



HENDERSON COUNTY SPECIAL EVENT PERMIT APPLICATION

Event Name: _____
Official name of festival or event (name used to advertise event)

Event Producer: _____
Name of individual, group or organization producing event/agency with whom event is contracting.

Primary Contact: _____
Person who should be contacted regarding the application, event or in case of an emergency

Contact Address: _____
Street City State Zip code

Primary Contact Information: _____
Day Phone Cell Phone Night Phone

hendersonkyfarmersmarket@gmail.com _____
Email Website Fax

EVENT TYPE – Events with 500 people or less, Block Parties, Parades or Walks/Runs must submit a Small Event Permit. Events with 500 people or more check the box(es) below that best describes your Special Event.

- Major Festival or Event (maximum peak attendance of more than 500) - \$75.00
- Small Event, Block Party - \$40.00. (Submit small event permit if maximum peak attendance is 500 people or under)
- Parade - \$25.00 (Submit small event permit if maximum peak attendance is under 500 people)
- Other _____
- Walk/Run
- Parade
- Rally/Public Gathering
- Film/Commercial shoot

Describe any special or unusual features of your event: _____

SPECIAL EVENT LOCATION – Venue and/or address of event. ____ 381 Sam Ball Way _____

Date(s) and Time(s) of Event (include Load-In and Load-Out/Clean-up)

Load-In Date: ___/___/___ Time: ___:___ AM Load-Out/Clean-up End Date: :___/___/___ Time: ___:___ PM

Event Start Date: ___/___/___ Time: ___ AM Event End Date: :___/___/___ Time: ___:___ PM

Total attendance expected: _____ Peak attendance at any one time: _____

Rain/Cancellation Policy: _____ no rain policy _____
Provide alternative dates, times and locations of event, if applicable.

STREET CLOSINGS – List streets to be closed for Special Event _____

If a state road will be closed, apply for a Street Closing Permit from the Kentucky Transportation Cabinet.

Street Closings to begin on Date: ___/___/___ Time: ___:___ AM/PM Re-opening Date: :___/___/___ Time: ___:___ AM/PM

NOTE: Attach map of the event area showing street closing and event features. (REQUIRED)

Event Producers must notify affected businesses and residents of street closures.

Event Producers must provide/pay for barricades for street closings. (Placement must be approved by Henderson County Sherriff)

SPECIAL PARKING RESTRICTIONS – Describe parking restrictions or requirements needed for Special Event.

_____ none _____

"No Parking" signs placement – list street(s) and block numbers where to install: _____

(Attach separate sheet, if needed)

TRAFFIC CONTROL: Describe traffic control needed for Special Event, and number of officers requested. _____

_____ none _____

ADDITIONAL REQUESTS: _____

ADDITIONAL EVENT FEATURES- NA

Review the checklist of possible event features below and check all that apply to your event.

- Alcoholic Beverages Served Sold/Served
- Restroom Facilities
- Carnival Rides/Inflatables
- Security
- Cleaning – County Assisted
- Signs/Banners
- Electrical Service – Temporary
- Tent(s) Over 200 sq. ft
- Fireworks Display
- Vendors

ALCOHOLIC BEVERAGES- NA

If you are serving or selling alcoholic beverages at your event a Kentucky State temporary alcoholic beverage license will be required. You must complete the ABC applications and submit them with payment to the State ABC, along with proof of insurance to the County, at least 30 days before an event date.

Alcoholic beverage concessionaire or caterer: _____

Insurance company: _____

Contact: _____ Office Number: _____

CLEAN-UP PLANS AND PROCEDURES- NA

Event producers holding an event on County properties, facilities, streets or right of ways are responsible for clean-up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Clean-up Coordinator: _____ Company Name: _____

Office Phone: _____ Cell Phone: _____

Would you like Henderson Recycling to provide recycling containers? Yes No

Number of recycling containers: _____ Drop-off Date: : ___/___/___ Pick-up Date: : ___/___/___

Exact location where containers should be dropped (if approved): _____
(Indicate on site map if necessary)

ELECTRICAL SERVICES- NA

How will electrical service be supplied? Generator Public Utilities Both

Electrical contractor/supplier: _____ Office Phone: _____

Emergency contact name: _____ Cell Phone: _____

NOTE: *Electrical permit may be required for temporary electrical service. For generators, contact the fire district where your event is being held.*

EMERGENCY MEDICAL SERVICES- NA

Is the event producer providing private Emergency Medical Service? Yes No IF YES, complete information below.

Provider: _____ Office phone: _____ Cell phone _____

Briefly describe your event's Emergency Medical Services plan. _____

RESTROOM FACILITIES- Using our own restrooms for our pavilion

Number of permanent facilities at event location: _____ Number of portable facilities: _____

Name of supplying company: _____ Office phone: _____

Emergency contact name: _____ Cell phone: _____

SECURITY- NA

NOTE: Event producers must provide adequate security for event management and crowd control.

Total number of private security personnel or off-duty law enforcement officers on site: _____

Organization providing security: _____

Contact name: _____ Office phone: _____ Cell phone: _____

Types of security being provided by the Event Producer(s)

- Beer/Alcohol Sales Security
- Event Area Security
- Gate Security
- Money Handling Security
- Stage Security
- Parking Lot Security
- Celebrity Security
- Outside Event Hours Security
- Overnight Security

Describe your event's security plan: _____

SIGNS / BANNERS- NA

Number of signs: _____ Number of banners: _____

Location of signs/banners to be installed: _____

TENT(S)

Number of tent(s) and sizes: Additional vendors will be responsible for bringing their own pop up tents. Number of tents is dependent on the number of vendors who chose to bring them for their own spaces.

VENDORS

Event sponsor and vendors are responsible for ensuring that all applicable permits have been obtained and all applicable sales taxes are paid. A map of the locations of all vendors must be attached. Vendors selling food and/or drinks (other than prepackaged drinks) may also require a permit from the Health Department.

SITE MAP REQUIREMENT

Regardless of an event's location, a Site Map must be submitted with this Permit showing the location of the event; all streets, alleys, and rights of way affected by the event and detailing specified event features and equipment.

INSURANCE REQUIREMENTS

The sponsoring organization must provide satisfactory proof of comprehensive liability insurance with minimum limits of one million dollars (\$1,000,000.00) per occurrence combined single limit for bodily injury liability and property damage liability, including premises and operations, at the time of application. Higher limits could be required based on the type of special event conducted (i.e., carnival rides, fireworks, alcoholic beverages). Sponsor shall name the county as an additional insured on the policy.

Liability insurance may be waived at the discretion of the County judge / Executive depending on the size of event and if there are no significant risks involved with the conduct of the special event.

The Insurance requirements should be reviewed immediately with your insurance agent in order to comply.

Approval of insurance by Henderson County does not in any way relieve or decrease the insurance liability of an event producer or vendor. Henderson County does not represent the specified limits of liability or coverage or policy forms are sufficient or adequate to protect the interest or liability of the event producer or vendor. All insurance must be placed with insurance companies with an AM Best Rating of no less than B+VI unless special approval is obtained from the Henderson County Judge Executive.

HOLD HARMLESS AND INDEMNIFICATION CLAUSE

In consideration of the consideration of this permit, the Applicant/Event Producer hereby agrees that it shall indemnify, hold harmless and defend the Henderson County Fiscal Court, its elected and appointed officials, employees, agents and successors in interest from all claims damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Applicant/Event Producer's (or Applicant/Event Producers subcontractors, if any) performance or breach of any contract or duty provided that such claim damage, loss, or expense is: (1) attributable to personal injury bodily injury, sickness, death., or injury to or destruction of property including the loss of use resulting therefrom, or breach of contract, and: (2) not caused by the negligent act or omission or willful misconduct of Henderson County Fiscal Court, its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Event Permit Application.

Only applicants in good standing with Henderson Fiscal Court will be considered for approval. Any misrepresentation in this application or deviation from the final approved specifications and activities described herein or failure to abide by all Federal, State and Henderson County laws, ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

X _____
Signature of the agent duly authorized by the Special Event Permit applicant to bind it _____ Date

SIGNATURE REQUIRED-UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED

SPECIAL EVENT PERMIT APPLICATION

Return to: Henderson Fiscal Court, 20 N. Main St, Henderson, KY 42420

Questions or additional information, contact: (270)826-3971

Application must be received no later than 90 days prior to event.

Permit Fee Paid: \$ _____ Check Number: _____ Cash: \$ _____ Initials: _____

_____ Approved: Yes: ____ No ____
Henderson County Parks & Programs Position/Title Date

_____ Approved: Yes: ____ No ____
County Judge/Executive Date