

**CITY OF SHIVELY, KENTUCKY
SHIVELY PARK EVENTS APPLICATION**

Date: _____

CONTACT INFORMATION

Primary Contact: _____
(Person to whom contact should be made regarding this application, the event, or in case of emergency)

Contact Address: _____

City/State/Zip: _____

Primary Phone Number: _____

☐ WORK ☐ CELL ☐ HOME

Email/Fax: _____

Website: _____

EVENT DESCRIPTION

Event Name: _____
(Official name used to advertise event)

Event Sponsor: _____
(Name of individual, group or organization producing event, or agency with whom event is contracting)

Describe Event: _____

☐ EVENT DESCRIPTION ATTACHED

Park Location for Event: _____

Date(s) and Time(s) of Event: Load-In-Date: ____/____/____ Time: _____ ☐ AM ☐ PM

Event Start Date: ____/____/____ Time: _____ ☐ AM ☐ PM

Event End Date: ____/____/____ Time: _____ ☐ AM ☐ PM

Load-Out/Clean-Up Date: ____/____/____ Time: _____ ☐ AM ☐ PM

ATTENDANCE

Total attendance expected: _____ Peak attendance expected at any one time: _____

VENDORS

Are you having vendors? ☐ Yes ☐ No If yes, how many? _____ Selling food products? ☐ Yes ☐ No

Each vendor is responsible for obtaining a business license with the City of Shively.

Information or community booth? ☐ Yes ☐ No

- Any event that will have food or merchandise with vendors, event producers and vendors must each obtain Special Liability Event Insurance. (Please see Special Events Insurance portion of application at end of application)
- The event producer and vendor may choose any Special Liability Event insurance carrier but must have the policy in place at the time the event takes place.
- The event producer and vendor must submit proof of Special Liability Event coverage to the City of Shively 30 days prior to the event.
- The City of Shively neither insures nor permits carnivals, circuses or fairs as events to be held in its public parks or community building. Special Liability Events insurance generally does not cover carnivals, circuses or fairs.
- A map of the location of all vendors must be attached.
- All vendors will be responsible for adhering to all local vending ordinances, ensuring compliance of all vendors with the Health Department, Revenue Commission and the Kentucky State Department of Revenue.
- The consumption and/or sale of alcohol is not permitted.
- Parking on grass is prohibited.

Please Check All of the Following Items Which Apply to Your Event

☐ EMERGENCY MEDICAL SERVICES: Describe or attach Emergency Medical Services plan:
(All applicants must provide a letter that they have alerted EMS of the event)

☐ CLEAN-UP PLANS AND PROCEDURES

Event applicants/producers holding an event on City of Shively properties and facilities are responsible for clean-up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Describe or attach clean-up plan: _____

☐ CLEAN-UP PLAN ATTACHED

(The City of Shively requires payment in advance of a damage deposit of \$400.00 to be fully refunded after completion of clean-up of the event)

☐ RESTROOM FACILITIES

Number of portable facilities: _____

Name of supplying company: _____ Office Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

☐ SECURITY/TRAFFIC CONTROL

Event applicants/producers must provide adequate security for event management, crowd control and traffic control.

Total number of off-duty, sworn, law-enforcement officers on-site: _____

Organization providing security: _____

Contact Name: _____ Phone: _____

Describe or attach security plan: _____

☐ SECURITY PLAN ATTACHED
(The City of Shively does not provide police security/traffic control at any event unless special arrangements have been made with the City of Shively Chief of Police or designee in advance of event)

☐ TENTS

Number of Tents: _____ Tent Sizes: _____

ALL tents over 400 square feet will be inspected by the City of Shively Fire Inspector.

(The City of Shively does not provide tents to any events on its properties)

☐ ADVERTISING

Describe (or attach) your event marketing plan and include copies of any print advertisements:

☐ ADVERTISING PLAN ATTACHED

Website: _____

☐ OTHER

Describe or attach a description of any further special features of your event, including special requests or other relevant information of which the City of Shively should be made aware:

CITY OF SHIVELY SPECIAL EVENT INSURANCE REQUIREMENTS

All producer/applicants and vendors must have special event insurance liability coverage unless they have general commercial liability coverage that meets the requirements for special events.

Proof of Insurance is required from an event applicant/producer (and even sub-contractor), and vendors at least 30 days prior to an event so that the City of Shively may verify that the City of Shively requirements for insurance coverage have been met.

SPECIAL EVENT LIABILITY/GENERAL COMMERCIAL LIABILITY INSURANCE OBLIGATIONS

All event applicants/producers and vendors must have Special Event Liability Insurance and provide proof of coverage to the City of Shively at least 30 days prior to an event, unless the event applicant/producer and vendor already have general liability insurance coverage that meets the requirement for special event liability insurance and should provide proof of that coverage at least 30 days in advance. Event applicants/producers should advise vendors of vendors' obligation to obtain Shively business license and provide proof of special event liability insurance coverage.

SPECIAL EVENT LIABILITY/GENERAL COMMERCIAL LIABILITY INSURANCE MINIMUM REQUIREMENTS

Event applicant/producer and vendors must submit a Certificate of Insurance to the City of Shively providing proof of a special event liability or commercial general liability insurance policy, written on an occurrence for bodily injury, personal injury, property damage and product liability, with a minimum limit of liability of \$1,000,000.00 per occurrence and with a \$2,000,000.00 aggregate.

The event applicant/producer and vendor must list the City of Shively as additional insured and as certificate holder on all special event liability and commercial general liability policies with primary and non-contributory.

NOTE: The consumption and/or sale of alcohol is not permitted by the City of Shively at any event.

WORKERS COMPENSATION INSURANCE (if applicable)

Insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and Employers' Liability

-\$100,000.00 Each Accident/\$500,000.00 Disease – Policy Limit/\$100,000.00 Disease – Each Employee.

The Insurance Requirements should be reviewed immediately with your insurance agent in order to comply.

HOLD HARMLESS INDEMNIFICATION AND WAIVER OF SUBROGATION CLAUSE

The event applicant/producer and vendor shall indemnify, hold harmless and defend the City of Shively, its elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the event applicant/producer's (or event applicant/producer's subcontractors, if any) and vendors' performance or breach of the contract provided that such claim, damage, loss, or expense is (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of the City of Shively, its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless Indemnification and Waiver of Subrogation Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Events Permit Application.

Only applicants in good standing with the City of Shively will be considered for approval. Any misrepresentation in this application or deviation from the final approved specification and activities described herein or failure to abide by all Federal, State and City of Shively ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

Sign: _____
(Signature of the agent duly authorized by the Special Event Permit applicant to bind it.)

By signing this application, I understand that no permit will be issued unless all proof of insurance is provided to the City of Shively.

Name (print): _____ Phone: _____

Date: ____/____/____

RETURN APPLICATION (Application must be received no later than 30 days prior to an event)

Shively City Hall
3920 Dixie Highway
Louisville, KY 40216
Phone: (502) 449-5000
Fax: (502) 449-5004