



## APPLICATION FOR EVENT PERMIT, TO BE COMPLETED BY THE EVENT SPONSOR

Garden City Code §§ 1-11, 3-1, 3-4

Fax No.: (208) 472-2996    E-mail Address: customerservice@gardencityidaho.org

### SECTION I – APPLICANT INFORMATION

NAME(S) OF INDIVIDUAL(S), PARTNERSHIP(S), CORPORATION(S), ASSOCIATION(S), GROUP(S), OR OTHER UNIT(S) SPONSORING THE EVENT (HEREINAFTER “APPLICANT-SPONSOR”):		
PHYSICAL ADDRESS OF APPLICANT-SPONSOR:		APPLICANT-SPONSOR PHONE NO.:
NAME OF CONTACT PERSON FOR APPLICANT-SPONSOR:	RELATIONSHIP TO APPLICANT-SPONSOR:	CONTACT PERSON PHONE NO.:
ALTERNATE PHONE NO.:	FAX NO.:	E-MAIL ADDRESS:

### SECTION II – VENUE AND EVENT INFORMATION

NAME OF VENUE:	NAME OF EVENT:
NAME(S) OF INDIVIDUAL(S), PARTNERSHIP(S), CORPORATION(S), ASSOCIATION(S), GROUP(S), OR OTHER UNIT(S) THAT ARE TENANT(S) AND/OR OWNER(S) OF THE VENUE, IF DIFFERENT THAN APPLICANT-SPONSOR:	
PHYSICAL ADDRESS OF VENUE:	
VENUE IS PUBLIC PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No	EVENT WILL BE HELD OUTDOORS: <input type="checkbox"/> Yes <input type="checkbox"/> No
EVENT QUALIFIES AS A SPECIAL EVENT (NOTE: ACHD/FIRE DEPT. MAY REQUIRE ADDITIONAL APPLICATIONS AND FEES FOR SPECIAL EVENTS): <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROPOSED DATE(S) OF EVENT:	PROPOSED OPERATING HOURS (INCLUDING SETUP/BREAKDOWN):
ESTIMATED OCCUPANCY:	MAXIMUM OCCUPANCY:
DESCRIPTION EVENT (CHECK ALL APPLICABLE): <input type="checkbox"/> Amusement Attraction <input type="checkbox"/> Art Show <input type="checkbox"/> Block Party <input type="checkbox"/> Concert/Live Performance <input type="checkbox"/> Non-Profit Fundraiser	<input type="checkbox"/> Parade <input type="checkbox"/> Retail Sale <input type="checkbox"/> Rodeo <input type="checkbox"/> Sporting Event <input type="checkbox"/> Swap Meet <input type="checkbox"/> Other (Identify):
NAME(S) OF EXPECTED VENDOR(S), MERCHANT(S), AND/OR CATERING PROVIDER(S) THAT WILL PROVIDE GOODS AND/OR SERVICES AT EVENT:	
PRECAUTIONS SPONSOR HAS TAKEN OR WILL TAKE TO ADDRESS THE PUBLIC HEALTH, SAFETY, AND WELFARE, TRAFFIC, VEHICULAR AND PEDESTRIAN SAFETY, NOISE, AND THE INTERESTS OF ADJOINING PROPERTY OWNERS:	

### SECTION III – PUBLIC SAFETY; EVENT SECURITY; MISCELLANEOUS INFORMATION

NAME OF CONTACT PERSON DURING EVENT:	CONTACT PHONE NO.:	
PRIVATE SECURITY IS PROVIDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	PRIVATE PARKING STAFF IS PROVIDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFF-STREET PARKING: <input type="checkbox"/> Yes <input type="checkbox"/> No



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IMPACT TO POLICE SERVICES: <input type="checkbox"/> Yes <input type="checkbox"/> No	IMPACT TO FIRE SERVICES: <input type="checkbox"/> Yes <input type="checkbox"/> No	VENUE AND/OR EVENT IS AGE RESTRICTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
IMPACT TO PUBLIC ROADWAY(S) (INCLUDING ROAD CLOSURES): <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, FORMS AND FEES HAVE BEEN SUBMITTED TO ACHD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIABILITY INSURANCE POLICY: <input type="checkbox"/> Yes <input type="checkbox"/> No	CITY LISTED AS ADDITIONAL NAMED INSURED PARTIES ON POLICY: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION IV – ATTACHMENTS; APPLICANT ACKNOWLEDGMENT AND SIGNATURE**

COPIES OF APPLICABLE LICENSES, PERMITS, FORMS, APPLICATIONS, AND ATTACHMENTS MUST BE SUBMITTED WITH THIS APPLICATION. <input type="checkbox"/> Alcohol Catering Applications/Permits, w/ Attachments, if applicable <input type="checkbox"/> Vendor/Solicitor/Temporary Merchant Applications/Permits, w/ Attachments, if applicable <input type="checkbox"/> Map of Premises, if Event is Outdoors or Qualifies as a Special Event, w/ Illustration of Amenities <input type="checkbox"/> Copy of Agreement w/ Private Security Firm <input type="checkbox"/> Copy of Private Security Firm’s License <input type="checkbox"/> Copy of Proof of Liability Insurance Policy
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By signing and submitting this public record, I understand that this Application must be submitted at least 30 days before the proposed event in its completed form and as the Sponsor, it is my responsibility to ensure all accompanying Applications, Permits, Licenses, and their required attachments and fees are submitted together with this Application and failure to do so will result in this Application being denied. I understand that the Chief of Police, Chief of Fire, and/or the Ada County Highway District may grant conditional approval with respect to this Application to ensure public safety. I understand that copies of this Application will be sent to and retained by the City, the Chief of Police, the Chief of Fire, and the Ada County Highway District, when applicable.

I acknowledge that the information contained herein is true and accurate. I understand that failing to fully and accurately complete this Application, omitting information, falsifying information, and/or providing misleading information will result in this Application being denied.

I hereby agree to indemnify the City of Garden City from the expenses of and against any and all suits, actions, claims, and losses of every kind, nature, and description, including costs, expenses and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct by myself, the sponsors of, and/or the participants in the uses, activities, and events described in this Application, except where such loss is attributable to the tortious conduct of the City of Garden City or its authorized agents.

I certify that damage to the properties, locations, and routes at or upon which the uses, activities, and events described in this Application is not foreseeable, and I agree that if damage occurs, I shall incur any and all costs of restoring such properties, locations, and routes to their previous condition.

I understand that failure to comply with Idaho Code, Garden City Code, and the terms and conditions of an approved Application is punishable by law and will result in the City revoking and refusing to renew any permits approved pursuant to this Application.

APPLICANT-SPONSOR PRINTED NAME: \_\_\_\_\_

APPLICANT-SPONSOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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**SECTION V – ADMINISTRATIVE REVIEW (FOR INTERNAL USE ONLY)**

DATE OF RECEIPT OF <i>COMPLETE</i> APPLICATION:	
<b>CHIEF OF POLICE</b>	<b>CITY CLERK</b>
RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial	ACTION TAKEN: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial
SIGNATURE:	SIGNATURE:
DATE:	DATE:
REASON(S) FOR DENIAL OR CONDITION(S) ON APPROVAL AND APPLICABLE CODE PROVISION(S):	
PERMIT EFFECTIVE DATE(S) & HOURS OF OPERATION:	
FINAL COPIES SENT TO: <input type="checkbox"/> Applicant-Licensee <input type="checkbox"/> Chief of Police <input type="checkbox"/> Chief of Fire <input type="checkbox"/> Ada County Highway District	