



EVENT PERMIT APPLICATION

Date received: ____/____/____

Submit to: Engineering Division, 631 Perry Street, Defiance, OH 43512

At least fourteen (14) working days prior to the date of the event.

EVENTS = Closure of street(s), sidewalk, park, parking lot, parade, construction, special event, etc.

EVENT NAME: _____

FEE: \$ _____

DATE of EVENT: ____/____/____ or **DATE(S) of EVENT:** ____/____/____ **TO** ____/____/____

TIME BEGIN: ____:____ am/pm **TIME END:** ____:____ am/pm

AGENCY/BUSINESS/ORGANIZATION NAME: _____

CONTACT PERSON(S): _____ **EMAIL:** _____

PHONE: (____) - **ADDRESS:** _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

R Check all that apply for your event.

<input type="checkbox"/> CITY PARK CLOSURE or RESERVATION: Park Name: _____
<input type="checkbox"/> STREET(S) CLOSURE NEEDED Street(s) name: _____
<input type="checkbox"/> Arterial Street Closure: REQUIRES at least one planning meeting with Administration listed on the back.
<input type="checkbox"/> SIDEWALK(S) CLOSURE NEEDED Location: _____
<input type="checkbox"/> LARGE EQUIPMENT/MACHINES USED List equipment: _____

REASON/PURPOSE FOR CLOSURE(S): _____

Liability Insurance is required for all events. Provide your COI (\$1M) with the City of Defiance, 631 Perry Street, Defiance, OH 43512, listed as an Additional Insured and Certificate Holder.

Has any other agency been notified? (i.e. Fire Dept., County Engineer, ODOT) _____

ORGANIZATION RESPONSIBILITY: Approximate number of participants: _____

R Check all that apply for your event. The following is **YOUR responsibility**.

<input type="checkbox"/> PORTABLE TOILETS You arrange ordering and payment with delivery locations and pick-up dates and times.	Local Vendor option: Black Swamp Equipment, 419-782-6615 www.blackswanpequipment.com/portabletoilets Regular restrooms, handicap units, hand-washing stations are available.
<input type="checkbox"/> TRASH CANS or Mighty Tidy You arrange ordering and payment with delivery locations, pick-up dates, and times.	Local Vendor options: Werlor, Inc., 419-784-4285 www.werlor.com Defiance County Environmental Services, 419-782-5442
<input type="checkbox"/> TENT PERMIT: Required if the tent is 400 sq. ft. or larger and requires a Fire Department Inspection.	Contact the Building Inspection Division to set date 419-784-2195 Date: _____ Time: _____
<input type="checkbox"/> USE OF FIRE LANE You contact the Fire Department to arrange.	Fire Department 419-782-2771 Date: _____ Time: _____
<input type="checkbox"/> VENDOR AREA INSPECTION You contact the Fire Department to arrange.	Fire Department 419-782-2771 Date: _____ Time: _____
<input type="checkbox"/> STAGE Number of stages: _____	
<input type="checkbox"/> BANDS Number of bands: _____	
<input type="checkbox"/> LIQUOR LICENSE You arrange. F Permit Application must be filed 30 days prior to date of function (Ohio Department of Commerce - Division of Liquor Control)	Did you obtain DLC Form 4221 Tenancy & Police Notification form for a temporary permit with signatures? <input type="checkbox"/> Yes <input type="checkbox"/> No

Over, please: Additional information on the back.

ADDITIONAL PARADE/WALK/RUN INFORMATION NEEDED:

Organization, please answer All the questions.

Explain the Route of the Parade/Walk/Run, and provide map:

Will vehicles/floats be used? YES NO If yes, list type and approximate quantity of vehicles/floats:

Will animals be used? YES NO If yes, list type and approximate quantity of animals:

NOTE: You are responsible for cleaning up animal waste. Yes, I acknowledge.

Will Bands be used? YES NO If yes, list approximate number of bands: _____

Will additional parking spaces be required for vehicles not in the parade/walk/run? YES NO

If yes, list the location of spaces requested:

The City of Defiance reserves the right to reject and/or amend any permit issued.

(CITY USE ONLY) CITY LOGISTICS: (CITY USE ONLY)

CITY ITEMS NEEDED FOR THE EVENT:	RESPONSIBLE DIVISION:	DATE and TIME to SET UP:	DATE and TIME to TAKE DOWN:	NOTES:
<input type="checkbox"/> BARRICADE(S) Quantity: _____ Type needed: <input type="checkbox"/> Wooden OR <input type="checkbox"/> metal <input type="checkbox"/> Flashing Lights OR <input type="checkbox"/> No lights Location: _____	Police Dept. Street Dept.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> ROAD CLOSURE SIGN(S) Quantity: _____ Location: _____	Police Dept. Street Dept.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> NO PARKING SIGN(S) Quantity: _____ Location: _____	Police Dept. Street Dept.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> FLASHING MESSAGE BOARD(S) Quantity: _____ Location: _____	Engineering Dept.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> DIRECTING ARROW BOARD(S) Quantity: _____ Location: _____	Police Dept. Street Dept.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> TRAFFIC CONTROL <input type="checkbox"/> YES, needed by City <input type="checkbox"/> NO Location: _____ <input type="checkbox"/> Event will provide the volunteers: # _____	Police Dept. Police secure the area.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> YES, needed by City <input type="checkbox"/> NO Location: _____ Payment may be required. \$ _____	Street Dept.	Date: _____ Time: _____	Date: _____ Time: _____	

NOTE:

During working hours: Streets Department will set up and take down.

During off hours: Streets Department will deliver at location(s) and Police will set up and take down on day of event

APPROVED DENIED

FIRE CHIEF _____ (DATE) _____

CITY ADMINISTRATOR _____ (DATE) _____

STREETS SUPERINTENDENT _____ (DATE) _____

CITY ENGINEER _____ (DATE) _____

POLICE CHIEF _____ (DATE) _____