

City of West Burlington Special Events Permit Application

Applicant/Principal Organizer

Name of organization applying for perr	mit: Des Moin	nes Co	Hu	mane Society		
Name of organization benefitting from the event (if different):						
Name of event: DMC HS (Car Show					
Name of contact person: Ka Ri		: 3195	76-5	031		
Event date(s): 9 17 22		fied sound dur	ing event:	○Yes ○ No		
Number of attendees expected (estimate			O Dania	-1/0:+::-		
This event is being advertised to:	Cocal neighborhood		X Region	nal/Citywide		
The above applicant is proposing	a street closure for a	community	v event.			
Street(s) to be closed:	,	×				
\ (Between		And			
	Between		And			
	Between		And			
Street closure times:		Г				
Set up starts at:		Event ends at:				
Event starts at:		Street cleared and opened at:				
Attach completed "Community E organization/s in whose name the special event permit. Applicant's Name Kau	he event will be adverti	ised which au	uthorizes y	ou the applicant to apply for the		
7. ppiloant o Hamo 7. 1000		0 -	/ `	4-2		
Address 206 Let	+ Her'W.	BURI	ins	7071		
Organization DMCHS		×				
Daytime Phone 319 576 Sa	23/Evening Phone	Same	Emer	gency Phone 319 750-0		
				319 750 4393		
	1					

Title, Purpose, and Brief Description of Event DMCHS Calshow: This show is a fund Raiser for
the humane society. We expect a round 75 Cars
the humane society. We expect a round 75 cars All money raised goes to humane society
Location/Map
Please attach a map detailing the area you wish to utilize. If street closings are involved, please indicate which streets and at what point you wish them barricaded. If a parade route, show the desired route and alternate routes. Additionally, if applicable, show alcoholic beverage areas, concession areas, first aid facilities, organizer's command post, portable toilet facilities, and any temporary structures to be erected. Location/Address Commun, + Park - W. Burl. Ave.
Requested Event Components
1. Day/Date (First Choice): Sat. Sept. 17 22
2. Alternate day/dates:
3. Requested Hours of Operation from 7:30 AM / PM to 3:00 AM / PM
4. Set up beginning day/date Sat Sept 17 , Time 7:30 (AM)/ PM
5. Dismantle by day/date Same, Time 3:00 AM PM
6. Anticipated number of participants 75
Insurance If your event will be held on public property, public street or sidewalk, attach to this application either an insurance policy or a certificate in insurance including the policy number, amount, and the provision that the City is included as an additional insured. (Minimum insurance requirement is \$500,000)
Sanitation Attach your plan for cleanup and garbage containment. (Include such information as number of trash

Attach your plan for cleanup and garbage containment. (Include such information as number of trash containers, number and location of portable toilets or permanent restrooms, and your plan for post event cleanup) We've held the show at this location so the past 3 years. We never leave a mess. The portapotty that is an Availability of Food, Beverages, and/or Entertainment site only luged.

1. If there will be music, sound amplification or any other noise impact, please describe, including the intended hours.

Le will play music & have an nouncoment

thru out the day. Noise is Keptito minimum.

	2.	Alcoholic beverages to be served? Yes No				
		If yes, describe how, where, when and by whom the alcoholic beverages will be served.				
		If yes, attach to this application a copy of your permit from the State Alcoholic Beverage Control Board or indicate whose permit will be used. Alcohol may not be served without a permit.				
		Please attach a list of the types and numbers of vendors or concessionaires that will be allowed as part of the event. Vendors or concessionaires serving food may be required to obtain a health permit. Please contact the Des Moines County Health Department for further information. 2 food +Rucks are scheduled they both were thoro last year. rity and Safety Procedures				
Se	cu	rity and Safety Procedures				
	1.	Describe your proposed procedures for set up, operation, security and crowd control.				
		This is just a fun event. We've never had trouble; but soveral board members are there If the event is to occur at night, describe how you are going to light the event area.				
	3.	If the event requires the installation of electrical wiring or the use of existing municipal (electrical) services, please describe below. We plus the sound system in the outlet by the picnic tables-				
IX.	De	itigation of the Impact to Others scribe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, otorists, and others. (I.E. Notification to adjacent property owners) Je do not cause any problems with sthers				
	Ple	ease indicate if you have received any objections from the surrounding property owners.				

CITY OF WEST BURLINGTON

SPECIAL EVENTS APPLICATION &

HOLD HARMLESS AGREEMENT

Please complete all sections of this application. An incomplete application will be returned to applicant.

PLEASE RETURN TO: Dan Gifford at West Burlington City Hall 122 Broadway, West Burlington, Iowa

1.	APPLICANT INFORMATION
	Applicant:
	Des Moines County Humane Society
	Name/Event_DMCHS CarShow
	Coordinator: Kari McCoy
	Mailing Address 206 Leffler W. Burlington
	Daytime Phone #: 1 3 1 9 5 7 6 - 50 3 /
	Evening Phone #: Same
	Email Address: KBM5-31@ AOL.Com
2.	EVENT INFORMATION
	Type of Event with general description:
	X Open to Public Private Event Car Show fund Raiser for the Human & Society.
	Saturday Sept. 17, 2022
	Time(s) of Event: (Include Set Up/Tear Down Time) 7:30 am - 3 pm Event Location: Community Park
	Contraction

AGREEMENT

In consideration of the City of West Burlington, Iowa, granting permission for the activity described above, the undersigned indemnifies and holds harmless the City of West Burlington, lowa, its employees, representatives and agents against all claims, liabilities, losses or damage for personal injury and/or property damage or any other damage whatsoever on account of the activity described above and/or deviation from normal City regulations in the area. The undersigned further agrees to indemnify and hold harmless the City of West Burlington, Iowa, its employees, representatives and agents against any loss, injury, death or damage to person or property and against all claims, demands, fines, suits, actions, proceedings, orders, decrees and judgments of any kind or nature and from and against any and all costs and expenses including reasonable attorney fees which at any time may be suffered or sustained by the undersigned or by any person who may, at any time, be using or occupying or visiting the premises of the undersigned or the above-referenced public property or be in, on or about the same, when such loss, injury, death or damage shall be caused by or in any way result from or rising out of any act, omission or negligence of any of the undersigned or any occupant, visitor, or user of any portion of the premises or shall result from or be caused by any other matters or things whether the same kind, as, or of a different kind that the matters or things above set forth. The undersigned hereby waives all claims against the city for damages to the building or improvements that are now adjacent to said public property or hereafter built or placed on the premises adjacent to said property or in, on or about the premises and for injuries to persons or property in or about the premises, from any cause arising at any time during the activity described above. The undersigned further agrees to comply with all the rules, regulations, terms and conditions established by the City of West Burlington, Iowa.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS DOCUMENT, INCLUDING THE FACT IT IS RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREES TO THE TERMS AND CONDITIONS AS SET FORTH HEREIN.

Kan McCoy 5/17/22

Applicant/Sponsor Signature Date