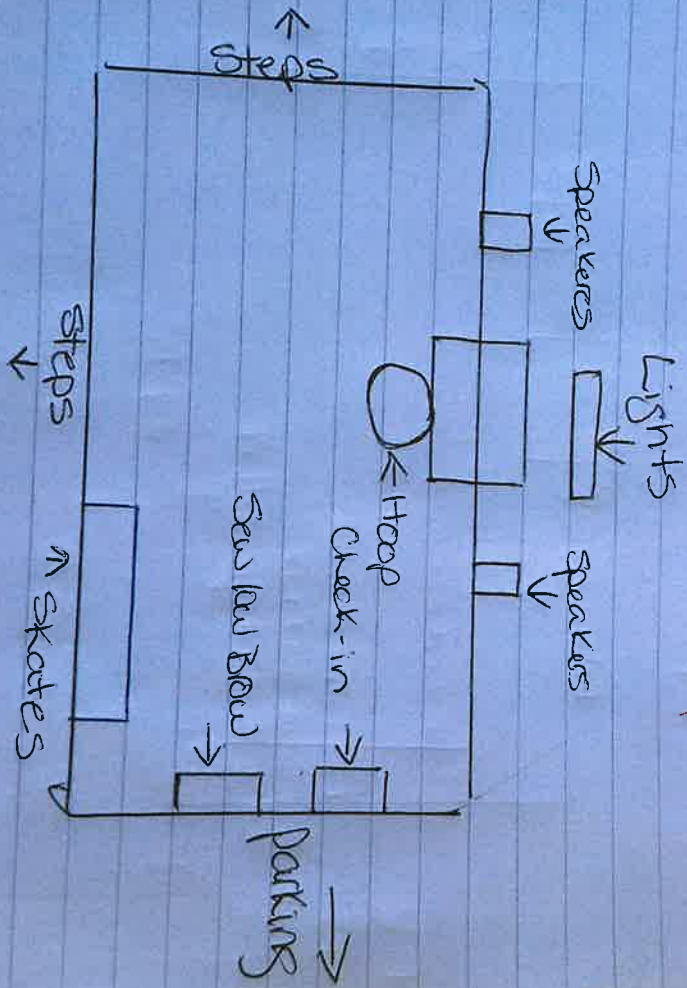
*In making this application, the undersigned does hereby agree to comply with all ordinances and regulations of the Town of Jerome, the laws of the State of Arizona and the regulations of Yavapai County which govern such usage.*

\_\_\_\_\_  
Signature  
2/29/24  
Date of application

Danielle vorves  
Print Name  
PO Box 1134  
Address  
\_\_\_\_\_  
Telephone

# Jerome SK8 4Life Site Plan

April 28, 2024








# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2024

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).

<b>PRODUCER</b>  Neil Rosenow 879 Cove Parkway  Cottonwood AZ 863264645	<b>CONTACT NAME:</b> Neil Rosenow <b>PHONE (A/C, No, Ext):</b> 928-634-2763 <b>E-MAIL ADDRESS:</b> neil.rosenow.by1h@statefarm.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Vorves, Danielle PO BOX 1134  JEROME AZ 863311134	<b>INSURER A:</b> State Farm Fire and Casualty Company		25143
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 CERTIFICATION 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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	93-AA-1425-5	07/13/2023	07/13/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<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						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

APRIL 28, 2024: SKATE FOR LIFE, 110 PARK ST., JEROME, AZ 86331

**CERTIFICATE HOLDER****CANCELLATION**

TOWN OF JEROME HAMPSHIRE AVE  JEROME AZ 86331	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  This form was system-generated on 03/27/2024
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# Special Event Permit Application

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## Checklist of Requirements

- 1. Completed Special Event Permit Application.
- 2. Completed Application for Facility Use (if applicable).
- 3. Completed Hold Harmless Agreement of Indemnification.
- 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).
- N/A  6. Liquor License (if applicable).
- N/A  7. Liquor Liability Insurance (if applicable).
- N/A  8. Health Department Approval (if applicable).
- 9. All other permits required by County or State Agencies.
- 10. Permit filing fee.
- 11. Written approval from Police Chief/Fire Inspector (if applicable).