

# Application



# Downtown Special Event Permit Application

Shelbyville Planning and Building Department  
 44 West Washington Street  
 Shelbyville, IN 46176  
 P: 317.392.5102

Prior to submitting the Special Event Application, thoroughly read the Downtown Special Event Policy. Please be respectful of the downtown businesses when holding a Special Event.

## 1. EVENT INFORMATION

Event Name:	Event Location:
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Event Start Date:	Event Start Time:	Event Finish Date:	Event Finish Time:
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Set-Up Date:	Set-Up Time:	Clean-Up Date:	Clean-Up Time:
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Event Website Address (if applicable):	Registration/Entry Fee (yes/no):
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Brief Description of the Event (attach flier if necessary):
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Is your event...

- Hosted by a Non-Profit?
- A benefit for a Charitable or Community Cause?
- None of the Above

Is this an annual event? (Yes/No):	Date(s) of Event for Next Year:
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## 2. EVENT SPONSOR INFORMATION

Organization Sponsoring Event:	Contact Person:
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Phone Number:	Email Address:
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Address:	City/Town:
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State:	ZIP Code:
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3. **DESIGNATED CONTACT PERSON DURING EVENT:** Persons to contact in case of emergency during the event who will be on-site and present throughout the duration of the event.

Contact Person #1:	Phone Number:
Contact Person #2:	Phone Number:

4. **DEPARTMENTAL REQUESTS:**

Please indicate if you have any special requests for the following departments.

**STREET DEPARTMENT**

Number of Trash Receptacles Needed (Identify locations on attached site plan):	
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**PUBLIC WORKS (street closures, barricades, etc.)**

Requested Road Closure according to Exhibit A

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Closures Needed                                       | <input type="checkbox"/> #5: Public Square from Franklin to Jackson                        | <input type="checkbox"/> #9: Public Square from Franklin to Broadway                         |
| <input type="checkbox"/> #1: West Half of Public Square                           | <input type="checkbox"/> #6: Public Square with Washington Street from Franklin to Jackson | <input type="checkbox"/> #10: Public Square with E. Washington from Franklin to Broadway     |
| <input type="checkbox"/> #2: West Half of Public Square with W. Washington Street | <input type="checkbox"/> #7: Public Square with W. Washington from Franklin to Jackson     | <input type="checkbox"/> #11: Public Square with W. Washington from Franklin to Broadway     |
| <input type="checkbox"/> #3: East Half of Public Square                           | <input type="checkbox"/> #8: Public Square with E. Washington from Franklin to Jackson     | <input type="checkbox"/> #12: Public Square with Washington Street from Franklin to Broadway |
| <input type="checkbox"/> #4: East Half of Public Square with E. Washington Street |  |  |

**ELECTRICAL NEEDS (electricity hook-ups for vendors or booths, etc.)** Please reference Exhibit C.

How many receptacles are needed?	Please list all receptacles that are needed for the event:
Electric Turn-On Date & Time:	Electric Turn-Off Date & Time:

Will any of the following departments need to be present at the event:

- POLICE (parade vehicles, hire off-duty officers for security or traffic control, etc.)
- FIRE (parade vehicles, presence on site for event, etc.)
- AMBULANCE (parade vehicles, presence on site for event, etc.)

If any departments are being requested, please indicate specific needs during the event:
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**5. ADDITIONAL PERMITS, LICENSES, DOCUMENTS, AND APPROVALS**

Please submit copies of the following required documents:

- Site Plan
- Temporary Sign/Marking Plan
- Certificate of Insurance
- Indemnification Agreement
- Proof of "Non-Profit" Status (If applicable)

The following additional documentation may be required if your event will include any of the following elements:

- Raffle:** Please include a copy of your raffle license.
- Beer or Alcohol Sales:** Please complete item 6: Application to Serve Alcohol in a Controlled Environment.
- Temporary Staging, Outdoor Stage Equipment, Canopies, or Tents:** Please provide a copy of your permit from the Indiana Department of Homeland Security (if required).

**6. INSURANCE INFORMATION**

Please submit a certificate of insurance with "City of Shelbyville," (if applicable) listed as a certificate holder and additional insured at least 10 days prior to event start.

Insurance Carrier Name:	Amount of Coverage:
Contact Person:	Phone Number:
Address:	City/Town:
State:	ZIP Code:

By signing and submitting this event application, the sponsor agrees to indemnify, defend, and hold harmless the City of Shelbyville, their agencies, employees, and volunteers from any liability (including reasonable attorney's fees and cost) due to loss, damage, injuries, or other casualties of whatever kind, to person or property arising out of the event for which this application is being submitted. I have read and understand the attached set of regulations and agree to abide by these rules.

Authorized Signature:

Date:

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**Office Use Only**

Application Submission Date:	Application Review Date:	Approval Date:
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Department Approvals

- Planning \_\_\_\_\_
- Police \_\_\_\_\_
- Fire \_\_\_\_\_
- Engineering \_\_\_\_\_
- Street \_\_\_\_\_
- Legal \_\_\_\_\_