

City of Alcoa • 223 Associates Boulevard • Alcoa, TN 37701 • Ph#: (865)380-4730 Fax#: (865)380-4744

The following application is for the permitting of special events held inside the City of Alcoa. Answer all questions, using additional sheets as necessary. Return the completed application, including site plan if required, and appropriate application fee to the Planning and Codes Department at the above address. Incomplete applications will NOT be processed. Application deadlines are as follows:

- Thirty (30) days prior to planned time of the event
- Forty-five (45) days if beer is to be served
- Sixty (60) days if street closures are involved.

| APPLICANT INFORMATION | | | | | | |
|---|-----------------------|----------|-------------------|-------------|-------------------|-----------|
| Applicant Name: | | | Email: | | | |
| Applicant Address: | | | | | | |
| Phone Numbers - Home: | Work: | | | | Cell: | |
| | | | ant's Position | | | |
| Organization Address: | | | | | | |
| Phone: | | IRS T | ax Exemption | ı? □ Yes | □ No □ No | t Sure |
| | EVENT INF | ORM | MATION | | | |
| Event Name: | | | Eve | nt Date(s): | | |
| | | | Eve | nt Time(s): | | |
| Event Type: (check all that apply) | * Darade | /March* | ☐ Fa | ir/Festival | ☐ Concert | ☐ Wedding |
| Other (specify) * Site plan required | | | | | Estimated Attenda | ince: |
| Is there an attendance fee? ☐ Yes ☐ No If yes, v | vho will benefit from | m the pr | oceeds? | | | |
| If no, what is the purpose of the event? | | | | | | |
| Event Location: Springbrook Corporate Center Lake / Islands Springbrook Corporate Center Venues - Capacity Limits Monday - Friday Before 5:00 p.m. Maximum of 70 participants After 5:00 p.m. and all day Saturday, Sunday & City Holidays: Maximum of 250 participants** **May be exceeded if additional parking arrangments have been approved by the City of Alcoa | | | | | | |
| ☐ Parks & Recreation Facilities (requires reservation | ons) | | | | | |
| ☐ Alcoa City School Grounds (requires permission | of Alcoa City Sch | hools A | dministratio | n) | | |
| Other city-owned property not under the purview of the Maryville-Alcoa-Blount County Parks & Recreation Commission Property Location: | | | | | | |
| Other Location: If on private property, do you have permission to use property? Yes No Please explain: | | | | | | |
| Will the event require electrical service? | es 🗆 No If ye | es, plea | se describe | : | | |
| Will the event require water service? ☐ Ye | s 🗆 No If ye | s, plea | se describe | : | | |
| Will the event require any temporary closure o is required indicating locations and times of closur manpower necessary to accommodate the closure | e. The Alcoa Pu | ıblic Wo | orks Depart | | | |



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| EVENT INFORMATION (continued) | | | | | |
|--|--|--|--|--|--|
| Will the event include any tents, stages, amusements, or other structures? ☐ Yes ☐ No If yes, please specify. (These structures require inspection, which must be conducted during regular business hours, M − F 8:00a - 4:30p) | | | | | |
| Will the event require security, traffic control or other emergency services? Yes No The APD and AFD will determine the required level of these services based on review of the application. If applicant intends to provide any of these services, please indicate below: | | | | | |
| Will the event include any signage? | | | | | |
| Refuse and post event clean-up. Will the event require City supplied refuse containers? ☐ Yes ☐ No Will the City be requested to provide post event clean-up? ☐ Yes ☐ No If yes, to either, please describe below: | | | | | |
| Additional description. Please attach additional pages as necessary to more fully describe the event in or to assist in the evaluation and approval process. Topics may include: event logistics; beneficiaries of proceeds, if any and applicant(s) prior event management experience. | | | | | |
| Indemnification. By signing below, special event permit applicant does hereby remise, release, discharge, indemnify and hold harmless City from any, and all manner of, actions and causes of action, suits, damages, injuries, claims and demands whatsoever in law or in equity, including incidental, consequential, or punitive damages which may result from, or in any way relate to, the special event described herein including the actions of the Special Event permit applicant and its officers, employees, agents, guests, patrons, invitees and/or customers. In the event any legal proceeding is taken against City, Special Event permit applicant shall be responsible for all costs and expenses related thereto. Special Event permit applicant further agrees to be responsible for any personal injury, liability and/or property damage arising out of said special event. | | | | | |
| Certification . By signing below, Special Event applicant hereby certifies that the information submitted in this application is true and correct to the best of their knowledge and belief. | | | | | |
| Applicant Signature | | | | | |

SPECIAL EVENT FEES

| | Resident | Non-Resident |
|--|-------------|--------------|
| Application Fee | \$ 25 | \$ 50 |
| Springbrook Corporate Center Island (or other city-owned property not under the purview of the Maryville-Alcoa-Blount County Parks and Recreation Commission | \$150 / day | \$ 200 / day |
| Alcoa Municipal Building Grounds | \$150 / day | \$ 200 / day |
| Events with retail sale and/or consumption of beer. Certificate of Insurance required. (See Facility Use Agreement) | \$250 | \$ 250 |
| All other municipal property not under the purview of Parks & Recreation or the Alcoa City Schools | \$ 75 / day | \$ 100 / day |
| Use of inflatables and/or other wind-activated attractions Certificate of Insurance quired (see Facility Use | | |

IMPORTANT: City staffing fees are not included in permit fees listed above.

Applicant will receive a full cost estimate. Costs are subject to change.

Reservations for City facilities are subject to department approval and one will be responsible for the cleanup and condition of the facility after an event. Tents and such are required to be weight secured, as opposed to surface-penetrating anchors. Liability insurance may be required.

| | Staffing | Overtime/Holiday |
|---|---|-------------------------|
| Public works (Traffic Operations) Street closures, runs/walks, bike races and parades are based on average overtime rates | Field Crew (2) with vehicle | \$40/hr., 2 hr. minimum |
| Off-Duty Services (Traffic Control) | Officer and vehicle | \$50/hr., 2 hr. minimum |
| | EMS Unit (2 people) | \$60/hr., 2 hr. minimum |
| City of Alcoa Fire-Rescue Special Event Emergency Medical Services | Fire Engine/Fire Suppression/ Firefighters (2) | \$75/hr., 2 hr. minimum |
| | Additional Personnel | \$25/hr., 2 hr. minimum |



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| Please check here if applicable | SOUND PERM | IIT APPLICA | TION | | | |
|--|--------------------------|--|--|---|--|--|
| If the event will employ the use of public address sys whether amplified or not, a Sound Permit is require be granted on a case by case basis. APPLICANT INFORMATION: If the same as Special | ed. Permit operating hou | oduction of music or urs are generally froi | m 7:00 a.m. until 11:00 p.m.; however, excepti | , | | |
| Name | amePhone contact: | | | | | |
| Address | | | | | | |
| SOUND DEVICES TO BE USED AND REQUESTED TIMES OF OPERATION: | | | | | | |
| ☐ Public Address System | From | То | Date(s) | | | |
| ☐ Music (reproduced or live) | From | To | Date(s) | | | |
| Other (describe) | From | To | Date(s) | | | |
| ESTIMATED DISTANCE FOR WHICH SOUND WILL BE AUDIBLE: SITE PLAN REQUIRED: Indicate the locations and sound direction of bandstands, amplified public address speakers including remote loudspeakers on the event Site Plan. | | | | | | |
| ADDITIONAL INFORMATION: Please provide any additional information that would be helpful in evaluating this application below or on additional sheets as needed. | | | | | | |
| Signature of Applicant: | | | Date: | | | |
| Permit Approved:City Recorder | | | Date: | | | |
| | | | | | | |

SpecialEventApplication 2016-07-07 Revised



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| Please check here if applicable | BEER PERMITS |
|--|---|
| | Alcoa Municipal Code 8-201 |
| Board requires applications to be submitted 45 days in | ew applicant or to a sponsoring existing Alcoa Beer Permit holder. In either case, the Alcoa Beer on advance of the event along with a \$250 processing fee. Existing permit holders sponsoring the uesting the issuance of a new permit for this event should complete Part 2 . |
| PART 1. EXISTING BEER (SPONSORING) P | 'ERMIT HOLDER APPLICATION |
| APPLICANT INFORMATION: | |
| Sponsor Name: | Primary Phone: |
| Email Address: | Alternate Phone: |
| Home Address: | |
| Business (Existing Permit) Address: | |
| WILL ANY OTHER EXISTING ALCOA BEER PERMI | T HOLDERS ASSIST IN THIS EVENT |
| measures to ensure that dispensing of beer at the eve HOW WILL THE DISPENSING OF BEER BE MANAGE. | GED? Describe below the procedures proposed to manage the dispensing of beer at the event in I attendees be pre-qualified and issued wrist bands or will other methods be used. Please supply |
| | |
| INSURANCE REQUIREMENTS: Provide a Certificate additionally insured. (please attach) | of Insurance stating the limits of \$1,000,000 liability and showing the City of Alcoa as an |
| Signature of Applicant: | Date: |
| Signature of Sponsor (beer permit holder) | Date: |
| Permit Approved: | Date: |
| City Manager | |
| I have been advised of and will abide by all comments | and/or special provisionsApplicant |
| | Date |
| | |
| | |



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| Please check here if applicable BEER PERMITS (continu | ıed) |
|--|--|
| PART 2. NEW SPECIAL EVENT BEER PERMIT HOLDER APP | PLICATION |
| AUTHORIZATION: By submitting this application, I hereby authorize the City of Alcoa to us background checks necessary to ascertain whether or not I meet the requirements for being g | |
| APPLICANT INFORMATION: Full name of applicant: | |
| ☐ Person ☐ Firm ☐ Corporation ☐ Joint-Stock Company | Syndicate Association Other |
| Social Security # Primary Phone | Alternate Phone |
| Date of Birth/ Place of Birth (city, state, country) | · · · · · · · · · · · · · · · · · · · |
| Driver License # State of Issuance | |
| Applicant's present home address and dates lived at this residence: | |
| List addresses of places of residence for the last ten years and respective dates: | |
| Has the Applicant had a beer permit revoked, suspended, or denied in the State of Tenn ☐ Yes ☐ No. If yes, specify where, when, and why. | nessee? |
| WILL ANY OTHER EXISTING ALCOA BEER PERMIT HOLDERS ASSIST IN THIS EVENT If yes, please list names here: | |
| SITE PLAN REQUIRED: Indicate on the attached Site Plan the proposed locations for dismeasures to ensure that dispensing of beer at the event is properly managed. | spensing beer including fencing or other physical control |
| HOW WILL THE DISPENSING OF BEER BE MANAGED? Describe below the procedures p accordance with State and local law. For example, will attendees be pre-qualified and issued any additional information that would be helpful in gaining approval of the permit. | |
| | |
| | |
| | |
| INSURANCE REQUIREMENTS: Provide a Certificate of Insurance stating the limits of \$1,000,0 insured. (please attach) | 000 liability and showing the City of Alcoa as an additionally |
| Signature of Applicant: | Date: |
| Pormit Approved | Dotor |
| Permit Approved:City Manager | Date: |
| | |



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| FOR INTERNAL USE ONLY | | | | | | |
|--|------------|----------------------|----------|-------------------------------|--|---|
| EVENT NAME | | | | | | |
| TYPE: Run/W | alk/Race | ☐ Para | nde/Marc | h 🔲 Fair/Festival | ☐ Concert ☐ Wedding | ☐ Other |
| WHERE | | | | | | _WHEN |
| CONTACT NAME | : | | | | | |
| | | | | | | |
| 1 | | | | | SSISTANCE OR SERVICES | |
| ☐ Beer Permit☐ Fire Apparatus | | ound Per mbulance | | ☐ Vendor Permits ☐ Paramedics | ☐ Insurance Required ☐ Inspections-Tents, An | ☐ Traffic Control ☐ Event Security |
| Street/Greenw | | | 3 | ☐ Detour Signage | Other Signage | Garbage/Recycle Containers |
| Litter Pick-up | | | oenina | ☐ Special Electric S | | ☐ Special Water Service |
| | | | | - Opecial Electric S | | - Special Water Service |
| | | | | | | |
| reimbursement co | st based o | n estima | ted pers | onnel, equipment, mat | | roval/disapproval of the event; provide a collectable to conduct the event using the current rate schedule; |
| | APPRO\ | /ALS: | | TOTAL COSTS | CONI | DITIONS / COMMENTS: |
| City Recorder: | ☐ Yes | □ No | □ N/A | \$ | | |
| Police: | Yes | □No | □ N/A | \$ | | |
| Fire: | Yes | □ No | □ N/A | \$ | | |
| Public Works: | Yes | □ No | □ N/A | \$ | | |
| Codes: | Yes | □ No | □ N/A | \$ | | |
| Electric: | Yes | □No | □ N/A | \$ | | |
| Water: | ☐ Yes | □No | □ N/A | \$ | | |
| | Ev | ent Tota | l Costs: | \$ | | |
| CITY MANAGER APPROVAL: Subject to the payment of all fees and complying with all other laws, regulations and stipulations. | | | | | | |
| City Manager | | | | | _ | Date |
| | | | | | | |

SpecialEventApplication 2016-07-07 Revised

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