



TOWN OF YOUNGTOWN

“In the Heart of the Northwest Valley”

www.youngtownaz.org

Phone 623.933.8286 ext. 101

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SPECIAL EVENT PERMIT

Community Development

12030 N. Clubhouse Square

Youngtown, AZ 85363

Name of Event: _____

List of Activities: _____

Be Specific: _____

Address of Event: _____

Date of Event: From _____ to _____ Time: From _____ am/pm To _____ am/pm

APPLICANT/ORGANIZER INFORMATION

Applicant/Agent: _____ Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Website #: _____

NOTE: AGENT MUST PROVIDE WRITTEN PROOF OF AUTHORITY TO ACT ON PROPERTY OWNER’S BEHALF, IF APPLICABLE.

Cell Number(s) of Applicant, Agent, or Owner (where they can be reached during the event)

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Has the event ever been held previously? Yes _____ No _____

If Yes, when and where? _____

EVENT DESCRIPTION/SET-UP

Describe type and size of event (location, how much area to be used, stages, entertainment, etc.) Please submit a site plan showing street used, placement of tents, restrooms, parking, trash cans, signs, lighting, staging areas, etc.

Anticipated Attendance: _____ Number of Parking Spaces _____ (locate on site plan)

Set-up will begin: _____ Clean-up/Take-down will end: _____

Will tents, stages, booths, etc. be used for the event? Yes _____ No _____

If so, please describe the size and type and how many: _____

Will any signs or banners be erected? Yes No

If yes, a Sign Permit Application must be completed to include a site plan showing size and location. Fee applies.

Describe any power needs such as special outdoor lighting (locate on site plan): _____

Will generators be used? Yes _____ No _____ List number and size: (locate on site plan) _____

Describe any revenue to be generated from admission fees, solicitations from spectators, concessions or any other source: _____

Will the proceeds benefit any organization? Yes _____ No _____

If so, Name of organization: _____

FOOD AND BEVERAGE PROVISIONS

Describe food and beverages that will be distributed or sold at the event: _____

(State law requires that you obtain a Food handlers Card and a Special Event Permit from Maricopa County Environmental Services Department) COUNTY FORM REQUIREMENT

Will there be any alcoholic beverages served? Yes _____ No _____

If so, have licensing requirements been met? _____

(State Law requires that you obtain a Special Event Liquor License. Forms and instructions are available on our website. No alcoholic beverages allowed in Town Parks.)

Will there be any cooking? Yes _____ No _____

ADDITIONAL EVENT INFORMATION

Anticipated number of food and beverage booths/concessions: _____
Permit may be required from the Health Department (Health Department Requirements)

RESTROOM AND REFUSE PROVISIONS

The required number of restroom facilities (or portable toilets) and refuse containers are 1 per 100 people who are estimated to be at the event. For every 240 persons expected, one unit each for men, women, and ADA compliant are required. Have the above requirements for restroom facilities been met? Yes _____ No _____ (locate on site plan) Public restrooms - Quantity _____ Chemical toilets - Quantity _____
Restroom requirement may be exempt if event is under four hours.

VENDOR PROVISIONS

Will an approved water source be available for food vendors? Yes No

What method of wastewater disposal will be provided for food vendors? _____

Will electricity be provided to food vendors? Yes No

Will back-up refrigerated storage be provided to food vendors? Yes No

If **Yes**, how? _____
Describe Sanitation Provisions (trash cans, event clean-up): _____

Who is providing the above provisions? _____

Other Provisions:

Will there be any fencing erected (locate on site plan)? Yes No

Will there be any type of music? Yes No

If **Yes**, where? _____ Hours: _____

Non-Amplified Live _____ Amplified: _____

Do you plan to hire private security for the event? Yes No

Name: _____ Phone (____) _____

Rain Policy for the event: _____

Is this event using any public property or right-of-way? Yes No

If Yes, please submit evidence of liability insurance with minimum policy limits of one million dollars (\$1,000,000) per occurrence, with the Town of Youngtown to be named as additional insured.

PERMIT CONDITIONS

Initial all Conditions:

_____ 1. The proposed activity shall take place only on the date(s) and at such time(s) as is specified on the application

_____ 2. The use of said property is to be restricted to those purpose(s) stated on the application.

_____ 3. Said property shall be kept in a clean and orderly manner and free from debris.

_____ 4. The proposed activity shall be restricted to the route(s), location(s), and checkpoint(s) as submitted with the application.

_____ 5. Participant(s) in this activity agree to comply with restrictions applied to said activity by any agency with applicable jurisdiction.

_____ 6. The movement of emergency vehicles shall have priority.

_____ 7. Any sound device or music at this activity will be operated at a sound level not to exceed applicable standards. Applicant(s) also understand that any complaints of sound disturbance may result in cancellation of this permit.

_____ 8. Equipment and lighting used for said activity is not to obstruct vehicular traffic.

_____ 9. The number of participants in proposed activity shall be restricted to that stated on the application.

_____ 10. The applicant(s) shall agree to obey all traffic laws applied to proposed activity. I understand and agree that the Town of Youngtown will be held harmless from any and all damages or injuries which might result from this activity and the applicant(s) will assume all responsibility and liability.

_____ 11. Food Handlers and Special Event Permit from Maricopa County met (attach copies of permits and documentation).

_____ 12. Special Event Liquor License met (if applicable).

Any violation of the above conditions may result in immediate revocation of permit and may be grounds for closure of event.

I declare that I am authorized to make this application and that, to the best of my knowledge and belief, all information given herein is true, accurate and complete.

The terms and conditions of this permit are herewith acknowledged and I agree to fully comply with the same.

Authorized Representative of Applicant

Date

Official Use Only:

PERMIT NUMBER _____

Community Development Coordinator

Review Date

Community Development Manager

Review Date

Permit Approved _____
Community Development Coordinator

Date

Permit Denied _____
Community Development Coordinator

Date

Reason for denial:

Large shaded area for providing the reason for denial.