



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: _____

Check all that apply for your event.

<input type="checkbox"/> 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 backside
<input type="checkbox"/> SIDEWALK(S) CLOSURE NEEDED Location: _____
<input type="checkbox"/> LARGE EQUIPMENT/MACHINES USED List equipment: _____

REASON/PURPOSE FOR CLOSURE(S): _____

Are you carrying liability insurance on the event? Yes, Amount \$ _____ No

List the City of Defiance as additionally insured. Provide a copy of insurance certificate.

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

ORGANIZATION RESPONSIBILITY: Approximate number of participants: _____	
<input checked="" type="checkbox"/> 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.blackswampequipment.com/portabletoilets Regular restrooms, handicap units, and hand washing stations available.
<input type="checkbox"/> TRASH CANS or Mighty Tidy You arrange ordering and payment with delivery locations and 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: is required if tent is 400 sq. ft. or larger and requires a Fire Department Inspection.	Contact Building Inspection Department 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.

<input type="checkbox"/> Explain the Route of the Parade/Walk/Run, and provide map:	
<input type="checkbox"/> Will vehicles/floats be used? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list type and approximate quantity of vehicles/floats:
<input type="checkbox"/> Will animals be used? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list type and approximate quantity of animals:
NOTE: You are responsible for animal waste clean-up. <input type="checkbox"/> Yes, I acknowledge.	
<input type="checkbox"/> Will Bands be used? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list approximate number of bands: _____
<input type="checkbox"/> Will additional parking spaces be required for vehicles not in the parade/walk/run? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list 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 <u>OR</u> <input type="checkbox"/> metal <input type="checkbox"/> Flashing Lights <u>OR</u> <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: _____	Police Dept. Police secure area.	Date: _____ Time: _____	Date: _____ Time: _____	
<input type="checkbox"/> Event will provide the volunteers: # _____				
<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.

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
	_____ FIRE CHIEF (DATE)
CITY ADMINISTRATOR (DATE)	_____ STREETS SUPERINTENDENT (DATE)
CITY ENGINEER (DATE)	_____ POLICE CHIEF (DATE)