

(Applicant _____ Date of event _____) Application # _____
Date Application Received _____ (Must be at least 30 days prior to event for processing)



OUTDOOR PUBLIC ENTERTAINMENT EVENTS PERMIT APPLICATION

CITY OF PATASKALA, DEPARTMENT OF THE CITY ADMINISTRATOR
PURSUANT TO CODIFIED ORDINANCE § 729 as amended June 8, 2009

General Outdoor Public Entertainment Events Permit Requirements:

1. Applicant must be at least eighteen (18) years of age to obtain an Outdoor Public Activities Permit.
2. Applicant must furnish to the City Administrator proper identification. Proper forms of identification include:
 - a. State of Ohio Driver's License;
 - b. State of Ohio Driver's Permit;
 - c. State of Ohio Identification Card;
 - d. Driver's License, Driver's Permit or Identification Card issued by another state;
 - e. Any other photo identification card bearing the Applicant's full name, birth and/or social security number.
3. Fees and Bonds:
 - a. Application Fee: \$25.00 non-refundable;
 - b. Performance Bond for \$2,500.00 to guarantee performance of conditions stipulated on Outdoor Public Entertainment Event Permit.
4. Names and social security numbers of all ride and game operators if working for a for-profit amusement company that is hired for the event. Police Department will do background checks.

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING: (attach additional pages if necessary to fully describe your event)

1. APPLICANT NAME (SPONSOR OF PUBLIC ACTIVITY):

PROCEEDS BENEFIT WHAT AGENCY/ PROGRAM?

2. APPLICANT'S AGENT (CONTACT PERSON):

3. APPLICANT ADDRESS:

4. APPLICANT PHONE NUMBERS:

- a. HOME: (____) _____
- b. BUSINESS: (____) _____
- c. CELL: (____) _____

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d. PROVIDE NAME(S) AND CELL PHONE NUMBERS OF INDIVIDUAL(S) WHO WILL BE AVAILABLE ON THE PROPOSED LOCATION FOR THE ACTIVITY DURING ALL HOURS OF THE ACTIVITY. ATTACH AN EXTRA SHEET WITH SCHEDULES IF NECESSARY.

5. NAME, CONTACT INFORMATION, AND ROLE, OF OPERATOR OF THE EVENT OR ALL ACTIVITIES OF THE EVENT IF MORE THAN ONE.

6. PROPOSED DATE(S) OF OUTDOOR PUBLIC ACTIVITY:

7. PROPOSED HOURS AND DURATION OF OUTDOOR PUBLIC ACTIVITY:

8. PROPOSED LOCATION (ADDRESS) OF OUTDOOR PUBLIC ACTIVITY:

9. PROPERTY OWNER(S) SIGNATURE GRANTING PERMISSION FOR ACTIVITY (Or Attach Copy of Use Permit from City Parks & Recreation Board if applicable) _____

10. ATTACH A SKETCH PLAN OF THE PROPOSED LOCATIONS OF ALL RIDES, BOOTHS AND OTHER EVENTS. SHOWING THE DIMENSIONS OF THE SITE AND WHERE ANY UTILITIES SUCH AS WATER AND ELECTRICITY WILL BE ACCESSED.

11. BRIEF DESCRIPTION OF OUTDOOR PUBLIC ACTIVITY (events, vendors, games, entertainment etc):

12. HAS THIS EVENT OR THIS SPONSOR BEEN THE SUBJECT OF ANY PREVIOUS COMPLAINTS, CITATIONS ISSUED, AND/OR ACTIONS TAKEN RELATIVE TO ANY REQUIRED PERFORMANCE BOND? IF SO PLEASE DESCRIBE: _____

13. WILL LAW ENFORCEMENT OR OTHER SAFETY FORCES BE NEEDED? _____ TO WHAT EXTENT?

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14. PROVIDE CONTACT INFORMATION AND DETAILS OF ARRANGEMENT FOR EACH SUCH OFFICE:

15. DESCRIPTION OF NOISE, SOUND, OR SOUND EQUIPMENT CONNECTED WITH OUTDOOR PUBLIC ACTIVITY (MUSIC, ETC.):

16. APPROXIMATE HOURS OF NOISE, SOUND, USE OF SOUND EQUIPMENT:

17. APPROXIMATE MAXIMUM DECIBELS OF SOUND (OR MAXIMUM DISTANCE SOUND EMANATES FROM OUTDOOR PUBLIC ACTIVITY):

18. APPROXIMATE NUMBER OF PEOPLE EXPECTED TO ATTEND OUTDOOR PUBLIC ACTIVITY(DAILY, AND MAXIMUM AT ANY ONE TIME):

PER DAY: _____
MAXIMUM AT ANY ONE TIME: _____

19. WILL THE EVENT UTILIZE ANY ON SITE SIGNAGE? ___y___n
WILL THE EVENT UTILIZE ANY OFF SITE SIGNAGE? ___y___n
HAS A TEMPORARY SIGN PERMIT BEEN APPLIED FOR? ___y___n

IN WITNESS WHEREOF, I HEREBY DECLARE THAT THE INFORMATION ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATED: _____

SIGNATURE OF APPLICANT: _____

Printed Name and Title: _____

FOR OFFICE USE ONLY:

FEES RECEIVED:

_____ \$25.00 Non-Refundable Application Fee

_____ Performance Bond of \$2,500 -- Bond Number _____

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**Administrator may waive Bond Requirements for community and non-profit groups in good standing.*

CITY ADMINISTRATOR RECOMMENDATION:

_____ APPROVE

_____ APPROVE WITH CONDITIONS (conditions attached on a separate sheet)

_____ DENY

CONDITIONS TO APPROVAL:

IF CONDITIONS ARE ATTACHED TO APPROVAL, COPY OF CONDITIONS MUST BE PROVIDED TO APPLICANT.

DATED:

CITY ADMINISTRATOR SIGNATURE: _____

APPLICANT'S SIGNATURE IN ACKNOWLEDGEMENT OF CONDITIONS:

A COPY OF THIS PERMIT MUST BE FILED WITH THE CITY OF PATASKALA POLICE DEPARTMENT AND THE SOUTHWEST LICKING FIRE DISTRICT.