LFUCG SPECIAL EVENTS PERMIT APPLICATION

Application must be received 12 weeks prior to event date.

EVENT NAME:		EVEN	IT DATE:
(Official na	me of festival/event –	name used to advertise	event.)
Is this a new event? ☐ Yes	□ No Number	of years the event has l	been held:
DESCRIPTION OF EVENT	(Be specific.): Attach	n fliers, brochures and/c	or additional sheets as needed.
EVENT PRODUCER: (Namevent is contracting.)	ne of individual, group	or organization produci	ng event – agency with which
PRIMARY CONTACT: (Peremergency.)	rson who should be co	ontacted regarding the a	application, event or in case of an
CONTACT ADDRESS: Stre	eet:		
City:		State:	Zip:
PRIMARY PHONE CONTA	CT INFORMATION:		
Day Phone:		Night Phone:	
Cell Phone:	_	Fax:	
Email:	Website:		
ORGANIZATION/GROUP	TYPE: Check the box	below that best describ	es your organization/group.
☐ Registered for-profit	☐ Non-profit	☐ Charitable	
☐ Other (describe):			
SPECIAL EVENT LOCATION	ON		
Venue address/parade:			

Date(s) and time(s) of event (include load-In and load-ou	ıt/clean-up)		
Load-In Date:	Time:	🗆 AM 🗆 PM		
Load-Out/Clean-Up End Dat	e:	Time:	_ 🗆 AM 🗆 PM	
Event Start Date:	T	ime: □ AM	□РМ	
Event End Date:	T	ime: D AM	□РМ	
Total attendance expected	: Peak att	endance expected at any	one time:	
Rain/Cancellation Policy: _				
(Provide alternative dates, ti	mes and locations of even			
Number of vehicles/units/boo	mber of vehicles/units/booths: Number of animal units:			
Will you require streets to	be closed? □ Yes □ No	If yes, please designate	e streets.	
Will you place portable toi LFUCG). ☐ Yes ☐ No If yes, at what	_	·		
If yes, number of portable to				
What is the delivery time? _	Pick up time	9?		
Name of supplying company	r:			
Office number:		Cell number:		
If proposed event location Check One: □ Lower Half (Using both would require SI	☐ Upper Half ☐ ☐ Bo	oth	nes/rules.)	
Check if applicable: Water Wall: □ On □ Off	Fountain: ☐ On ☐ Off	Short Street closed: □	Yes □ No	

ADDITIONAL EVENT FEATURES Review the checklist of possible event features below and check all that apply to your event: Does the organization/group intend to charge a fee to spectators to witness the event? ☐ Yes ☐ No Does the organization/group intend to charge any participant (food, runner, booths, floats, vehicle, etc.) a fee? ☐ Yes ☐ No NOTE: An organization may not distribute any product in a glass container to participants. If you serve from a glass container, you must distribute the product in paper or plastic. If a fee is involved, identify and describe: How much? What for? etc.: What does the organization/group intend to do with the revenue raised as a result of any fee? Does the organization/group intend to generate? ☐ Food and beverage sales ☐ Souvenir and/or program sales ☐ Other revenue If other, explain: Do you plan to sell/serve alcohol? ☐ Yes ☐ No Will you be using an ABC licensed caterer to supply alcoholic beverages and food for the event? ☐ Yes ☐ No If yes, please indicate name of caterer: If no, please provide a list of approved vendors, the number of locations they are allowed to have (each booth or location would need a separate license), and the type of alcohol they will be permitted to sell. (Wine, malt beverages, distilled spirits.)

NOTE: Alcohol sales must be approved by the Alcohol Beverage Control Office and proper permits must be secured. Events serving or selling alcohol must have liquor liability insurance in the amount of \$1,000,000 (see insurance).

CLEAN-UP PLANS AND PROCEDURES

Review the checklist of other services needed below and check all that apply to your event:

Generally all events require some level of LFUCG support or services in order to be successful. Please check all services you will need. A cost estimate will be provided to you at the time you are notified of approval of your event. At this time, you may modify your request to meet your budget needs. Event producers may choose to be responsible for clean-up and removal of debris from the area (**including adjacent property**). A security deposit of \$100 is required for most events. **If alcohol will be served AND estimated attendance is over 100, a security deposit of \$1,000 is required.** The amount will be refunded to the applicant if the property is returned to LFUCG in the same condition it was provided to the applicant. The LFUCG reserves the right to charge additional fees if damage/cleanup to the property exceeds security deposit amount (\$100 or \$1,000). The fees for services will be billed following the event.

Other Services ☐ Security/Crowd Control	☐ Traffic Control	☐ Fire/Emergency Medical Services
☐ Herbies	☐ Recycling container	s (Mandatory if disposing aluminum, plastic, etc.)
☐ Clean-up (trash pick- up, empty tra	sh barrels etc.)	
$\hfill\square$ Electrical service (please explain):		
☐ Other needs (please explain):		
with an A.M. Best rating of "A" or bette "additional insured." If your event wi amount of \$1,000,000 from each ve	er with the minimum am II be serving/selling a ndor serving/selling t	ommercial general liability insurance written through a company nount of \$1,000,000 per occurrence, listing the LFUCG as an lcohol you will also need a liquor liability policy in the he alcohol. NOTE: Acceptable Insurance Certificates must be the event application is subject to be denied.
Government, employees and agents, (including attorney fees) arising out of	from all claims, liabilitie f, or in connection with, use of the facility, exce	efend and hold harmless the Lexington-Fayette Urban County s, losses, damages, expenses, accidents and occurrences the performance of this agreement, activities associated with oting however, all such claims, liabilities, losses, damages, ole negligence or willful misconduct.
3) If you will be serving alcohol you m PROHIBITED IN THE ROBERT F. S	ust get a permit from th	e ABC Office. **SALE OF ALCOHOLIC BEVERAGES IS ISE PLAZA**
	oves the application, the	includes sending it to the Special Events Commission for e application is then submitted to Risk Management as well as y mail of the approval.
Signature and title of applicant:		Date:
	Mayo Attn: Specia 200 East Main Stree	urn to: r's Office I Events Liaison tt, Lexington, KY 40507 OR 258-3194 fax
Application and deposit must be re	ceived no later than s	ix weeks prior to the event.
Please check boxes to ensure you	have completed and e	enclosed all required material:
☐ Completed application ☐ Security Deposit ☐ Certificate(s) of Insurance ☐ Map of parade, walk or run route		
(For LFUCG use only) Date received	:	Revised October 2015