

*Received:*



(Office Use)

City of New Carlisle, Planning Department  
331 South Church Street, New Carlisle, Ohio 45344  
Phone: (937) 845-9492 • [planning@newcarlisleohio.gov](mailto:planning@newcarlisleohio.gov)

Permit # \_\_\_\_\_

*Authorized City Signature  
(Office Use)*

**APPLICATION FOR SPECIAL EVENTS  
COST: \$125.00**

**\*\*IMPORTANT INFORMATION – Please read before completing this application\*\***

This completed application must be received by the City of New Carlisle Planning Department 60 days prior to the proposed event. If this application is tentatively approved, the event may be canceled if ALL paperwork and event coordinator responsibilities have not been completed three weeks prior to the event.

**APPLICANT INFORMATION (REQUIRED)**

Name of Event: \_\_\_\_\_ Day/Date/Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Responsible Organization: \_\_\_\_\_

Contact Person/Relationship to Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EVENT INFORMATION** (*REQUIRED*)

Type of Event: \_\_\_\_\_

Please describe: Brief Event Description – including purpose, target audience and description.

Day/Dates/Time of Set up: \_\_\_\_\_

Day/Dates/Times of Tear down:

Day/Dates/Times of Rain Event:

## **EVENT INFORMATION (REQUIRED)**

Will you charge admission or participation fees? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is the charge? \_\_\_\_\_

Estimated Attendance: Spectators: \_\_\_\_\_ Participants: \_\_\_\_\_ Prior Event Attendance: \_\_\_\_\_

Will normal operations of residents or businesses be affected by your event? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please attach a copy of the notification letter to be approved by the Planning Director & Public Service Director before being sent to the affected residents/businesses.**

Do you require a road closure? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, which road(s): \_\_\_\_\_

**If the event includes a parade, race, run or walk, please describe the route and attach a proposed map. Uniform detour routes and parking will be in effect at the discretion of New Carlisle staff for all parades any time Main Street or another major road is to be closed. \*Note: Police and Fire emergency vehicles must be afforded access to the above location at all times.**

Requested Day/Date of Road Closure(s): \_\_\_\_\_ Requested Time of Road Closure(s): \_\_\_\_\_

Potential benefit(s) to immediate and surrounding businesses: \_\_\_\_\_

Other special or unique circumstances regarding Main Street closure request: \_\_\_\_\_

### **Traffic Control & Parking Resources:**

Please describe your traffic, parking and overflow plan: \_\_\_\_\_  
\_\_\_\_\_

List specific lot locations and number of parking spaces available: \_\_\_\_\_  
\_\_\_\_\_

Will you charge a fee for parking? Yes \_\_\_\_\_ No \_\_\_\_\_ Fee amount for Parking: \_\_\_\_\_

Will you request on-street parking removal? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you request that any street(s) be closed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the street(s), date(s) & time(s): \_\_\_\_\_

Will you require barricades? Yes \_\_\_\_\_ No \_\_\_\_\_ Quantity \_\_\_\_\_

Will you require traffic cones? Yes \_\_\_\_\_ No \_\_\_\_\_ Quantity \_\_\_\_\_

## **EVENT INFORMATION (REQUIRED)**

Security and First Aid Describe your event security procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you request New Carlisle/Clark County Sheriff Deputy safety/traffic control services? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be a command post at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you have an on-site provider of primary first aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will you request on-site New Carlisle Fire Department or utilize another provider? NCFD \_\_\_\_\_ Other \_\_\_\_\_

Please list the first aid provider, if other than Plain Township Fire Department:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Signage**

Will this event require: Temporary No Parking Signs Yes \_\_\_\_\_ No \_\_\_\_\_

Quantity Directional Signage Yes \_\_\_\_\_ No \_\_\_\_\_ Quantity \_\_\_\_\_

Sandwich Boards Yes \_\_\_\_\_ No \_\_\_\_\_ Quantity Electronic Sign Board Yes \_\_\_\_\_ No \_\_\_\_\_ Quantity \_\_\_\_\_

Please describe and indicate the location and size of all on-site directional and promotional signage to be used during and prior to your event on the Event Permit Application. Permission to post any sign on public property must be obtained prior to the display of any signs. These signs must be removed within 24 hours of the conclusion of your event. All signage must comply with current sign code regulations which can be found in Chapter 1290 of the Codified Ordinances. Section 1290.08 SIGNS AND SIGN-RELATED ACTIVITIES THAT DO NOT REQUIRE A PERMIT. and 1290.08 PROHIBITED SIGNS.

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Sanitation**

Describe your sanitation plans both during and after the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Entertainment Activities**

Will you have music? Yes \_\_\_\_\_ No \_\_\_\_\_ Will the music be outside? Yes \_\_\_\_\_ No \_\_\_\_\_

Time(s) of music during the Event: \_\_\_\_\_

If yes, what type of music/amplification? \_\_\_\_\_  
\_\_\_\_\_

Will you have fireworks at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

## **EVENT INFORMATION (REQUIRED)**

### **Food & Beverage**

Will food be sold at your event? Yes  No

**Vendor must obtain a food vendor license. If they do not have a license, please contact the appropriate County Board of Health office to secure one.**

Will mobile food trucks be at the event? Yes  No  Quantity

**If yes, provide as an attachment to the application listing the name(s) of the food truck, the operator, their contact information including phone number, address, email address, and what will be sold.**

Will mobile food truck vendors pay a participation fee? Yes  No  If yes, how much will they be charged?

Will vendors/concessionaires be at the event? Yes  No  Quantity

**If yes, provide as an attachment listing of the name(s) of the vendors and concessionaires, the operator, their contact information including phone number, address, email address, and what will be sold.**

Will vendors/concessionaires pay a participation fee? Yes  No  If yes, how much will they be charged?

### **Alcohol**

Will alcohol be served at your event? Yes  No

**If yes, please attach the Special Events Liquor Permit obtained from the State of Ohio Liquor Control Department. For further permit information, contact the State of Ohio Liquor Control Department at 614.644.3155 or [www.liquorcontrol.ohio.gov](http://www.liquorcontrol.ohio.gov).**

### **Electric**

Will you use electricity? Yes  No  Generators? Yes  No

Outdoor extension cords must be 3-prong UL listed extension cords.

Describe electrical usage:

### **Temporary Structures**

Will you use tents? Yes  No

Will other temporary structures be used (e.g., bleachers, stages, etc.)? Yes  No

If so, please list specifics and locations:

### **Proof of Insurance**

The applicant/event organizer will provide a certificate of insurance (COI) in a form acceptable to the City with comprehensive general liability insurance in an amount not less than \$1,000,000 per occurrence and not less than \$2,000,000 aggregate which names the City of New Carlisle as an additional insured. In addition, if alcoholic beverages will be sold or distributed, the applicant/event organizer will provide a COI with liquor liability in an amount not less than \$1,000,000 which names the City of New Carlisle as an additional insured. The City Manager may require additional insurance for particular types of events (e.g. fireworks).

### **Permits and Licenses**

The Event Organizer shall be responsible for ensuring that the event and each vendor participating in the event obtains the proper licenses.

## **ADDITIONAL FEES**

Based on the information contained in the application, the city will determine all fees that will be charged for the event. In addition to the \$150 application fee, additional charges may include:

Smith Park Shelter House

Heritage Hall Shelter House

Electric Subpanel Installation

Street Banner Permit \$100

Signage \$35.00 + \$.50 per SF-per sign

City Staff Requirements (three-hour minimum per employee)

- Police Overtime Wage
- Public Works Overtime Wage
- Fire/EMS \$40/hour

## **Applicant Signature** *(REQUIRED)*

Event organizers shall indemnify and hold the City of New Carlisle, its officers, employees and elected officials harmless for any and all liability related in any way to the event which is caused by the event organization, volunteers, employees, participants and spectators.

In order to protect the City of New Carlisle against any such loss the event organizers/sponsors permit holder or host establishment must furnish to the City of New Carlisle in a form acceptable to the law director a certificate of commercial general liability insurance naming the City of New Carlisle as an insured or additional insured with limits of liability of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate coverage for all damages, including but not limited to property damage, personal injury or death.

The event organizers/sponsors/permit holder shall provide a copy of such insurance policy to the City of New Carlisle at least twenty (20) calendar days prior to the event. If this does not occur, the organizer is subject to automatic and immediate revocation of the event permit.

A Hold Harmless-Indemnification Agreement is required and must be signed by an authorized representative of the sponsoring organization prior to approval of the event permit. The applicant will indemnify and hold harmless the City of New Carlisle and their agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the event.

By signing below, I certify that I have read, understand and agree to abide by all of the policies and procedures of City of New Carlisle as they pertain to the event I am organizing, including the Hold Harmless-Indemnification Agreement. I am also responsible for ensuring that the event organization, its volunteers and employees, and event participants and spectators also abide by all of the policies described in this guidebook and application.

Organization Name \_\_\_\_\_

Event Name \_\_\_\_\_

Date/Time of Event \_\_\_\_\_

Event Organizer/ Printed Name \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_