



CITY OF OELWEIN

SPECIAL EVENT APPLICATION

Prior to completing this application, please review the special event policy.

Initial Information (Please Print)

Name of Event: _____

Date of Event: _____

Starting Time: _____ Ending Time: _____ Setup Time: _____

If the event is more than one day, please list additional dates and times below. If more room is needed, please attach a separate piece of paper listing additional dates and times. Posted park hours are 7AM to one hour past sundown.

Day 2: _____

Day 3: _____

Day 4: _____

Rain Date Information

Date of Event: _____ Location: _____

Starting Time: _____ Ending Time: _____ Setup Time: _____

Contact Information

Contact Person #1: _____

Phone Number: _____ E-mail: _____

Contact Person #2: _____

Phone Number: _____ E-mail: _____

Type of Event:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Ceremony | <input type="checkbox"/> Race Event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Company Activity | <input type="checkbox"/> Fundraiser | _____ |
| <input type="checkbox"/> Bike Event | <input type="checkbox"/> Cultural Event | _____ |

Event Description and Purpose: _____

Anticipated Number of guests/participants: _____

Location

Name of park and general area _____

Map attached: YES NO

Shelter(s) Reserved: YES* NO

*If yes, paid: YES NO

Additional Structures

Do you plan on having additional structures put in place? YES NO

**Additional structures include but are not limited to: inflatables, tents, amusement rides*

***If yes, please provide the following information for each type of structure, attached additional information to this application as needed:*

Name of Company: _____ Type of Structure: _____
Contact Person: _____ Phone: _____

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Restroom Facilities

Do you plan on having portable toilets put in place? Yes* No

**If yes, please provide the following information:*

Name of Company: _____
Contact Person: _____ Phone: _____
Number of Units: _____ Drop-Off date: _____ Pickup Date: _____

Amplification

Do you plan to provide other types of non-amplified entertainment? YES* NO

*If yes, describe: _____

Do you plan to provide other types of amplified entertainment? YES* NO

*If yes, do you acknowledge the city's noise control Ordinance?
 YES NO

Electrical Needs

Each park shelter has electricity available in varying degrees. If further information is needed, please contact the parks department at 319-348-4047. If additional electrical is needed, please utilize your own generator.

Street/Alley Closures

If required for a special event, a listing of requested street or alley closures must be listed.

Street or Alley to be closed	Beginning Point	Ending Point	Date(s)	Hours of Closure

Use Of Certain Motorized Vehicles

Please indicate if any of the vehicles from the list below may be used during the special event. Please also indicate quantity and model of vehicles. If approved, these vehicles may be used are subject to an Auto Liability limit no less than \$1,000,000.

- ATV (All Terrain Vehicles)

- Golf Carts

- Off-Road Utility Vehicles

- Snowmobiles

Additional Information

1. Do you plan to have pets and/or livestock? Yes No
If so, please list how many, the type(s), was provisions have been made for care, containment, and waste removal of animal(s):

Contact Person: _____ Phone: _____

- a. Do you acknowledge pets must be leashed at all times YES NO
2. Do you plan to use a generator? YES* NO
If yes, explain the power source it is being used for: _____
3. Will grills or propane stoves, etc. be used? YES* NO
*If yes, do you acknowledge the person conducting this activity is responsible for providing appropriate safety equipment (i.e. fire extinguishers, etc.) Open burning and/or fires are prohibited. All used and unused charcoal are to be removed at the conclusion of the event. YES NO
4. Do you or any of your guests plan to serve/sell alcoholic beverages? YES* NO
*If yes, you will need to apply for your permit with the Iowa Alcoholic Beverage Division for this location and allow time for the approval at a regular city council meeting.

Please attach a copy of your license

5. Explain your plan for leftover refuse & garbage removal as all city parks are carry-in, carry-out:

Contact Person (if pertinent): _____ Phone: _____

Failure to clean up after your event could result in denial of future special event applications and \$150 cleaning bill may be assessed.

6. The City of Oelwein has 2 large portable picnic tables with total seating for 40 people and 4 wheelchairs. If you want to rent these tables and are a non-profit, contact City Hall at 319-283-5440.

Any other special provisions or concerns pertaining to your activity which have not been addressed on this application: _____

Please read and initial your understanding of the following:

- _____ 1.) No organization or person receiving a permit for use for the use of City property may discriminate on the basis of sex, sexual orientation, gender, identity, religion, color, race, age, ancestry or national origin.
- _____ 2.) This authorization is only applicable for the area and time duration as suggested by this application.
- _____ 3.) This authorization may be terminated by the City of Oelwein.
- _____ 4.) No refunds will be issued with the exception of extreme conditions and/or circumstances. All refund requests must be in writing and include photos. Requests must be within 5 days of the permitted event.
- _____ 5.) The organization or person must provide (at their expense) all equipment, including extra tables and portable restrooms.
- _____ 6.) Your non-refundable application fee must be received by City Hall in full before your application can be processed and/or your date and location can be reserved. Applications are processed on a first come, first paid basis.
- _____ 7.) Applicants are allowed to make changes to a reservation only once. Anything after, will consist of filling out another application and paying an additional application fee. Any changes must be submitted in writing by the applicant.
- _____ 8.) Incomplete applications cannot be processed and will be returned.
- _____ 9.) Applicants shall indemnify and hold harmless the city and its officers, directors, agents, employees and volunteers from and against claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or resulting from the negligence or misconduct of applicant in connection with the special event.

I have read the Special Event Policy and have completed the Special Event Application. I understand the conditions under which it is issued and agree to comply with these conditions for this event.

Applicant's Signature

Date

Print Applicant's Name

Organization (if applicable)

FOR INTERNAL USE ONLY

Department Review

All affected departments are to review the application and provide written comments for the City Clerk/Treasurer to compile and submit to the City Council and applicant prior to the City Council meeting where the event will be up for consideration.

Department	Comments attached (Yes/No/NA)	Additional Fees (Other than listed below)
Police		
Fire		
Public Works		
Parks		
Recreation		
Chamber		
Total		\$

Requirement Checklist

Requirement	Date Received/Action Taken
Application Submittal Date	
Map Submitted	
Certificate of Insurance Submitted	
Liquor License	
Liquor Liability Coverage	
Department(s) Reviewed	
Council Reviewed	
Council Approval	
Permit Issued	
Deposit Received	
Event Costs Paid	

Fees Checklist – as listed in City’s Fee Schedule

Fee	Amount
Application Fee	\$25.00
Park Shelter	\$30.00
Depot Park Rental	\$75.00

Additional fees may be applied city property is damaged and/or if additional cleaning is required. Please refer to the policy for additional information.