

City of York

Public Event & Parade Permit Application

City Clerk's Office
100 E. 4th St.
York, NE 68467

402-363-2600
aring@cityofyork.ne.gov

This permit is for **public** events on city property with an expected crowd of 20 or more. Submit 30 days before the event. Answer all questions completely. If you have any questions, contact the City Clerk's office at 402-363-2600.

APPLICANT/RESPONSIBILITY PARTY INFORMATION			
1. NAME:		2. TODAY'S DATE:	
3. ADDRESS:		4. EMAIL:	
5. CITY:	6. STATE:	7. ZIP CODE:	
8. DAY PHONE:		9. CELL PHONE:	
10. COMPANY/ORGANIZATION NAME, IF APPLICABLE:			
11. COMPANY ADDRESS/CITY/STATE/ZIP:		12. COMPANY PHONE:	
13. NAME OF ALTERNATE CONTACT PERSON:		14. ALTERNATE'S CELL PHONE:	
EVENT INFORMATION			
15. EVENT NAME:			
16. EVENT LOCATION:			
17. ESTIMATED # OF PARTICIPANTS:		18. ESTIMATED # OF SPECTATORS:	
19. ACTUAL EVENT DATE(S):		20. ACTUAL EVENT TIME(S):	
21. EVENT SETUP DATE(S):		22. EVENT SETUP TIME(S):	
23. EVENT TEAR-DOWN DATE(S):		24. EVENT TEAR-DOWN TIME(S):	
25. EVENT DESCRIPTION (Please check what type of event this is): <input type="checkbox"/> Bike Ride/Walk/Run: <input type="checkbox"/> Parade (designated route required, see special map): <input type="checkbox"/> Concert: Will there be a stage? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide the dimensions of the stage and where it will be located. <input type="checkbox"/> Other:			
* Please provide a detailed description of the event on a separate sheet of paper. Document(s) with this information or other materials describing this event must be attached.			

25. CONTINUED EVENT DESCRIPTION:

If your event affects abutting property owners, did you notify them of your event?

☐ Yes ☐ No.

If yes, how did you contact them and when? . ☐ Face/Face _____

☐ Email _____

☐ Telephone _____ ☐ Other _____

26. HIKE/BIKE TRAIL:

Will your event require the use of any portion of the hike/bike trail? ☐ Yes ☐ No. If yes, contact the Parks & Park & Recreation Department to reserve a park area.

27. PARKING LOTS/FACILITIES:

Will your event require the use of any portion of a City owned Parking Facility? describe in detail.

☐ Yes ☐ No. If yes,

28. STREET CLOSURE:

Will your event require the use or closing any portion of street(s)? ☐ Yes ☐ No. If yes, describe in detail.

Does your event require the use of a state highway? ☐ Yes ☐ No. If yes, the City will have to apply for the State Permit which requires an additional 45 days to obtain.

29. PARKING SPACES:

Will your event require the use of any parking stalls? ☐ Yes ☐ No. If yes, how many and describe in detail (closure of five or less spaces for 4 hours or less does not require a special event application.)

30. TRAFFIC CONTROL:

Will your event require the use of traffic control (i.e., barricades, cones, police, etc.)? ☐ Yes ☐ No.

If yes, please list the start and end time and describe in detail:

Start Time:

End Time:

31. ELECTRICAL:

Will your event require the use of electrical services?

☐ Yes ☐ No If yes, what are the sizes (i.e., 15, 30 amp, etc.) and number of circuits needed.

32. SANITATION:

Will your event require the use of additional trash and recycling receptacles? ☐ Yes ☐ No If yes, please indicate the number of additional receptacles and their delivery locations.

33. PORTABLE TOILETS:

Will your event require the use of portable toilets? ☐ Yes ☐ No If yes, please indicate:

- Number of portable toilets being used:
- Location of portable toilets throughout event:
- When will the portable toilets be picked up:
- Please be aware that many downtown businesses do not have public restrooms available. *City of York is not responsible for any damages incurred to the portable toilets while on City property.*

34. SIGNS/STAKES/ETC.:

Will your event require the use of the placement of any objects (i.e., signs, stakes that will be placed in the ground)?
☐ Yes ☐ No If yes, please describe:

35. SPECIAL DESIGNATED LICENSE (SDL FOR CONSUMPTION/SELL/DISPENSING OF ALCOHOL):

Will your event require the use of an SDL? ☐ Yes ☐ No (If yes, submit NE Liquor Commission form)

Have you hired the necessary security or off-duty police officers required for your event? ☐ Yes ☐ No
If yes, please provide the name and phone number of the security organization and how many security officers hired?

36. AMPLIFIED/ELEVATED SOUND:

Will your event require amplified or elevated sound? ☐ Yes ☐ No
If yes, what type of amplified or elevated sound (i.e. public address, music, etc.):

Start Time:

End Time:

37. ADMISSION/ENTRY FEE:

Will there be an admission or entry fee? ☐ Yes ☐ No

38. VOLUNTEERS:

Are there volunteers available to assist with the event? ☐ Yes ☐ No If yes, how many are available and please describe how are they assisting with the event?

How will volunteers be identified at the event? (i.e., safety vests, florescent or designated colored shirts, etc.)

39. Are there any special/unique provisions or information pertaining to your event which have not been addressed on this application:

MAPS

☐ Event Map: Please attach information regarding traffic control needs, sanitation, electrical, portable toilets, vendor setup locations, area for special designated license, etc.

APPLICANT ACKNOWLEDGMENT

I, the applicant, agree to indemnify and defend the City of York, its officials, agents and employees (the "Indemnities") against any losses, costs, damages, liabilities, claims, suits, actions, causes of action and expenses resulting from, arising out of, or relating to any negligence or intentional misconduct by the applicant of the sponsoring organization, its officers, employees, or any person under its control in connection with this permit.

I, affirm that all answers given and statements made on this application are complete and true to the best of my knowledge and beliefs. I understand that the Responsible Party is responsible for all clean up to return public spaces to a clean condition. The Responsible Party may be charged for clean up costs and have future applications denied if clean up is not completed at the close of the event.

Failure to comply with the conditions of the public event application may result in revocation of current and future applications. I agree to be bound by the above terms and the attached Public Event Policy.

NAME OF APPLICANT

RESPONSIBLE PARTY

SIGNATURE OF APPLICANT

DATE

Thank you for completing your Public Event Application. Before you submit your application to the City Clerk's, please make sure that the following steps have been completed:

Have you?

- ☐ Signed and dated your application
☐ Attached your detailed event map

- ☐ Provided all documents and information
as requested through this application

Submit your completed application to:
City of York, Attn: City Clerk
100 E. 4th Street
York, NE 68467
Phone: (402) 363-2600

FOR OFFICIAL USE ONLY

Received by City Clerk:

Approved by Fire Department:

City Clerk

Date

Chief of Fire Department

Date

Approved by Police Department:

___ Existing Resources ___ Additional

Approved by Mayor: ___ N/A ___

Chief of Police

Date

Mayor

Date

Approved by Director of Public Works:

___ Existing Resources ___ Additional

Approved by City Council: ___ N/A ___

Director of Public Works

Date

City Clerk Certification of Approvals

Date