



## SPECIAL EVENT APPLICATION

All small event applications must be submitted no later than 60 days and large event 120 days prior to the date of the Special Event.

**Special Event Permits are:**

Date Received: \_\_\_\_\_

\$10 –Small Event (0-999)

\$100-Medium Event (1,000-74,999)

\$150 Daily-Large Event (75,000+)

### Section I : Applicant Information

**Organization/Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

Email address: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

**\* Please supply a number that will be accessible during the proposed event.**

**Media Contact Person** (To be placed within the County Website): \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

### Section II: Event Information (Information may be posted on the County's Website and/or Calendar)

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

**Purpose and Description:** \_\_\_\_\_

**Event Location Name:** \_\_\_\_\_ Is location reserved? Yes  No

**Address:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

Public Property  Private Property

**Event Start Date:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_

**Event Hours of Operation:** \_\_\_\_\_

**Event End Date:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_

**Setup Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_

**Dismantle Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_

**Event Type (check ALL that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bicycle/Foot Race        | <input type="checkbox"/> Dance                | <input type="checkbox"/> Parade           |
| <input type="checkbox"/> Fireworks                | <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Procession/March |
| <input type="checkbox"/> Carnival/Amusement Rides | <input type="checkbox"/> Haunted House        | <input type="checkbox"/> Rally            |
| <input type="checkbox"/> Circus                   | <input type="checkbox"/> Inflatables/Jumpers  | <input type="checkbox"/> Vendor Sales     |
| <input type="checkbox"/> Concert/Performance      | <input type="checkbox"/> Farmer's Market      | <input type="checkbox"/> Other: _____     |

Is this an annual event? **Yes**  **No**  How many years have you been holding this event? \_\_\_\_\_  
Do you intend to charge any fees for this event? **Yes**  **No**

If yes, please provide price categories \_\_\_\_\_  
\_\_\_\_\_

<b>Age Range</b> _____	<b>Anticipated Attendance</b> Per Day: _____ Total: _____	<b>Past Attendance</b> Per Day: _____ Total: _____
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Have you made initial contact with residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? **Yes**  **No**

If yes, please list, **ATTACH** samples and/or describe communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section III: Street or Right-of-Way Closure Information

Does your event involve any street, sidewalk, alley or public right-of-way closures?  
**Yes**  **No**  (If No, Skip to Section IV)

If yes, please **ATTACH** a map of indicating all streets or sidewalks you are requesting to close.

Date(s) of closure: \_\_\_\_\_  
Time of closure: \_\_\_\_\_  
Street name(s): \_\_\_\_\_

**Barricade Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** Day \_\_\_\_\_ Evening: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Barricade Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Barricade Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Section IV: Dust Control Information

Does your event utilize any dirt or graveled roadways, entrances, or parking areas (including overflow)?  
**Yes**  **No**  (If No, Skip to Section V)

How large of an area will be utilized for parking? (square footage or acreage): \_\_\_\_\_  
What type of surface is the parking area? **Paved**  **Dirt**  **Other**  \_\_\_\_\_  
What length of dirt road will be utilized by people attending? (miles): \_\_\_\_\_

Will water trucks be used? **Yes**  **No**  How will the water trucks be used?

Length (miles) of road to be watered: \_\_\_\_\_  
Square footage or acreage of parking areas to be watered: \_\_\_\_\_  
Describe any other areas to be watered: \_\_\_\_\_  
List the size of each water truck (gallons): Truck 1 \_\_\_\_\_ Truck 2 \_\_\_\_\_ Truck 3 \_\_\_\_\_  
List the schedule of each water truck: Truck 1 \_\_\_\_\_ Truck 2 \_\_\_\_\_ Truck 3 \_\_\_\_\_

**For additional trucks, attach a schedule giving the size (gallons) and hours of operation for each water truck.**

Will dust palliatives or soil stabilizers be used? **Yes**  **No**

How large of an area will soil stabilizers be applied to? (miles, square footage or acreage): \_\_\_\_\_  
Describe any additional control measures (Examples: Plant grass in parking areas): \_\_\_\_\_

How large of area will the additional measures be applied to? (miles, square footage or acreage): \_\_\_\_\_

This constitutes a checklist of issues that pertain to the duty to take reasonable precautions to prevent fugitive dust, required by Air Quality Rule §4-2-050. While this review may exist, actual compliance with those “reasonable precaution” obligations can only be assessed by observation during the event. Additional control measures may be requested and enforcement action may result if actual measures taken do not measure up to the “reasonable precaution” standard.

**Section V: Alcoholic Beverage Information**

Does your event involve distribution of alcoholic beverages? **Yes**  **No**  (If No, Skip to Section VI)  
**If Yes**, please select all that apply:

Spirituous Liquor  Beer  Wine

Is the distribution by an existing licensed establishment? **Yes**  **No**

Please list or attach a complete list of all alcohol vendors/bartenders service information.

**Name of Vendor** \_\_\_\_\_

**License Number and Date of Expiration** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** (Day) \_\_\_\_\_ Evening \_\_\_\_\_ Cellular \_\_\_\_\_

Have **County** and **State** permits for handling alcohol been applied for? **Yes**  **No**

Have **County** and **State** permits for handling alcohol been obtained? **Yes**  **No**

**Name of Vendor** \_\_\_\_\_

**License Number and Date of Expiration** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** (Day) \_\_\_\_\_ Evening \_\_\_\_\_ Cellular \_\_\_\_\_

Please list or **ATTACH** the exact event location(s) and times for alcohol sales:

**Location(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

How will attendees be identifies as minors or over age 21? \_\_\_\_\_

Information regarding a liquor license can be found at <http://www.azliquor.gov/licensing/>.

**Section VI: Food and Vendor Information**

Will food be provided at your event? **Yes**  **No**  (If No, Skip to Section V)

**If Yes**, please describe in detail how food will be provided. If food vendors will be present please, **ATTACH** a complete list of all food vendors and a site plan showing vendor location.

(NOTE: The event coordinator must submit an application for the event and for each food vendor at the event along with all fees to Pinal County Environmental Health for review and approval. Applications and fees must be received at least two weeks prior to the date of the event)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Have you submitted temporary food booth permit applications to Pinal County Environmental Health?  
**Yes**  **No**   
If Yes, please provide a copy of the permit application(s): \_\_\_\_\_

**Section VII: Logistical Information**

Are you using any tents? **Yes**  **No**   
If Yes, # of tents: \_\_\_\_\_ Sizes: \_\_\_\_\_

Will you be utilizing a stage or dance floor? **Yes**  **No**   
If Yes, # of stages: \_\_\_\_\_ Sizes: \_\_\_\_\_

Will there be showers at this event? **Yes**  **No**   
If Yes, # of showers: \_\_\_\_\_

Total number of: **portable restroom units:** \_\_\_\_\_ **ADA portable restroom units** \_\_\_\_\_  
**Portable Restroom Unit Provider:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_  
Toilet Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Toilet Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please **ATTACH** an agreement between your organization and portable restroom provider to include the number of toilets to be provided. Please note that for events held in parks, portable toilets must be removed in a timely manner after the event.

**Section VIII: Entertainment Information**

Is there entertainment associated with your event?  
**Yes**  **No**  (If No, skip to Section IX)

If Yes, please indicate the types of entertainment (check all that apply):  
 Live Music       Disc Jockey (DJ)       Children's Activities       Animal Acts  
 Theatrical Performance       Dancing       Other: \_\_\_\_\_

Please list all bands/performers/acts and **ATTACH** a list of the performance schedule. Please note that music volumes and lyrics must be appropriate for a public gathering.

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

Will sound checks be conducted prior to the event? **Yes**  **No**   
If Yes, Start time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Do you plan to have a dance to either live or recorded music at your event? **Yes**  **No**

If Yes, please describe: \_\_\_\_\_

Please describe the sound equipment that will be used for your event: \_\_\_\_\_

\_\_\_\_\_

**Section IX: Fireworks and Open Burning Information**

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

Yes  No

If Yes, have COUNTY permits for pyrotechnics been applied for and/or obtained?

Yes  No

Please describe pyrotechnics use: \_\_\_\_\_

\_\_\_\_\_

Will your event include any open outdoor fires?

Yes  No

If Yes, have the appropriate Air Quality Burn Permits been applied for and/or obtained?

Yes  No  If Yes list the Burn Permit Number: \_\_\_\_\_

Please describe types of fires that are planned:

\_\_\_\_\_

**Section X: Marketing Information**

Will this event be marketed, promoted, or advertised in any manner? Yes  No

If Yes, please indicate the types of advertising (check all that apply):

Local Radio     National Radio     Local TV     Cable TV     Local Newspaper  
 Billboards     Direct Mail/Fliers     Internet     Email     Other \_\_\_\_\_

Please explain marketing plan (list radio, newspaper, TV stations and websites) and ATTACH planned promotional materials: \_\_\_\_\_

\_\_\_\_\_

Will there be live media coverage during the event? Yes  No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Section XI: Site Plan**

Please ATTACH your event site plan and route map. Your site plan should include the following (if applicable):

- An outline of all event venues including the names of all streets and areas that are part of the venue and a north point indicator
- Any requested streets, sidewalk or right-of-way closures
- The location of tents, fencing, barriers and/or barricades and exit locations. Please indicate any removable fencing for emergency access

- If the event involves a moving route of any kind (parade, foot race, etc), indicate the direction of travel
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, first aid stations, ambulances, portable toilets, booths, cooking areas, fire extinguishers, trash containers, dumpsters, public water sources and other temporary structures
- Fire Department access and location of water source
- Alcohol sale and consumption areas
- A detail of food booths and cooking area configurations, including booth identification of all vendors cooking with flammable gases or barbecue grills
- Generator locations and/or source of electricity
- Propane/LPG tank locations
- A lighting plan if the event should take place during evening hours
- Parking locations for patrons
- News and media staging area
- Event staff staging area

## Section XII: Security Plan

Please note that your local fire district and various Pinal County departments must approve your security plan.

Please **ATTACH** your event security plan. Your site plan should include but is not limited to the following:

- **Emergency Contact information DURING event:**

**Name** \_\_\_\_\_ **Number** \_\_\_\_\_

- A description of your security plan, including crowd control measures and internal security or venue safety measures.
- The number of officers, POST-certified-off-duty law enforcement personnel and private security guards which the Applicant plans to hire.
- A description of your medical plan including the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event.

- **Please provide emergency contact information for medical service provider DURING event:**

**Name** \_\_\_\_\_ **Number** \_\_\_\_\_

## Section XIII: Other

Please list any other requirements or special requests your event may have: \_\_\_\_\_

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## Section XIV: Insurance Information

**Upon review of your Special Event Application, The Pinal County Risk Manager will assess insurance requirements based on the scope of your event.** If your event takes place on County property, you will be required to provide insurance for your event. Complete and accurate insurance certificates must be received by the County a minimum of ten (10) working days prior to the event. Event permits will not be issued until all insurance requirements are met and a certificate of insurance has been submitted to the County.

## Indemnification

In consideration of the approval of a Special Event Permit by Pinal County, the Special Event Sponsor (“Sponsor”) shall indemnify, defend, save and hold harmless Pinal County, its officials, agents, employees and volunteers (“County”) from and against any and all claims, actions, liabilities, damages, losses, or expenses including court costs, attorneys’ fees, and costs of claim processing, investigation and litigation caused, or alleged to have been caused, in whole or in part, by the acts or omissions of Sponsor or any of its owners, directors, employees, agents, contractors or volunteers except for claims arising solely from the negligent acts or omissions of County. It is agreed that Sponsor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. Sponsor agrees to waive all rights of subrogation against County for losses arising from the Special Event.

## Section XV: Signature

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Pinal County Special Event Ordinance, and I understand that this application is made subject to the rules and regulations established by Pinal County. Applicant agrees to comply with all other requirements of the County, State and Federal Government and any other applicable entity, which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this permit, I agree to pay all possessory interest taxes and the County shall not be liable for the payment of such taxes. I further agree to abide by these rules and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to Pinal County.

(Please print)

**Applicant Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_