Special Event Permit Application
Codified Ordinance 111

GUIDELINES
Applicants must read and understand Chapter 111 of the Codified Ordinances, available at 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 $40 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 (419) 354-6204.

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CONTACT INFORMATION

Host Organization: ____________________________________________________________

Chief Officer of Host Organization: ____________________________________________

Applicant Name: ____________________________________________________________

Applicant Address:___________________________________________________________
Street _____________________________________________________________
City ________________________________ 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

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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
[ ] Athletic/Recreation   [ ] Concert/Performance   [ ] Circus
[ ] Exhibits/Misc.       [ ] Farmer/Outdoor Market  [ ] Carnival
[ ] Festival/Celebration [ ] Museum Special Attraction [ ] Dance
[ ] 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): ________________________________
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### EVENT DETAILS continued

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

<table>
<thead>
<tr>
<th>Indicate dates/times open to attendees</th>
<th>Expected Daily Attendance</th>
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<td>Date:</td>
<td>Start time:</td>
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Setup Information:  
Take Down Information:

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<tr>
<th>Date:</th>
<th>Start Time:</th>
<th>End Date:</th>
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#### REQUESTED CITY SERVICES
Please indicate which requested services will be needed for your event.

- [ ] Police Division
- [ ] Water & Sewer
- [ ] Fire Division/EMT/Ambulance
- [ ] Public Works
- [ ] Electric
- [ ] Other: ________________________________

#### PARKING & SHUTTLE PLAN
If your event will use a parking or shuttle plan please attach your plan or describe below:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________
CITY OF BOWLING GREEN OHIO

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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.

- [ ] Stages/Scaffolding
- [ ] Fireworks
- [ ] Generators
- [ ] Inflatable/Bouncy Toys (E)
- [ ] Speakers/PA System
- [ ] Hot Air Balloons
- [ ] Handwashing Station
- [ ] Portable Restrooms
- [ ] Animals
- [ ] Vehicle/Trailers
- [ ] Fencing/Barriers/Barricades
- [ ] Recycling/Trash Bins
- [ ] Tents/Canopies (label exits)
- [ ] Animals
- [ ] Other Equipment or temporary structures (describe):

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

- [ ] Street / Lane Closures (Barricades)
- [ ] Moving Route (mark with directional arrows)
- [ ] Required 20 foot Emergency Access Lane
- [ ] Entertainment/Music (A)
- [ ] Vendor/Other Booths (non-food)
- [ ] First Aid Facilities
- [ ] Beer Gardens (B)
- [ ] Food Vendors (C)
- [ ] Non-Permit Area (D)

(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.
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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.

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.

_________________________________________________________________

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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:

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.

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As of __________ (date) on behalf of _____________________________ (organization name)
I have read and am in compliance with all requirements of Chapter 111 and/or other require-
ments 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__________________