



TOWN OF FLORENCE

SPECIAL EVENT PERMIT

AND

SPECIAL EVENT LIQUOR LICENSE
APPLICATION

NAME OF EVENT _____

EVENT DATE (S) _____

EVENT LOCATION _____

DATE RECEIVED _____



Town Hall
775 North Main Street
Florence, Arizona 85132
Phone: 520-868-7500 Fax: 520-868-7564

Special Events Permit and Special Event Liquor License Application

Date of Application: _____ Permit Application #: _____

This application MUST be submitted a minimum of 60 days prior to the event.

All applicants will be charged facility rental fees as appropriate and are expected to fully reimburse the Town for all services related to event production which may include, but are not limited to: police, fire/EMS, park and facility maintenance, field services, sanitation, engineering, site supervisors, and all necessary permit fees including: special event liquor, tents, generators, parades, fireworks, barricades, carnival, exhibition/tradeshow, street festivals, and haunted houses. It is expected that all applicants have their events removed and areas reopened the following day.

A comprehensive site plan including entrances to the event, location of fences (including type and height), stage, sound amplification systems, tents, cooking areas, portable restrooms or permanent restroom facilities, generators, carnival or amusement rides, fireworks, parking areas, entrances to areas for alcohol consumption, alcohol service areas, security check areas, street or alley closures, location of emergency medical services, parade routes, and all other special features that may apply, must accompany this application. The plan must also include traffic flow and controls.

SECTION 1: APPLICANT INFORMATION

Name of applicant/Must be on site during event

() ()
Phone Number Fax Number

() ()
Cellular Phone Number Alternate Number

Business Physical and Mailing Address

City, State, Zip

E-Mail Address

Corporation/Organization Name or D.B.A.

State of Incorporation

Tax ID#

City Sales Tax ID#

SECTION 2: EVENT INFORMATION

Is this event open to the public? Yes No

Name of Event

Nature of Event (carnival, dinner, dance, concert, bazaar, etc.)

Event Date(s)/Days of the Week

Event schedule and anticipated attendance:

HOURS:

DATE:	DAY:	FROM A.M./P.M.	TO A.M./P.M.	ANTICIPATED DAILY ATTENDANCE	ANTICIPATED PEAK DAILY ATTENDANCE
DAY 1: _____	_____	_____	_____	_____	_____
DAY 2: _____	_____	_____	_____	_____	_____
DAY 3: _____	_____	_____	_____	_____	_____
DAY 4: _____	_____	_____	_____	_____	_____
DAY 5: _____	_____	_____	_____	_____	_____
DAY 6: _____	_____	_____	_____	_____	_____
DAY 7: _____	_____	_____	_____	_____	_____
DAY 8: _____	_____	_____	_____	_____	_____
DAY 9: _____	_____	_____	_____	_____	_____
DAY 10: _____	_____	_____	_____	_____	_____

What is attendance estimate based on? (Past event, advance ticket sales, etc.) _____

Set up (Date/Time)

Take Down (Date/Time)

Location of Event/Address (Please complete Section 4 of this application to address traffic issues)

Purpose of Event (Fundraiser, fellowship, etc.)

Event Sponsor(s)

Have you hired a promoter to organize this event? Yes No

If yes, provide promoter's information:

Promoter's Name	Address	Phone Number
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Has this event ever been held at another location? Yes No If yes, please explain:

Date(s)	Location(s)	Contact Name	Phone Number
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If held at another location previously, were there any problems (neighborhood disturbance, noise, traffic, etc.)
 Yes No Nature of problems: _____

Will alcohol be served at the event? Yes No
If yes, please complete Section 6 of this application.

Will there be a charge for admission? Yes No

If yes, provide all price categories: _____

Will there be entertainment? Yes No If yes, complete the following (attach additional sheet if necessary):

Type of Entertainment	Name of Entertainer	Scheduled Time
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If music, what type of music? _____ # of stages _____

Will a professional company be used? Yes No Indicate the number of speakers to be used and the size of amplification system. _____

Based on the nature, duration, time of day, type of entertainment, past experience, etc., of the event would it be reasonable to anticipate any problems? Yes No If yes, what measures will be taken to prevent problems and/or deal with problems if they arise? _____

- ***The Town of Florence reserves the right to control the level of sound on any entertainment production. Sound levels shall be adjusted to conform to all applicable laws and ordinances.***
- ***Due to the physical location of some facilities, the complications of outdoor performance and wind changes, there can be significant challenges regarding sound levels with neighboring areas.***

Will there be any novelty items sold? Yes No If Yes, please describe:

Item	Vendor Selling	Price(s)
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Will there be any contracted concessionaires/caterers? Yes No

Name of concessionaire/caterer	Address	Phone	Items being sold
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How many vendors are anticipated? _____

(All vendors must have a Town of Florence business license. See attached forms & regulations). See Addendum A

SECTION 3: EVENT LOGISTICS AND SPECIAL FEATURES (must be included in site plan mentioned in page 1)

Event location complies with zoning regulations Yes No

WILL THE EVENT INCLUDE ANY OF THE FOLLOWING?

- TENTS OR CANOPIES Yes No If yes, provide the following:

Company _____

Address _____

Contact _____ Phone: _____

Number of Tents _____ Size(s) _____

- **Tents over 200 sq. ft. and canopies over 700 sq. ft. require permits from the Florence Fire Department. All tents and canopies will be inspected for fire safety by the Fire Department prior to the event. Permit fee is based on size of tent and/or canopy and pricing is listed in the Town of Florence Schedule of Fees. Please contact the Fire Department at 520-868-7609 for more information. You must complete Addendum B.**

- OPEN FLAMES OR COOKING Yes No If yes, provide the following:

- **Fire Department will be on site to inspect all vendors.**

- FIREWORKS Yes No If yes, provide the following:

Company _____

Address _____

Contact _____ Phone: _____

- **Fireworks require special permits from the Florence Fire Department. Permit fees vary and pricing is listed in the Town of Florence Schedule of Fees. Please contact the Fire Department at 520-868-7609 for more information. You must complete Addendum C.**

- PORTABLE RESTROOMS ___ Yes ___ No If yes, provide the following:

What sanitary facilities will be available to attendees? (Indicate location on site plan)

Company _____

Address _____

Contact _____ Phone: _____

****Guideline for anticipated attendance/portable restrooms ratio for a 6 hour event: 80 people per unit if alcohol is served; 100 people per unit if alcohol is not served.**

- SANITATION (Indicate location on site plan)

Number of trash cans _____

Location _____

- ELECTRICAL SERVICES/GENERATORS ___ Yes ___ No If yes, provide the following:

Company _____

Address _____

Contact _____ Phone: _____

- CARNIVAL/AMUSEMENT RIDES ___ Yes ___ No If yes, provide the following:

Company _____

Address _____

Contact _____ Phone: _____

***An additional special permit from the Town of Florence Fire Department is required. Contact the Fire Department at 520-868-7609 (See Addendum B).**

- SIGNS/BANNERS ___ Yes ___ No If yes, provide the following:

Content _____

Locations: _____

- INFLATABLES ___ Yes ___ No If yes, provide the following:
(Requires additional insurance — see Section 10)

Company _____

Address _____

Contact _____ Phone: _____

How will inflatables be secured? _____

- OTHER — Description of any other activities at the event

PLEASE NOTE THAT ANY OR ALL OF THE ABOVE SPECIAL FEATURES NEED TO COMPLY WITH ZONING REGULATIONS.

Please refer to the attached Fee Schedule Listing for pricing.

SECTION 4: STREETS/TRAFFIC (must be included in site plan mentioned in page 1) (See Addendum D).

DOES THE EVENT PROPOSE CLOSING, BLOCKING, OR USING OF ANY OF THE FOLLOWING:

• TOWN STREETS ___ Yes ___ No If yes, provide the following:

Street From/To Date(s) Time(s)

• TOWN SIDEWALKS ___ Yes ___ No If yes, provide the following:

Street From/To Date(s) Time(s)

• TOWN ALLEYS ___ Yes ___ No If yes, provide the following:

Alley From/To Date(s) Time(s)

• PUBLIC PARKING LOTS ___ Yes ___ No If yes, provide the following:

Parking Lots From/To Date(s) Time(s)

Number of parking spaces available _____

If parking lots are not used, where will attendees park?

- ***Street closures must be approved by the Police and Fire Departments.***
- ***Alternate routes and a list of specific traffic controls for area residents should be included in this plan.***

STREET RELATED FEES

DESCRIPTION	FEES
Barricade Use	\$1.00 per barricade

SECTION 5: USE OF TOWN FACILITIES

Facilities must be returned to original condition. See Addendum M.

Will any Town Facilities be used? Yes No If yes, provide the following:

Facility	Person Contacted	Phone
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Will any Town electric or water hookups be needed? Yes No If yes, provide the following:

Electric Location	Service needed (in amps)
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Water Location	Service needed
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SECTION 6: ALCOHOL (must be included in site plan mentioned on page 1)

- ⇒ **Minors are not allowed in areas designated for alcohol consumption.**
- ⇒ **Glass containers and bottles are NOT allowed in Town parks.**
- ⇒ **Applicant must be a member of the qualifying organization and authorized to submit application.**
- ⇒ **Security is required as specified in Section 7.**

Will there be alcohol at the event? Yes No If Yes, please answer the following:

- Will alcohol be sold? Yes No
- Will alcohol be given away? Yes No
- Is alcohol included in the admission price to the event? Yes No
This applies to charitable, religious, fraternal or political groups only.

If you answered yes to any of the above, a special event liquor license is required. In addition to providing the following information to the Town, the Arizona Department of Liquor Licenses and Control's Application for Special Event License must be submitted. Please submit this application to the Town, the Town Council will review the application and notify you of approval or denial. **If the event includes the sale of liquor, the fee for a Special Event Liquor License is \$25.00 per event day and must accompany this application. Please not that this is in addition to the State's fee.**

Which type of license will be used for the event?

- Extension of Premises (attach State of Arizona Application) (See Addendum E)
- Special Event Liquor License (attach State of Arizona Application) (See Addendum F)

Non-Profit Organization's Name	Type of organization	501-C-3 #
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Name of Contact at Charity or Organization	Phone Number
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On-Site Agent Responsible for Liquor

Anticipated attendance in liquor area: _____

		HOURS:			
DATE:	DAY:	FROM A.M./P.M.	TO A.M./P.M.	ANTICIPATED DAILY ATTENDANCE	ANTICIPATED PEAK DAILY ATTENDANCE
DAY 1:	_____	_____	_____	_____	_____
DAY 2:	_____	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____	_____

Describe methods that will be used to identify attendees under the age of 21 and ensure they are not served alcohol?

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event?

Will more than 50% of the event's gross revenues be derived from alcohol sales? Yes No

Type of alcohol to be served: Beer Wine spirituous liquor

How will the alcohol be served? ***Bottles or glass are not allowed in Town facilities**

glasses bottles plastic containers disposable cups cans

How will alcohol be obtained? _____

Has the applicant been convicted of a felony in the past five years? Yes No

If yes, please provide a detailed explanation including dates, nature, location and disposition.

Has the Applicant/Organization ever had a liquor license or event permit denied, revoked or suspended?
__ Yes __ No If yes, please explain:

If a promoter is used, has the promoter obtained a special event liquor license in the Town of Florence within the last three years that has created neighborhood disturbances? __ Yes __ No
If yes, please give specific information including event, dates and nature of disturbance.

SECTION 7: EVENT SECURITY (must be included in site plan mentioned on page 1)

A security plan must be submitted with this application for all events. The Florence Police Department will review the plan and may require the use of off-duty police officers for the event at the applicant's expense. Off-duty Florence police officers are required for any special event liquor license. Security controls must also be shown in site plan. See Addendum J.

**The Town of Florence only allows security companies that are licensed and bonded in the State of Arizona.*

Will private security be used at the event? __ Yes __ No If yes, provide the following:

Security Company _____ Arizona Department of Public Safety Identification Number _____

Address _____ Phone Number _____

Contact Person _____ Phone Number (if difference than above) _____

Number of personnel contracted for: _____

Scheduled hours personnel will be at the event: _____

Will the event be requesting off-duty Florence Police Officers? ___ Yes ___ No

If yes, provide the following:

FOR EVENTS WHERE ALCOHOL WILL BE AVAILABLE, THE SECURITY PLAN MUST INCLUDE THE FOLLOWING INFORMATION. ADHERANCE TO THESE REQUIREMENTS IS NECESSARY IN ORDER FOR THE APPLICATION TO BE APPROVED.

- Type of event, activities, clientele, location, and time of day.
- Number and type of physical control barriers; i.e. fencing, barricading, walls, locked or limited access doors, that control and limit access to and from areas where alcohol is being sold or served.
- Sales and consumption area must be designated. It must include controlled entrances and exits to limit access to people who can legally buy and consume alcohol.
- Minors are not allowed in the area designated for alcohol.

Security Requirements for the Alcohol Area

- Security needs are determined by the number of people estimated to be in attendance in the area designated for the sale and consumption of alcohol. **Note that under estimations will result in additional Security being required during the event. Failure to provide additional security will result in immediate suspension of the Special Event Liquor License. All liquor sales and consumption will be stopped immediately.**
- One (1) certified Police Officer or state-licensed private security officer for every 100 in attendance in the area designated for the sale and consumption of alcohol is required.
- One (1) second-level supervisor (an officer of the rank of Sergeant or higher) is required for every four (4) police or private security officers employed.
- One (1) third-level supervisor (an officer of the rank of Lieutenant or higher) is required for every four (4) second-level supervisors employed.

EMERGENCY MEDICAL SERVICES (must be included on site plan mentioned in page 1)

Will the event request off-duty Florence Fire EMTs/paramedics? ___ Yes ___ No

If yes, provide the following:

Scheduled hours personnel will be needed at the event: _____

****After reviewing the event application, the Town may require the use of off-duty EMTs or paramedics for the event. If emergency medical services are required, permittee must provide above information as an amendment to the application before an event permit will be issued. Promoter may be required to provide tent, cots, ice and water. This service is at the expense of the applicant. See Addendum L***

SECTION 8: PARADE INFORMATION (must be included on site plan mentioned in page 1) An additional site plan showing parade route must be attached.. See Addendum K

Assembly Area _____

Disassembly Area _____

Number of Units _____

Description of the units (Motorized, animals, floats, sound amplification).

Attach a proposed route and indicate assembly and disassembly areas.

SECTION 9: PARK/PLAZA AREAS

DOES THE EVENT PROPOSE CLOSURE OR USE OF ANY OF THE FOLLOWING?

- Heritage Park Yes No If yes, provide the following:

Specific Area(s)	Date(s)	Time(s)
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- Main Street Park Yes No If yes, provide the following:

Specific Area(s)	Date(s)	Time(s)
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- Rodeo Park Yes No If yes, provide the following:

Specific Area(s)	Date(s)	Time(s)
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- Poston Butte Park Yes No If yes, provide the following:

Specific Area(s)	Date(s)	Time(s)
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- Little League Yes No If yes, provide the following:

Specific Area(s)	Date(s)	Time(s)
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See Addendum I

SECTION 10: INSURANCE REQUIREMENTS AND CERTIFICATE OF INSURANCE

(See Addendum G)

All special events that are held on town property or that are co-sponsored by the Town of Florence are required to name the **“Town of Florence as an Additional Insured”** on the Certificate of Insurance. Complete certificates must be received a minimum of five (5) working days prior to the event. Separate certificates of insurance for \$2 million are required from all carnival and amusement companies and \$5 million from firework companies. For more information, please contact the Town Clerk’s Office at (520) 868-7500. Event permits will not be issued until all insurance requirements are satisfactorily met.

SECTION 11: GENERAL INFORMATION AND CERTIFICATION

MITIGATION OF IMPACT

As an event organizer, you are required to notify residents, businesses, places of worship and schools that may be impacted by the noise and street closures related to the event. The notices should be mailed or hand delivered at least two weeks prior to the event. Information on this information should include, but not be limited to; the date(s), day(s), time(s), location(s) and types of activities taking place during your event. The notice must also include a telephone number of where members of the public can contact your organization if they have concerns or issues that need to be addressed.

FEEES

There is a \$25.00 fee to process this application. However, fees may be assessed for some town services. Individual Town departments will estimate the cost of accommodating the event. Actual costs may be presented prior to the event or billed by each department and paid by the sponsoring organization upon receipt of billing.

If the event includes the sale of liquor, the fee for a Special Event Liquor License is \$25.00 per event day and must accompany this application. Please note that this is in addition to the State’s fee.

Please refer to attached excerpt of the Town of Florence Schedule of Fees.

By signing the below, the applicant is authorized to commit the organization and therefore be financially responsible for any costs and fees incurred by or on behalf of the event.

CERTIFICATION

I hereby certify that I am the applicant filing this application as listed in Section 1 and the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute the application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I agree to indemnify the Town and its respective officers, agents and employees from any and all losses, claims liabilities, damages, costs, and expenses, including reasonable attorney’s fees and court costs, resulting from the conduct of the applicant, sponsor or promoter, their employees, suppliers, vendors or agents, or any of their guests, invitees or licensees with regard to the event applied for. I agree to indemnify the Town and its respective officers, agents and employees from any and all losses, claims, liabilities, damages, costs and expenses, including reasonable attorney’s fees and court costs, resulting from any facility, park or lake closure due to inclement weather, an issued warning or other emergency situation. In such an instance, I understand that all event participants must follow the Town’s guidelines and procedures for lake/facility evacuation and that this event is being held inside the Town limits and all Town rules and regulations apply. I also understand that the Town reserves the right to determine that park facilities are unusable as a result of inclement weather.

Applicant’s Signature

Date

(ACKNOWLEDGMENT)

State of Arizona)
)
County of Pinal)

On this _____day of _____, 20_____, before me personally appeared _____, whose identity was proven to me on the basis of satisfactory evidence to be the person he or she claims to be, and acknowledged that he or she signed the above/ attached document.

Seal

Notary Public

**Please submit application to:
Town Clerk’s Office
PO Box 2670
775 North Main Street
Florence, Arizona 85132**

Fee Schedule

Effective: September 15, 2011

Addendum Sheet

Addendum A	Business License Application
Addendum B	Tent, Canopy, Carnival
Addendum C	Fireworks Permit Application
Addendum D	Street Closure Application
Addendum E	Extension of Premises Application (State)
Addendum F	Special Event Liquor License Application (State)
Addendum G	Insurance Specifications
Addendum H	Applicant's Personal Information
Addendum I	Field Allocation Form for Tournaments
Addendum J	Special Security Services Agreement
Addendum K	Parade Permit Application
Addendum L	Fire Service Agreement
Addendum M	Facility Use Permit
Fees	Fee Schedule