DO NOT PROMOTE YOUR EVENT BEFORE RECEIVING TENTATIVE APPROVAL FROM THE CITY!



City of Fort Smith, Arkansas Police Department SPECIAL EVENT APPLICATION

| This Box for Office Use Only |
|------------------------------|
| Date Received: |
| |
| |

Phone: (479) 709-5017

Return

Fort Smith Police Events Coordinator

to: 100 South 10th Street

Fort Smith, AR 72901-3710

City Ordinance(Section 24-201) requires this fully completed application and signed indemnification agreement to be submitted to the Fort Smith Police Department Events Coordinator at least <u>45 DAYS PRIOR</u> to the first day of the event. Sorry, facsimiles cannot be accepted! Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit. Please type or print information clearly and attach additional sheets as necessary.

PLEASE CALL (479) 709-5017 IF YOU NEED ASSISTANCE COMPLETING THIS FORM!

| EVENT INFO | RMATIO | ON | | | | | | | |
|---------------------------|---|----------|------------|---------------------|-----------|------------------|---------------------|--------------|-----------------------------|
| Event Name: | | | | | | | | | |
| Event Type: (Check all | | | _ | | _ | | □Run □Walk | | |
| that apply) | Day 1 Day 2 Day 3 | | □ Pa | arade | | Ride | ☐ Other (Spec | ify) | |
| | Doy 1 | | | | | | | | |
| | Day 1 | Date | (MM/DD/YY) | | | ay of Week | Start Time | | End Time |
| Proposed | Day 2 | | | | | | | | |
| Date & | _ | Date | (MM/DD | D/YY) | | ay of Week | Start Tim | e | End Time |
| Time | Day 3 | | | | | | | | |
| | | Date | (MM/DD | D/YY) | Г | ay of Week | Start Tim | e | End Time |
| Event Location | n: | | | | | | | | |
| Event Purpose | <u> </u> | | | | | | | | |
| City facilities t | Concert | | | | | | | | |
| | | | ∃Street | $\Box C$ | Other (pl | ease specify): | | | |
| If your event is in a | City park, ha | ve you o | completed | d a Park U s | se Applic | ation? No | o 🗌 Yes Da | te Submitte | d: |
| | | S | Street: | | | Street: | | Str | reet: |
| Streets Affo | ected | | | | | | | _ 🗆 | |
| | | | | | □ | | | | |
| | | | | | | | | | |
| Anticipated Crowd | | | | | | | | onnel: | |
| | • | • | • | | | If "Yes" ple | ease list the date: | | |
| | Concert Exhibition Protest Run Dance Festival Race Walk Other (Specify) Day 1 | | | | | | | | |
| If "yes" please not | e the chang | ges: | | | | | | | |
| Is there an admissi | | _ | | _ | | | - | | _ |
| Will there be any v | | | | | Checl | | | _ | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2. A written | plan detail | ing hov | v you int | end to kee | p minor | s from obtaining | g alcohol served a | t the event | . (See sample below) |
| 3. A written | pian detail | ing hov | v you ınt | end to kee | p partici | pants from brin | ging their own ald | conol to the | e event. (See sample below) |

THIS EVENT APPLICATION MUST BE SUBMITTED AT LEAST 45 DAYS IN ADVANCE OF THE EVENT.

| EVENT NAME: | PAGE #2 |
|---|----------------------------|
| APPLICANT INFORMATION | |
| Organization name: | ☐ For Profit |
| Address: | Non-Profit |
| City: State: Zip Code: | |
| Dhana () Mahila () a maila | |
| | |
| Event Contact: | |
| Address: | |
| | |
| Phone: Mobile: e-mail: | |
| Other Contact: | |
| Address: | |
| City: State: Zip Code: | |
| Phone: _() | |
| Security Coordinator: | |
| Address: | |
| City: State: Zip Code: | |
| Phone: () Mobile: () e-mail: | |
| | |
| OTHER EVENT INFORMATION | |
| Will animals be allowed at the event? | |
| |) |
| Who will be responsible for after-event cleanup/trash removal? Will separate receptacles be in place at this event for recycling? No Yes THE CITY OF FORT SMITH WANTED |) Tra way ma Program r! |
| Will separate receptacles be in place at this event for recycling? No Yes THE CITY OF FORT SMITH WANT Will fireworks be a part of the event? No Yes Note: State and City permits must be obtained before event was a separate receptable. | |
| |) |
| How many flush toilets will be available? How many portable restrooms will be in place? See a | |
| | Electricity Needed |
| What electric contractor will be on hand for this event? Phone: (|) |
| | /Entertainment |
| ++ Loud generators, amplified sound and other noise may violate the City's Noise Ordinance (Sec 16, 41-60) if disturb other dwellings, businesses or persons in the vicinity. Event promoters must ensure sound is kept be | |
| LEGITIMATE NOISE COMPLAINTS MAY CAUSE THE IMMEDIATE REVOCATION OF THE EVENT PERMIT! | low disturbing levels. |
| Briefly note your plans for providing: | |
| Hand washing facilities for vendors/guests: | |
| 2. Handicapped restroom facilities: | |
| 3. Trash receptacles: | |
| 4. Recycling receptacles: | |
| 5. Removal of animal feces | |
| 6. After-event cleanup | |

EVENT APPLICATIONS MUST INCLUDE A DETAILED DIAGRAM OF THE EVENT AREA OR ROUTE

| EVENT NAME: | PAGE #3 |
|--|--|
| EVENT SAFETY PLAN | |
| How many law enforcement officers will provide event security? | SECURITY EXPENSES |
| How many law enforcement officers will provide traffic control? | All security expenses, |
| How many licensed private security officers will be on hand for this event? | including law enforcement |
| How many volunteer security monitors will be on hand for this event? | personnel expenses |
| How many paramedics will be on hand for this event? | must be paid |
| How many first responders will be on hand for this event? | by the event sponsor |
| NEED HELP DETERMINING PUBLIC SAFETY NEEDS? CALL | (479)709-5017 |
| Briefly note what you believe to be the major security and traffic control issues with your | event: |
| The City of Fort Smith Special Events Ordinance requires the permittee/spons adequate security personnel as determined by the Chief of Police. Public say evaluation of anticipated crowd size, similar event history and event type. For ass All parade, athletic event, or other special event costs, including but not limited fire services and police services shall be borne by the applicant. | fety needs are determined by istance, call (479) 709-5016. |
| List planned parking locations for spectators, vendors and staff: | |
| Spectator Parking: | |
| Handicapped Parking | |
| Vendor Parking: | |
| Staff Parking: | |
| REQUIRED INSURANCE INFORMATION | |
| Evidence of insurance must be provided to the Police Department Event Coordinator no levent. The City of Fort Smith at P.O. Box 1908, Fort Smith, AR 72902, must be na coverage. Notation of certificate will not be accepted! Surplus line policies must be is Arkansas. | med "additional insured" to all |
| Minimum Limits as applicable: | |
| \$250,000 each person bodily injury (\$300,000 minimum if the event is in a city park) | |
| \$500,000 each occurrence property damage or | |
| \$500,000 each occurrence combined single limit bodily injury and property damage . | |
| If food or non-alcoholic beverages are to be sold or served, the policy must include a mini product liability . | |
| If alcoholic beverages are to be sold or served, the policy must include a \$500,000 liquor | <u>legal liability</u> endorsement. |

A SPECIAL EVENT PERMIT CANNOT BE ISSUED UNTIL INSURANCE HAS BEEN SUBMITTED!

PAGE #4

City of Fort Smith

Special Event Indemnification Agreement

In consideration of the issuance of a special events permit and use of the City of Fort Smith Streets, facilities, and rights of way in connection with the permitted event the organization:

(Permittee/Sponsoring Organization)

hereby agrees to reimburse the City of Fort Smith for any and all costs incurred in repairing damage to City Property proximately caused by the actions of the permittee/sponsoring organization, its officers, employees, or agents, or any persons who are, under the permittee/sponsoring organization's control insofar as permitted by law occurring in connection with a special event known as:

(Event Name)
scheduled on:

(Event Date(s))

The permittee/sponsoring organization further agrees to hold harmless, indemnify and defend the City of Fort Smith, its officials, members, agents, and employees against any claims, costs, damages, demands, liability, and notices, of any kind or nature whatsoever arising or resulting from any damage or injury proximately caused by actions of the permittee/sponsoring organization, its officers, employees, or agents, or any person under its control in connection with the permitted event, regardless of whether the city is actively negligent or passively negligent.

I am authorized to act as an officer or agent of the permittee/sponsoring organization with full authority to execute this agreement in its name and on its behalf for the purposes herein stated.

| Authorized Officer of Sponsoring Organization | Date |
|---|------|
| | |
| Permit Applicant | Date |
| | |
| Witness | Date |

SAMPLE PLANS FOR PERMIT RELATED ALCOHOL ISSUES

PAGE #5

THESE SAMPLE PLANS ARE A GUIDE TO ASSIT YOU IN DEVELOPING A STRATEGY TO PREVENT ALCOHOL MISUSE AT YOUR EVENT.

SAMPLE PLANS FOR KEEPING MINORS FROM OBTAINING ALCOHOL

[<u>Event Sponsor</u>] requires all patrons age twenty-one (21) and over to wear identification wristbands. Our gate personnel check all identification cards at the park entrance and place a wristband on all who are age twenty-one (21) and over who plan to purchase and consume alcohol.

Beverage sales personnel will have printed copies of this alcoholic beverage plan available at each alcoholic beverage point of sale. Additionally, each person dispensing alcoholic beverages will be given a briefing regarding the prohibition against the sale of alcoholic beverages to minors or to anyone not wearing an armband.

Alcohol will be served in cups of a single color, specifically designated for alcohol to aid police officers and security staff in identifying prohibited activity.

(# of Staff) event volunteers have been assigned the task of walking the event area in search of any minors or adults not in compliance with the alcohol regulations. All violators will be reported to the police.

Event Sponsor) requires all patrons age twenty-one (21) and over to be stamped with a unique hand stamp that cannot be transferred to other patrons without easy detection. Our gate personnel will check all identification cards at the park entrance and place the unique indelible ink hand stamp on all who are age twenty-one (21) and over who plan to purchase and consume alcohol. Beverage sales personnel will be instructed to closely examine the hand stamp prior to selling alcoholic beverages to assure under aged persons do not display a reverse transfer of the hand stamp.

Beverage sales personnel will have printed copies of this alcoholic beverage plan available at each alcoholic beverage point of sale. Additionally, each person dispensing alcoholic beverages will be given a briefing regarding the prohibition against the sale of alcoholic beverages to minors or to anyone not wearing the proper hand stamp.

Alcohol will be served in cups of a single color, specifically designated for alcohol to aid police officers and security staff in identifying prohibited activity.

(# of Staff) event volunteers have been assigned the task of walking the event area in search of any minors or adults not in compliance with the alcohol regulations. All violators will be reported to the police.

SAMPLE PLANS FOR KEEPING SPECTATORS FROM BRINGING THEIR OWN ALCOHOLIC BEVERAGES

(Event Sponsor) will have signs posted at the entrance to the event and in designated parking areas, prohibiting any outside alcohol or weapons from being carried onto the event premises in ice chests, large bags or other containers. Volunteers posted at the entrance. Staff and/or Volunteers posted at the entrance have been instructed not to allow any ice chests, large bags, or otherwise from entering the event grounds without inspection to assure no alcoholic beverages and/or weapons are being transported into the event.

Alcohol will be served in cups of a single color, specifically designated for alcohol to aid police officers and security staff in identifying prohibited activity.

Persons found in violation of this prohibition inside the event premises will be banned from the event by event staff and are subject to arrest. Additionally, persons who refuse to allow event staff to search containers/bags/et cetera will not be allowed inside the event area.

(<u>Event Sponsor</u>) makes the general public aware of its policy/position regarding the prohibition of outside alcohol in the event area in all pre-event promotional and advertising efforts. Additionally, the group places signs noting "NO OUTSIDE ALCOHOL OR PERSONAL ICE CHESTS ARE ALLOWED INSIDE THE EVENT AREA" at all parking areas and entrances to the event area.

Alcohol will be served in cups of a single color, specifically designated for alcohol to aid police officers and security staff in identifying prohibited activity.

Persons found in violation of this prohibition inside the event premises will be banned from the event by event staff and are subject to arrest. Additionally, persons who refuse to allow event staff to search containers/bags/et cetera will not be allowed inside the event area.

POLICE EVENT CHECKLIST PAGE #6

This Fort Smith Police Department Special Event Application is to be submitted to the Police Department Events Coordinator (100 South 10th Street, Fort Smith, AR 72901) at least 45 days prior to the event. Applications must be submitted *in person or by U.S. Mail*. No facsimiles!

Successful applications will include the following information when applicable:

| Fully completed Special Event Application submitted at least 45 days prior to proposed event. Please Call (479) 709-5016 If you need assistance completing the special event form! |
|---|
| Detailed Diagram of event area. |
| Signed, witnessed and dated Indemnification Agreement. |
| Copy of APPLICATION for Arkansas Alcoholic Beverage Permit. An actual copy of the alcoholic beverage PERMIT you receive from the state must be presented the week preceding the event. |
| Signed and dated plan to prevent alcohol sales to minors during event. |
| Signed and dated plan to prevent patrons from bringing alcoholic beverages into event. The two alcohol plans may be combined on one page if desired. |
| Copy of insurance (in required amounts) showing the city as additional insured. |
| Copy of City Park Use Application (required if event is held in a city park). |
| Other supporting documentation. |
| Scheduled meeting with Police Events Coordinator to discuss event security/plans. |

Other Helpful Links/Information

<u>Arkansas Department of Finance and Administration/Alcohol Beverage Control Division</u> 100 Main Street Suite #503, Little Rock, Arkansas 72201 // (501)682-1105 Fax: 501-682-2221 http://www.state.ar.us/dfa/abcadministration/index.html

Arkansas Festival Association http://www.arkansasfestivalassociation.org/

City of Fort Smith, Arkansas http://www.fortsmithar.gov/

Fort Smith Parks http://www.fortsmithparks.com Recreation Director (479) 785-4225

Fort Smith Police http://www.fortsmithpd.org/ Event Coordinator: (479) 709-5017

<u>City Ordinance</u> available at http://www.municode.com Select "Online Library" then click on the map of "Arkansas" and select Fort Smith from the list.

| International Portable Sanitation Association guidelines for estimating the number of sanitation units that may be necessary for a special event. Numbers of Hours for Event | | | | | | | | | | | |
|---|------------------------------|---|---|---|---|---|----|----|----|----|----|
| | • | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Crowd Size | Number of Portable Restrooms | | | | | | | | | | |
| 1-500 | 4 | 4 | 4 | 4 | 6 | 6 | 6 | 8 | 8 | 8 | 8 |
| 501-1000 | 4 | 4 | 6 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 12 |
| 1001-2000 | 8 | 8 | 8 | 8 | 8 | 8 | 12 | 12 | 12 | 12 | 16 |
| To meet ADA, 5% of facilities but not less than one toilet must be wheelchair accessible. | | | | | | | | | | | |