



# City of NAPOLEON, Ohio

## APPLICATION FOR EVENT PERMIT

(Per Chapters 312 and 739 of the City of Napoleon Codified Ordinances)

### SECTION A – APPLICANT INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	

### SECTION B – SPONSORING AGENCY OR ENTERTAINMENT CO. CONTACT INFORMATION

NAME:		AGENCY/COMPANY NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:	EMAIL:		

### SECTION C – EVENT DESCRIPTION OR TYPE OF ENTERTAINMENT


### SECTION D – EVENT INFORMATION

DATE OF EVENT:	START TIME:	END TIME:
ALTERNATE DATE:	ALTERNATE START TIME:	ALTERNATE END TIME:

### SECTION E – LOCATION INFORMATION (Please provide a map of route and/or location)

PARADE ROUTE/LOCATION OF EVENT:			
STREET CLOSURE REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please continue with this section and provide a map of area to be closed)			
STREET(S) TO BE CLOSED: _____ BETWEEN _____ AND _____			
CLOSURE START TIME:	A.M.	CLOSURE END TIME:	A.M.
	P.M.		P.M.

**MUST NOTIFY RESIDENTS AND BUSINESSES WHOSE ACCESS WILL BE AFFECTED BY THE STREET(S) CLOSURE or PARKING SPACES TO BE BLOCKED AT LEAST ONE (1) WEEK PRIOR TO THE EVENT.**

IF BARRICADES OR ORANGE TRAFFIC CONES WILL BE NEEDED, PLEASE CONTACT THE CITY OPERATIONS DEPT. AT 419-599-1891 AT LEAST ONE (1) WEEK PRIOR TO THE EVENT.

Permit Issued is Non-Transferable, Requested Date shall Not exceed seven (7) or Ten (10) Days, depending on location; Sanitary and Security conditions must be met at all times. Permissible requested times are as follows: 10:00 a.m. – 11:00 p.m. Sunday thru Thursday, and 10:00 a.m. – 12 Midnight Friday and Saturday. The City of Napoleon may impose additional insurance requirements for events with certain activities.

**Under the penalty of law, I \_\_\_\_\_, applicant for license, hereby state that I am the proper applicant and that the facts contained in the above application are true and correct and the answers are complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The applicant shall hold harmless, defend and indemnify the City of Napoleon, Ohio, its elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof against all claims, suits, actions, costs, attorney fees, expenses, damages, judgments, or decrees, of every name and description, by reason of any person or persons or property being damaged or injured by the applicant or any of its employees, agents, subcontractors, volunteers, or invitees arising or growing out of the event, whether by negligence or otherwise.

**SECTION TO BE COMPLETED BY CITY STAFF**

\$3,000 Security/Performance Bond or Certified Check Received (to assure cleanup of premises): Required when activity is held on public property or when public property may be affected.  Yes/Date \_\_\_\_\_  No  Not Required

Certificate of Insurance (\$1,000,000 Personal Injury and \$500,000 Property Damage) and naming City as Additional Insurer on File: Required when activity is held on public property or when public property may be affected.

**\$35.00 NON-REFUNDABLE APPLICATION FEE RECEIVED:** \_\_\_\_\_  Waived  
Date

**Approved:**

CITY MANAGER

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CITY FINANCE DIRECTOR

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

POLICE CHIEF

Yes  NO. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FIRE CHIEF

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PUBLIC WORKS DEPARTMENT

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PARKS & RECREATION DEPARTMENT

Yes.  No. If No, Reason \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Condition(s)** – (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_