



Date Application was received:

Special Events Application

The City of Conway, Arkansas has enacted an ordinance for assemblies, demonstrations, special events and parades. The information required on this form is consistent to the enacted City ordinance. The information requested by the application form will be used to determine your eligibility for the special event permit request. Please type or print clearly. **The event will not be considered for approval until the entire application and all its parts are received. Applications are due to the Conway Police Department Records Division (1105 Prairie St.), no later than 45 days prior to the proposed parade or special event and no sooner than 180 days prior to the proposed parade or special event.**

Choose One: Parade/Special Event Assembly

Event:		Date of Application:	
Requested Date:	1 st Choice	2 nd Choice	
Sponsored By:			
ORGANIZERS' CONTACT INFORMATION			
Primary:	Name:	Cell Phone:	
	Address:	Work Phone:	
	Email:	Home Phone:	
Secondary:	Name:	Cell Phone:	
	Address:	Work Phone:	
	Email:	Home Phone:	
Requested Area(s):	<i>Check all that apply</i> <input type="checkbox"/> City Streets <input type="checkbox"/> Parking Lots <input type="checkbox"/> Other		
Exact Location for the Event:			
Event Hours:	Exact event times: to	Set-up start time:	Clean-up end time:
Anticipated Attendance Per Day:	Participants: (volunteers, staff...)		Spectators:
FOR OFFICE USE			
Chief of Police/Designee:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Insurance Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments/Special Considerations:	See last page		
Chief of Police/Designee Signature:	Date:	Copy To: <input type="checkbox"/> Mayor <input type="checkbox"/> Chief of Police <input type="checkbox"/> Fire Chief <input type="checkbox"/> Parks & Rec. <input type="checkbox"/> Street Department <input type="checkbox"/> City Attorney <input type="checkbox"/> Director of Communication <input type="checkbox"/> City Engineer <input type="checkbox"/> Sanitation Department Other:	
Special Events Permit #:			

HOLD HARMLESS AGREEMENT

If your event application is approved, a signed copy of the below Hold Harmless Agreement must be submitted prior to the start of the event.

All permits and/or applications are conditional upon all City and state agency requirements. Approved permits will be revoked prior to the event if conditions are not met

I have read the above statements and the below agreement and understand my responsibilities and rights.

_____(Initial)

_____(Legal name of business/organizer, exactly as

it appears on Certificate of Insurance, if applicable.), shall defend and hold harmless the City of Conway, Arkansas, its officers, employees, agents, and representatives thereof, harmless from all suits, actions, claims of any kind, including attorney's fees, brought on account of any personal injuries, damages, or violation of rights sustained by any person or property in

consequence of any neglect on behalf of _____

(Legal name of business/organizer), while their personal property is situated on City property.

_____(Legal name of business/organizer) shall

further hold the City of Conway, Arkansas harmless from any claims or amounts arising from violation of any law, bylaw, ordinance, regulation, or decree.

Legal name of business/organizer (as it appears above): _____

By (Signature): _____

Name (Printed): _____

Title: _____

Address: _____

Signature: _____ Date: _____

Comments/Special Considerations:

GENERAL EVENT INFORMATION

Complete the following questions. Please provide additional information as needed.

1. Event Name:		
2. Describe your event and the planned activities.		
3. Name of insurance company providing Certificate of Insurance and Endorsement Page for the event if applicable: <i>Fill this section out if applicable.</i>		
4. Has your organization held this event in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where and when?
5. Is this event a fundraiser for your organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of recipient organization:
6. Will you be requesting Police Department or medical assistance? (Medical assistance is NOT coordinated by the Police Department.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	What kind of assistance?
7. Will you have private security on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?
8. Will drones be used during this event? <i>All state and local ordinances must be followed.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, attach copy of operator license and provide operator telephone number.
9. Will items be left overnight? <i>IF YES, any propane or other hazardous chemicals must be constantly attended.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	What and where?
10. Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Will food, merchandise, or services be sold? <i>All vendors must have a A&P license for the service of food or alcohol. The collection and filing of any applicable taxes will be the responsibility of the individual vendor.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Event Organizer must attach Vendor List to this application with copy of City Privilege License.

13. Will the activity require the blocking of any surrounding streets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details below.
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Blocked Street:	From (Street):	To (Street):	Day/Time Closed:	Day/Time Re-opened:	# Of Barricades

14. Will amplification equipment be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What length of time? Location(s):
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15. What items or tasks will your organization be providing or performing for the event? (Please list all)

16. Will there be any other temporary structures used in conjunction with your event? (Examples: stage, large tents, bleachers, inflatables, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: Size: Quantity: Location(s):					
17. Will the event require use of any parking lots as staging areas or additional spectator parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List lots: Hours: Areas:					
18. Will there be animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: Quantity:					
19. Please attach a site plan or route of your event to this application.							
<p>Approval/Denial Process:</p> <table border="0"> <tr> <td>Special Events Receives Application</td> <td>Send to All Required City Departments</td> <td>All City Departments Review Application</td> <td>Send CPD Chief or Designee All Concerns</td> <td>CPD Chief or Designee Approval/Denial</td> </tr> </table>			Special Events Receives Application	Send to All Required City Departments	All City Departments Review Application	Send CPD Chief or Designee All Concerns	CPD Chief or Designee Approval/Denial
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