



Founded 1876
Incorporated 1899

TOWN OF JEROME, ARIZONA

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

Permit # J25-0037

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.

*Need list
of vendors &
TPTs
still*

- 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: 3/19/25 Fee: 25.00 Date Paid: 3/19/25
Paid via: Check # 421 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 | <u>\$25 per day</u> | Special Event Liquor License | \$75 |
| Town Sponsored/Co-Sponsored | No Fee | Special Event Permit | \$100 |
| Film Permits | Fee based on production type | | |

Special Event Permit Application

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).
- 6. Liquor License (if applicable). *N/A*
- 7. Liquor Liability Insurance (if applicable). *N/A*
- 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>Angela Arndt</u> Date: <u>3/19</u> |
| Name of Organization/Sponsor | <u>Jerome Chamber of Commerce</u> |
| Federal Tax or 501 (c)(3) Number | _____ |
| Business Mailing Address | <u>PO BOX K</u> |
| City | <u>JEROME</u> State <u>AZ</u> Zip <u>86331</u> |
| Business Email | <u>info@jeromechamber.com</u> |
| Business Phone # | <u>928-634-2900</u> 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.

| | | | | |
|------------------------------|-------------------------|-------|-------|---|
| Name | <u>Angela Arndt</u> | Phone | _____ | = |
| Name | <u>Anastasia Darah</u> | Phone | _____ | ✓ |
| Emergency contact for Event* | | | | |
| Name | <u>Valerie Whitcomb</u> | 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 Jerome Art in the Park

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

Start: Date: 5/24/25 Time 11 AM End: Date 5/24/25 Time 6 PM

Start: Date: _____ Time _____ End: Date _____ Time _____

Start: Date: _____ Time _____ End: Date _____ Time _____

Set-Up Date/Time: From 5/24/25 8 AM To _____
Date Time Date Time

Tear-Down Date/Time: From 5/24/25 7 PM To _____
Date Time Date Time

Number of expected/estimated Participants 200-300

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

Please briefly describe the event:
Art in the park with live music

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? Upper Park

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:

Light Sound System of a couple of speakers to accommodate live performers. No professional sound company involvement. We will work w/ Fire + Police to ensure we observe all applicable ordinances pertaining to live outdoor performance. 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:

Nothing beyond what is already on site. We will work w/ Fire Chief to ensure we are meeting proper regulations in town.

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)

We'll promote the town shuttle & also use other licensed shuttle services.

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:

any trash created will not be outside the normal daily use of nearby receptacles.

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.

will continue community outreach efforts up to, during, and after the event.



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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.

Name of Applicant: JEROME CHAMBER OF COMMERCE

Address: 310 HULL AVE. JEROME, AZ 86331

Telephone: _____

If applicant is an organization, list officers:

| Name | Address | Telephone |
|------------------|---------|-----------|
| Angela Arndt | | 2 |
| Anastasia Dorah | | |
| Valerie Whitcomb | | 7 |

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: May 24, 2025

Rain Date: MAY 25, 2025

Hours of Use: 8AM - 7PM Approximate # of people: 175-275

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]
Signature

3-19-2025
Date of application

Angela Arndt
Print Name

PO Box Jerome AZ 86331
Address

Telephone



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/19/2025

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 Butler-Leavitt Insurance Agency 405 South Main Street Cottonwood AZ 86326 | CONTACT NAME: CLC PHONE (A/C, No, Ext): (928) 634-5521 E-MAIL ADDRESS: clclgna@leavitt.com | FAX (A/C, No): (866) 298-7798 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Jerome Chamber of Commerce Drawer K Jerome AZ 86331 | INSURER A: Hartford Casualty Insurance Company | NAIC # 29424 |
| | INSURER B: Security National Insurance Company | 19879 |
| | INSURER C: Twin City Fire Insurance Company | 29459 |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES **CERTIFICATE NUMBER:** 24/25 Master **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.

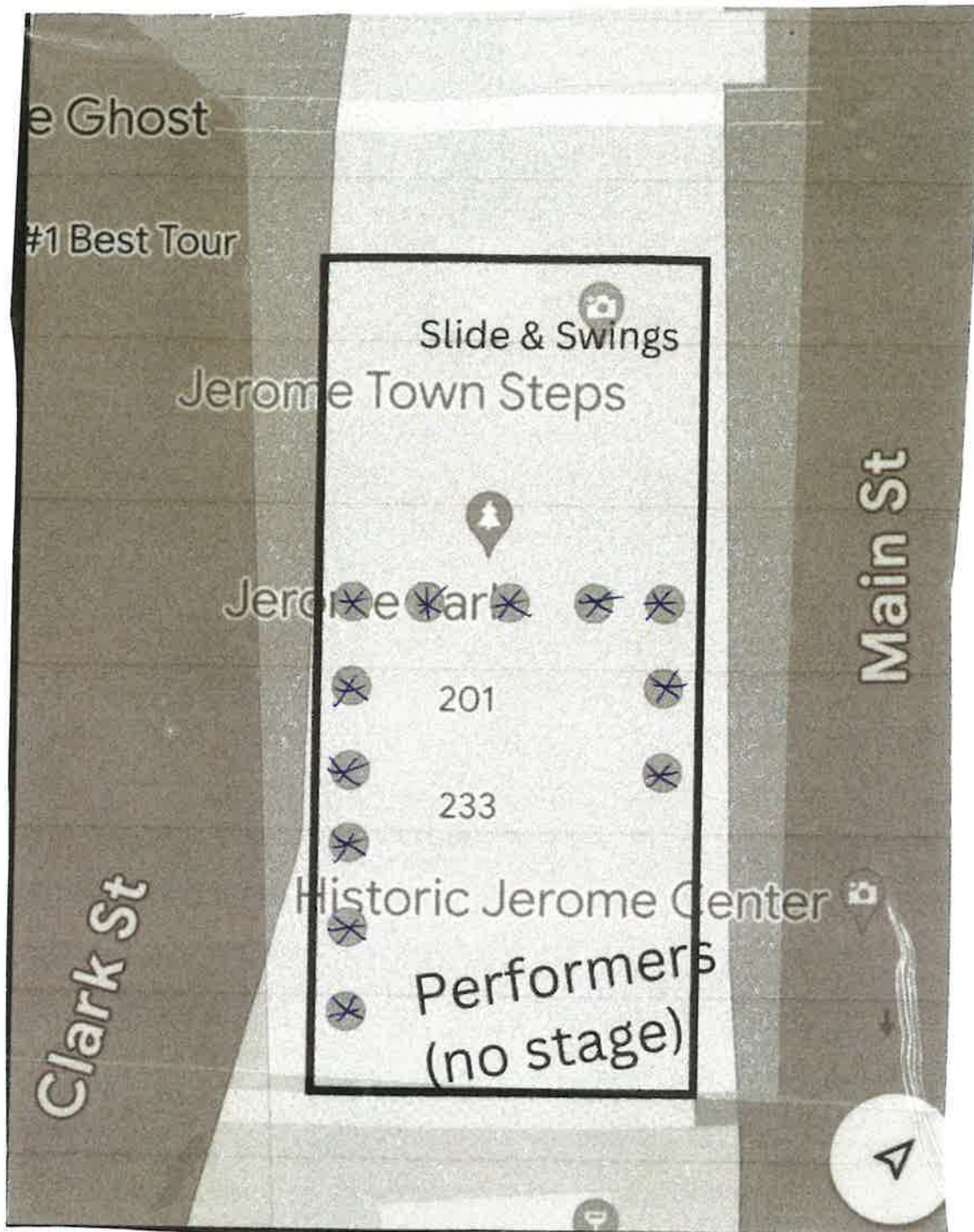
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL 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: | | | 59SBABV5100 | 08/10/2024 | 08/10/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employment Practices \$ 5,000 |
| | 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | SWC1512896 | 10/08/2024 | 10/08/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| C | Directors and Officers | | | 59KM0342325-23 | 10/15/2024 | 10/15/2025 | General Aggregate \$1,000,000 Each Occurrence \$1,000,000 |

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

RE: JEROME ART IN THE PARK, May 24, 2025
The Town of Jerome is an additional insured with regards to the general liability policy.

| | |
|--|---|
| CERTIFICATE HOLDER Town of Jerome 600 Clark Street PO Box 335 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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JEROME ART IN THE PARK
 MAY 24, 2025 11am-5pm

⊗ indicate numerous artists painting in the park.
 Performer area 2-3 acts per day (no stage)
 Event IS FREE & OPEN TO THE PUBLIC (ALL AGES)