

Name/Title of Event _____

City of Jacksonville General Event Short Form
Any item with an ** may need additional documentation

Event Starts Date _____ Time _____ Day of Week _____

Event Ends Date _____ Time _____ Day of Week _____

Location (please be specific, park name and location, street name, etc.):

Number of anticipated Participants: Estimated total _____ Per day _____

Event Contact Name: _____ Ph. _____ email: _____

Will street access, block, or close a street during, before, or after the event? **

Will you require electricity or water? **

Do you have a city business license?

Will you have vendors selling goods and services, if so please describe? **

Will you be selling or providing alcohol? **

Will your event require security guards, parking attendants, or crowd management? **

Will sound amplification be used? ** If yes, Start time _____ Finish time _____

INSURANCE REQUIREMENTS

Most special events will be required to provide evidence of insurance coverage. Please note insurance requirements depend upon the risk level of the event. If your event will include alcohol, liquor liability coverage must be included on your certificate of insurance.

Before final permit approval, you will need commercial general liability insurance that names as Additional Insured, the “City of Jacksonville, its officers, employees, and agents” and any other public entities (e.g. County, etc.) impacted by your event. Insurance coverage must be maintained for the duration of the event including setup and dismantle dates.

An original Certificate of Insurance in the amount satisfactory to the City must be received by the City of Jacksonville prior to the issuance of your Special Event Permit. Mail to: City of Jacksonville, PO Box 7, Jacksonville, Oregon 97530. Certificates of insurance from food and beverage concessionaires/vendors and vendors providing such things as bounce houses, climbing walls and similar activities will also be required.

Name of Insurance Agency: _____
Address: _____
City _____ State _____ Zip _____

AFFIDAVIT OF APPLICANT

The applicant and, if applicable, the professional event organizer, must complete, sign and date this application before submitting it to:

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Jacksonville Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager’s designee. Applicant agrees to comply will all other requirements of the city, county, state, federal government and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Jacksonville.

Organization: _____

Print Name of Applicant/Host: _____

Applicant Title: _____

Applicant Signature: _____ Date: _____

Print Name of Professional Event Organizer: _____ Title: _____

Event Organizer Signature: _____

HOLD HARMLESS

Applicant agrees to defend, pay, save and hold harmless the City, its officers and employees, from any and all claims or lawsuits for personal injury or property damage arising from or in any way connected to the special event, except any claims arising solely out of the negligent acts of the City, its officers and employees.

