



## **CITY OF BOWLING GREEN OHIO**

### **Special Event Permit Application** *Codified Ordinance 111*

#### **GUIDELINES**

Applicants must read and understand Chapter 111 of the Codified Ordinances, available at [www.bgohio.org](http://www.bgohio.org) under Codified Ordinances. Applications must be completed in full and all listed documents submitted in person to the Municipal Administrator, 304 North Church St.

#### **COMPLETE & SUBMIT THE FOLLOWING**

- A Special Event Permit Application and all requested maps and attachments as specified on the application
- Printed site plan/route map of the special event with all requested items marked and indicated as outlined on page 4 of the Permit Application
- Permit Fee. A \$50 per day fee, not to exceed more than \$100 in any one week made payable to “City of Bowling Green”, submitted at time of application
- If the event is on public property, a deposit fee of \$100 made payable to “City of Bowling Green”, submitted at time of application and refundable pending any additional clean up required by the city
- If the host organization is a nonprofit entity include a copy of your IRS 501 (C) certificate
- Proof of liability insurance of at least \$1,000,000

Submit all documents in person to: Office of Municipal Administrator/Safety Director  
Third Floor, City Administrative Services Building  
304 North Church Street, Bowling Green, OH 43402

Questions about this form or the submission process may be directed to the Municipal Administrator’s Office at [bgcity@bgohio.org](mailto:bgcity@bgohio.org) (419) 354-6204.



Permit #: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
*To be completed by staff*  
Page 1 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

**CONTACT INFORMATION**

Host Organization: \_\_\_\_\_

Chief Officer of Host Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Contact Information:

Business \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Organization Contacts:

Organization President or Chairperson:

Name \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Event Organizer (Primary Contact):

Name \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

On-Site Contact 1:

Name \_\_\_\_\_

Cell \_\_\_\_\_

Location On-Site \_\_\_\_\_

On-Site Contact 2:

Name \_\_\_\_\_

Cell \_\_\_\_\_

Location On-Site \_\_\_\_\_

Is this host organization a commercial entity?  YES  NO

Is the host organization a bona fide tax exempt, nonprofit entity? If yes, please attach a copy of your IRS 501 (C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.  YES  NO



Permit #: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
*To be completed by staff*  
Page 2 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

**EVENT OVERVIEW**

Event Title: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Event Description: *Please give a general overview of event, including purpose. You will provide details in other sections* \_\_\_\_\_

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

Event Category: *Choose all event categories that pertain or apply to your event*

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Athletic/Recreation     | <input type="checkbox"/> Concert/Performance       | <input type="checkbox"/> Circus   |
| <input type="checkbox"/> Exhibits/Misc.          | <input type="checkbox"/> Farmer/Outdoor Market     | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Festival/Celebration    | <input type="checkbox"/> Museum Special Attraction | <input type="checkbox"/> Dance    |
| <input type="checkbox"/> Parade/Procession/March |  |                                   |

**EVENT DETAILS**

**EVENT LOCATION** *Describe event location, include street names, address and neighborhood(s). If event is on private property, include name of property owner/manager, and a letter from property owner giving authorization for this specific event.*

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

Is this an annual event?  YES  NO  
If yes, how many years have you been holding this event? \_\_\_\_\_

Does your event require a paid fee or donation for participants and/or spectators?  YES  NO  
If yes, admission / participation fee / suggest donation amount(s): \_\_\_\_\_



Permit #: \_\_\_\_\_  
 Application Date: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_  
*To be completed by staff*  
 Page 3 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

**EVENT DETAILS *continued***

**EVENT DATES & TIMES** *Attach additional pages as needed for additional days or detail.*

Indicate dates/times open to attendees			Expected Daily Attendance		
Date:	Start time:	End time:	Participants	Spectators	Volunteers/staff
Setup Information:			Take Down Information:		
Date:	Start Time:	End Date:	End Time:		

**REQUESTED CITY SERVICES**

Please indicate which requested services will be needed for your event.

- Police Division
- Fire Division/EMT/Ambulance
- Electric
- Water & Sewer
- Public Works
- Other: \_\_\_\_\_

**PARKING & SHUTTLE PLAN**

If your event will use a parking or shuttle plan please attach your plan or describe below:

---

---

---

---

---

---

---

---

---

---



Permit #: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
*To be completed by staff*  
Page 4 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

**SITE PLAN**

Submit with this application a printed site plan. The event site plan is a printed detailed street view map of the proposed footprint of your entire event. This map should include all components of the event. Please make sure your map clearly marks all street names. Include dimensions for all elements.

**EQUIPMENT SETUP** *Select all that apply. Show all equipment on your attached map. You will be required to provide a complete list of outside companies/vendors that you are using for any of the checked boxes. Use of fireworks/pyrotechnics and/or inflatables may require additional information. o*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Stages/Scaffolding         | <input type="checkbox"/> Handwashing Station         | <input type="checkbox"/> Recycling/Trash Bins                                |
| <input type="checkbox"/> Fireworks                  | <input type="checkbox"/> Portable Restrooms          | <input type="checkbox"/> Tents/Canopies (label exits)                        |
| <input type="checkbox"/> Generators                 | <input type="checkbox"/> Animals                     | <input type="checkbox"/> Animals   |
| <input type="checkbox"/> Inflatable/Bouncy Toys (E) | <input type="checkbox"/> Vehicle/Trailers            | <input type="checkbox"/> Other Equipment or temporary structures (describe): |
| <input type="checkbox"/> Speakers/PA System         | <input type="checkbox"/> Fencing/Barriers/Barricades | _____  |
| <input type="checkbox"/> Hot Air Balloons           | (label if removable/label exits)                     | _____  |

**DEFINED EVENT AREAS** *Select all that apply and clearly mark on the submitted site plan map . Provide additional detail where indicated.*

- |  |   |
|--|---|
| <input type="checkbox"/> Street / Lane Closures (Barricades)           | <input type="checkbox"/> First Aid Facilities |
| <input type="checkbox"/> Moving Route (mark with directional arrows)   | <input type="checkbox"/> Beer Gardens (B)     |
| <input type="checkbox"/> <b>Required 20 feet Emergency Access Lane</b> | <input type="checkbox"/> Food Vendors (C)     |
| <input type="checkbox"/> Entertainment/Music (A)                       | <input type="checkbox"/> Non-Permit Area (D)  |
| <input type="checkbox"/> Vendor/Other Booths (non-food)                |   |

(A) Provide an attached list of all bands/performers, including types of music, along with the sound check and performance schedule. Please indicate which will be using sound amplification equipment.

(B) If you plan to sell or furnish alcoholic beverages at your event you will be required to obtain a permit from the Ohio Division of Liquor Control. If your event includes the use of alcohol on city property, Liquor Liability Coverage must be included on your certificate of insurance.

(C) Provide an attached map of the food vendor(s) configuration. Include vendor name and specify any vendor(s) cooking with flammable gases or BBQ grills. Organizer shall contact the Wood County Health Department for guidance - (419) 352-8402.

(D) Non-Permit Area: A designated area within or adjacent to your event where participants can demonstrate their right to free speech. Include within your security plan specifics on how this area will be overseen.

(E) If you plan to use inflatables, bouncy toys, or hot air balloons please include a completed Inflatable Permit request with this application.



Permit #: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
*To be completed by staff*  
Page 5 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

**DISABILITY CONSIDERATIONS**

To meet the needs of those attending please indicate which of the following disability services will be available at your event. Select all that apply.

- 5 foot clear path of travel
- Handicap parking/shuttle services
- Handicap accessible restrooms (minimum 10%)
- Handicap accessible food/beverage/vending
- Hearing aid compatible phone
- Customer service assistance at any/all Information Center(s)
- A map of accessible services for patrons with disabilities IF a portion of your event is not accessible. (restrooms, parking, phone, first aid, etc.)

**SECURITY STAFFING**

Have you consulted with the Bowling Green Police Division regarding security?  YES  NO

Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required by the State of Ohio to provide a copy of the hired security company's license.  YES  NO

Private Security Company License #: \_\_\_\_\_

Security Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Office Phone \_\_\_\_\_ Onsite Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Please describe here, or attach, your security plan including: crowd control, internal security, venue safety.

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



Permit #: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
*To be completed by staff*  
Page 6 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

**MEDICAL STAFFING**

Have you consulted with the Bowling Green Fire Division regarding a medical plan? [ ] YES [ ] NO

Have you hired a licensed professional emergency medical services provider to develop and manage your event’s medical plan? If yes, please provide the following information: [ ] YES [ ] NO

Medical Service Provider Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Office Phone \_\_\_\_\_ Onsite Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Please describe here, or attach, your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas.

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



Permit #: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
*To be completed by staff*  
Page 7 of 7

**CITY OF BOWLING GREEN OHIO**

**Special Event Permit Application**  
*Codified Ordinance 111*

As of \_\_\_\_\_ (date) on behalf of \_\_\_\_\_ (organization name)  
I have read and am in compliance with all requirements of Chapter 111 and/or other requirements of the Bowling Green Codified Ordinances.

Submitted by (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

Please list any documents submitted by the applicant with this request for a Special Event Permit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

***This section to be completed by Bowling Green City Staff***

**AUTHORIZATION OF MUNICIPAL ADMINISTRATOR**

Upon review of this application and confirmation of the foregoing statements, I hereby  
[ ] approve or [ ] deny in accordance with all the requirements of Chapter 111 and/or other requirements of the Bowling Green Codified Ordinances.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Municipal Administrator

Date Permit picked up \_\_\_\_\_