



Event/Activity Application

Springfield-Greene County Park Board
 1923 N Weller
 Springfield, MO 65803
 417-864-1049
 Fax: 417-864-2095
 www.parkboard.org

Applicant Information	1. Contact Person		4. Day Phone #		
	2. Address		5. Evening Phone/Cell #		
	3. City	State	Zip Code	6. Email Address	
	7. Company/Organization Name (if applicable)			8. Is this a company sponsored event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9. Company Address/City/State/Zip		10. Company Phone #	11. Fax #	
	12. Name of Alternate Contact Person		13. Alternate's Day & Cell Phone #		

Answer all questions completely.

Responsible Party	14. Will applicant attend this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Is applicant the responsible party for this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Note: If applicant is NOT the responsible party for this event/activity, complete items #16-21. If so, go to #22.				
	16. Responsible Party's Name (on-site event/activity/activity supervisor)			20. Day Phone #	
	17. Address		20. Evening Phone/Cell #		
	18. City	State	Zip Code	21. Fax #	

Answer all questions completely.

Event/Activity Information	22. Type of event/activity		23. Date(s) (include setup & cleanup):		24. Expected attendance per day	
	25. Describe your event or activity: _____ _____ _____					
	26. Start Time (include set-up)			27. End Time (include clean-up)		
	28. Park/Facility			29. Specific Area of Park/Facility		
	30. Do you wish to reserve a park pavilion with this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "yes," have you already reserved the shelter? <input type="checkbox"/> Yes (Receipt # _____) <input type="checkbox"/> No Note: It is strongly recommended that you reserve the shelter to ensure its availability while your application is being processed. If your application is denied, your pavilion permit fee will be refunded.					
	31. Is this a first time event/activity for you (or your organization) at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "no," how does this event/activity differ from previous years? _____ _____ b. Attendance totals for last event/activity : Largest Daily Total _____ Overall Total _____					
	32. Is this event/activity open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "yes," how will this event/activity be publicized? _____ _____					
	33. Will any signs, banners, or flyers be posted or handed out for this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If "yes," when and where? _____ b. Wording on banners or signs: _____					
	Note: Please attach a copy of publicity plan if available or flyers that will be posted.					

Answer all questions completely.

event/activity Information	<p>34. Do you plan to erect temporary structures, such as, STAGES, BOOTHS, TABLES, TENTS, DISPLAYS, AMUSEMENTS (dunking booth, bounce house, kiddy rides) ETC., for this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," please describe below - include size(s), how many, capacity, etc. Note: A site plan and/or drawing must be included with this application showing the location of all items.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Item</th> <th style="width: 30%; text-align: left;">How Many</th> <th style="width: 30%; text-align: left;">Size/Capacity</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>b. If temporary structures will be erected, fill in the following information: Owner of temporary structure: _____ Contact for temporary structure: _____ Address: _____ Alternate contact person: _____ Telephone: _____</p> <p>If more than one provider please attach additional sheet with each providers name and contact information.</p> <p>Note: A Certificate of Public Liability Insurance is required in the amount of \$1 million with the City of Springfield as additional named insured for organized athletic events/activities, when amusement devises are part of an event/activity or other high-risk activities as deemed by Park Board Administration. Shade structures (i.e., tents) larger than 100 sq. ft. (10' x 10') and/or structures require a building permit from Building Development Services, (417)864-1056 and additional authorization by the City of Springfield Fire Department (417)864-1527 may be required.</p>	Item	How Many	Size/Capacity	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Item	How Many	Size/Capacity										
	_____	_____	_____										
	_____	_____	_____										
	_____	_____	_____										
	<p>35. Will any type of sound amplifying equipment or devices (other than small personal radios, tape players, etc.) be used in conjunction with this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," please describe below:</p> <p>_____</p> <p>Note: Volume of music must be kept below 75 decibels. No profane, lewd, indecent, or slanderous human speech or music allowed.</p>												
	<p>36. Do you plan to provide live musical entertainment for this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," please describe below (i.e., reggae, rap, folk, rock, C&W, big band, etc.)</p> <p>_____</p> <p>Note: Volume of music must be kept below 75 decibels. No profane, lewd, indecent, or slanderous human speech or music allowed.</p>												
	<p>37. Are you requesting the use of electricity other than at a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," please explain: _____</p> <p>_____</p> <p>b. Are you providing a generator as a power source? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
	<p>38. Do you need access to a water source (other than a water fountain)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," for what purpose is water needed?</p> <p>_____</p>												
	<p>39. Do you need access through a locked gate for loading and unloading? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," describe location of gate:</p> <p>_____</p>												
<p>40. Do you have any other Parks equipment or facilities rented in conjunction with this event? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," describe equipment/facility:</p> <p>_____</p>													
<p>41. How many portable toilets are you providing for your event/activity? _____</p> <p>a. Where will they be set up? _____</p> <p>Note: Placement to be on hard surface only.</p>													
<p>42. How many parking spaces will you use for your event/activity? _____</p> <p>Note: All vehicles must be parked in designated parking spaces or they will be ticketed and/or towed. Depending upon use, extra event/activity costs may be charged.</p>													
Collection of Monies/Sales/Fees	<p>Note: City of Springfield Code, Sec. 82-1 (a) (1) w. It shall be unlawful to solicit business, sell or offer to sell goods, merchandise or services, post any commercial signs, advertisements or circulars without the written permission of the Springfield-Greene County Park Board or the Director of Parks.</p> <p>43. Will any money be collected on site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
	<p>44. Will a registration, membership, or admission fee be required in order to attend or participate in the event/activity activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," estimate number of participants: _____</p>												
	<p>45. Will donations/contributions be accepted or solicited during this event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "yes," please explain how these donations will be generated or solicited: _____</p> <p>_____</p> <p>b. List all parties who will receive the proceeds from the donations or contributions: _____</p> <p>_____</p>												
	<p>46. Are you a non-profit agency? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Other</p> <p>Note: Non-profit agencies need to provide documentation of their tax exempt status. Other organizations may be considered by the Springfield-Greene County Park Board or Park Administration.</p>												

Answer all questions completely.

Food/ Refreshments/ Merchandise	<p>47. Do you plan to SELL, DISTRIBUTE, OR GIVE AWAY refreshments in conjunction with this event/activity? _____ Yes (selling) _____ Yes (give away) _____ No a. If "yes," please explain: _____ _____ b. If "yes," how many food booths/tables will be set up? _____ c. If your event/activity is catered, who is your caterer? _____</p> <p>Note: Any public catered event/activity requires caterer to have appropriate permit from the Health Department (417) 864-1424. Selling requires a City Business License, contact City Finance Department (417)864-1617.</p>
	<p>48. Will there be gas grills, propane stoves, portable charcoal grills, or other fires outside the designated picnic grills? _____ Yes _____ No a. If "yes," please describe grill type and proposed location: _____ _____</p> <p>Note: City of Springfield Code, Sec. 82-1 (a) (1) r. It shall be unlawful to start a fire for cooking purposes or otherwise within any park except in receptacles and facilities intended therefore. Any variance of this provision shall be allowed only upon written permission of the Springfield-Greene County Park Board or the Director of Parks.</p> <p>Note: Applicant must also provide appropriate safety equipment (fire extinguishers).</p>
	<p>49. Do you plan to SELL, DISTRIBUTE, OR GIVE AWAY merchandise (non-food items) or services in conjunction with this event/activity? _____ Yes (selling) _____ Yes (give away) _____ No a. If "yes," please explain the type of item/service: _____ _____ b. If "yes," how many merchandise booths/tables will be set up? Note: Selling requires a City Business License (417)864-1617.</p>

Answer all questions completely.

Other Info	<p>50. Are there any special provisions or information pertaining to your event/activity which have not been addressed on this application? _____ _____ _____ _____ _____ _____</p>
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Please indicate all items attached to this application.

Attachments	<p>_____ Publicity plan or flyer _____ Site plan for temporary structures _____ \$1 million Certificate of Public Liability Insurance w/City of Springfield as additional named insured _____ Documentation of tax-exempt status or other organizational documents _____ Pavilion/Park event/activity Permit Fee</p>
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Applicant Acknowledgment	Initial _____	I understand that in the case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled event/activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary. In case of general maintenance or vandalism, the picnic tables, BBQ grills, or other amenities may be removed at anytime prior to the reservation date. Restrooms are closed from October 31 to April 1.
	Initial _____	I understand that this is only an application and not a guarantee that a permit will be issued. If a permit is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; or (3) should any applicable City, County, State, or Federal rules, regulations, codes or laws be violated, any reservations issued shall automatically become null and void and any activity associated with this application will immediately cease.
	Initial _____	I agree to indemnify, defend and hold harmless the City of Springfield from and against all claims, losses, and liability arising out of personal injuries, including death, and damage to property which is caused by sponsoring organization, or arising out of, or in any way connected with the activities conducted pursuant to this application.
	Initial _____	I agree that I: (1) am financially responsible for any costs incurred by the City of damages to City property; (2) forfeit all fees and deposits if it is determined that false information was provided on the application; (3) am financially responsible for any City costs that exceed fees and deposits already collected by the City for enforcement of provisions related to this application for reservation.
	Initial _____	I agree that I am responsible to see that all debris and trash is picked up from the event/activity site and placed in appropriate refuse containers immediately after the event/activity. Failure to do so may require the City to do so. Any trash removal expenses (for debris left at event/activity site not placed in appropriate refuse containers) incurred by the City as a result of this event/activity are my responsibility.
	Initial _____	I understand that permission to hold this event/activity does not grant exclusive use of any park or trail. The park or trail is to remain open for public use.
	Initial _____	I understand that I am responsible to obtain the necessary permits/approvals granted by agencies or City departments other than the Springfield-Greene County Park Board needed to hold this event/activity. Permission granted by the Park Board to hold this event/activity does not imply approval of items under other agencies' jurisdictions. Proof of all required permits must be presented to the Park Office 30 days prior to the event/activity.
	Initial _____	I understand the following park use policies and will abide by them: 1) Vehicles are allowed in the Park in designated parking areas only. 2) Entrance to the Park must be left unobstructed at all times. 3) No alcohol is allowed in public parks. 4) Applicant will not conduct him or herself in an unusually loud or disturbing manner, use threatening, abusive, insulting indecent obscene or profane language, or harass, annoy or curse at or intentionally jostle any patron of any public park or park-sponsored activity. See Springfield City Code, Chapter 82 - Parks and Recreation.
Initial _____	I acknowledge that I have received and read the attached: Chapter 82 of the City Code, Parks and Recreation Code/Rules.	

I hereby attest that to the best of my knowledge the information contained in this application is true and correct.

Signature of Applicant: _____

Date: _____

APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE EVENT DATE.

Note: Application is not valid without initials and signature of applicant.

Parks and Recreation Department Use Only

Application Status	Application is:
	<input type="checkbox"/> Approved As Is
	<input type="checkbox"/> Disapproved
	Explanation: _____ _____ _____
	<input type="checkbox"/> Application status is pending further information on item # _____
	Specifically: _____ _____
	<input type="checkbox"/> Application is approved under the following conditions/restrictions: <i>The following items must be obtained (no paperwork required to be turned in to the Parks & Rec Dept.):</i>
	<input type="checkbox"/> Public Catered event/activity - Caterers must have appropriate Permit from the City Heath Department (417)864-1424 (Must have on hand at event/activity site.)
	<input type="checkbox"/> Sale of food or merchandise - City Business License (417)864-1617 (Must have on hand at event/activity site.)
	<input type="checkbox"/> Supplementary port-a-johns
<input type="checkbox"/> Building permit from Building Development Services for tents larger than 10' x 10' and/or other structures, (417)864-1056. (Must have on hand at event/activity site.)	
<i>Need the following items turned in to the Parks & Recreation Department:</i>	
<input type="checkbox"/> Publicity plan or flyer	
<input type="checkbox"/> Site plan for temporary structures	
<input type="checkbox"/> \$1 million Certificate of Public Liability Insurance w/City of Springfield as co-insured	
<input type="checkbox"/> Documentation of tax-exempt status	
<input type="checkbox"/> Pavilion reservation required	
<input type="checkbox"/> Payment of fees/deposits	
Other conditions/restrictions: _____ _____ _____ _____ _____ _____	

By: _____

Director of Parks or Designee

Date: _____