



Town of Payson Special Event Application



Please complete and return these forms to Payson Parks and Recreation at least 60 days prior to the event.

Electronic versions may be sent to: khenning@paysonaz.gov

Please call for further assistance: 928-472-5110

Sponsoring Organization/Business/Individual: _____

Phone #: _____ Email: _____

Mailing address: _____

Tax # (If applicable): _____ Is the organization a non-profit? _____

Event name: _____ Annual event: Yes No

Date(s) of event: Start date&time: _____ AM / PM End date&time: _____ AM / PM

Set-up date&time: _____ AM / PM Tear down date&time: _____ AM / PM

Is the event open to the public? Yes No Anticipated attendance: _____

Event location: _____

For events on private property, owned by other than the sponsoring party, a letter of permission from owner must be attached to event application. Please note that this application does not override any rules or regulations of the property owner or HOA.

Insurance company*: _____ Policy No.: _____

**A certificate of insurance and endorsement letter with the Town of Payson listed as additionally insured is required for events.*

Will the event be benefiting a non-profit organization*: _____

Please list any sponsors: _____

Event Activities: Detailed description of the event/festival (size, location, and activities will determine if other Town departments may be involved in the review/approval process)

Amplified Music (list DJ/Band/s): _____ Entertainment (list): _____

Rides (list company): _____ Inflatables (list company): _____

Petting Zoo (list company): _____ Signs / Banners (Where?): _____

Is the event a parade, run, or other event utilizing city streets (describe area affected): _____

Are you charging fees for the event (admission, parking, etc.)? Yes No

If there are event fees, please give a detailed list of fees: _____

Facilities & Streets: Please circle the facility/facilities and/or list the space requested:

*If applicable, include further information, public streets, and areas impacted in "Other" below

<u>Green Valley Park</u>	<u>Rumsey Park</u>	<u>Multi-Event Center</u>
Stage and Bowl area	Ramada/s 1-6: _____	Full Facility
Ramada/s 1-4: _____	Open Space area/s: _____	Main Arena
Open Space area/s: _____	Ballfield/s 1-5: _____	Practice Arena
Parking Lot area/s: _____	Parking Lot area/s: _____	Parking Lot
Lake 3 (Main lake)	Courts: Tennis, Volleyball, Basketball, Bocce Ball, Pickleball	
	Dog Park	
	Skate Park	

*Per Town Ordinance 93.40, all reservable areas are listed above

Other (areas not listed – approved by Director on a case-by-case basis): _____

Vendors - Equipment - Services:

Will the event include vendors/booths? Yes No

All vendor documents must be turned in to Parks and Recreation or they will not be allowed at the event. **Initial:** _____

**All vendors must have a valid Town business license and certificate of insurance with an endorsement letter prior to the event & food vendors must meet all Gila County Health Codes as well as Payson Fire and Medical inspection requirements.*

Event Planning: Please attach an event site plan/map to this application including streets, entrances & exits, parking, emergency access, tent locations, alcohol/food area and music/DJ area, etc.

Please list your plans for marketing the event (including social media sites & hashtags):

Please list your plans for security (this item may be required to have a supplemental Safety/Security Plan):

Please list your plans for medical services / first aid:

Please list your plans for clean-up during and after the event:

Please list your plans for restrooms if anticipating high attendance:

Please list your plans for electricity and water (Need specific requirements before approved):

Please list your plans for parking:

Please list your plans to control dust at the event:

Alcohol: Will there be alcohol at the event? * If yes, please mark AND describe in the space below:

Sold

Allowed

Provided

**If alcohol is being sold, a valid state liquor license is required. Applications for special event liquor licenses, or an extension of premises must be submitted to the Town clerk's office at least 30 business days prior to the event. Note: If alcohol is not being sold, but is being provided or allowed, a Parks & Recreation Alcohol Permit is required for all events held at a Town Facility. (Limited facilities allow alcohol).*

Site Plan Drawing (or attach a separate sheet/site plan)

I certify that the statements made in this application are true and complete to the best of my knowledge. I further understand that this application is not final until all event required documents are completed by myself, the responsible party. This form is recommended to be submitted AT LEAST 30 days prior to the event; however, some activities and resources may require additional lead time in order to be approved.

Applicant's Printed Name

Applicant's Signature

Date

Example of Certificate of Insurance Part 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Vendors Agent 123 Any Street Any City, Any State	CONTACT NAME: Name of the Producer	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : GL Carrier	
INSURED Your Vendor 123 Any State Any City, Any State	INSURER B : Auto Carrier	
	INSURER C : WC Carrier	
	INSURER D :	
	INSURER E :	
	INSURER F :	

Your name/
company here

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			AM123456	01/01/2011	01/01/2012	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/> Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
B	AUTOMOBILE LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/> Y	RP7891011	01/01/2011	01/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> Y	<input type="checkbox"/> Y	ABCD1234	01/01/2011	01/01/2012	EACH OCCURRENCE \$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC1336565	01/01/2011	01/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				<input type="checkbox"/> Y	E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	Liquor Liability	<input type="checkbox"/> Y	<input type="checkbox"/> Y	LL321654	01/01/2011	01/01/2012	\$1,000,000	

Valid Dates

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
 This should have a description of what the vendor is doing for you. It might reference a contract number. They may use this box to name you as an additional insured. This may be where they reference the endorsement that you need to obtain. The description needs to be clear.

Town of Payson listed as additionally insured, make sure event location and address is listed.

CERTIFICATE HOLDER Town of Payson 303 N Beeline Hwy Payson, AZ 85541	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Make sure there is a signature here.
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Endorsement Letter Part 2

ISO | Commercial General Liability Forms | 07/01/04

POLICY NUMBER:

COMMERCIAL GENERAL
LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE Town of Payson listed as
additionally insured on
endorsement page

Name Of Additional Insured Person(s) Or Organization(s)

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

CG 20 26 07 04

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