



CITY OF EVANSVILLE SPECIAL EVENTS INSTRUCTION SHEET

No person, firm, organization, or group of individuals shall hold or participate in a Parade – Run/Walk or Festival (Not-For-Profit Organizations) in the CITY OF EVANSVILLE unless first having obtained a permit therefore and paid to the CONTROLLER of the CITY OF EVANSVILLE for such permit.

The BOARD OF PUBLIC SAFETY shall adopt regulations pertaining to parades, run/walks and festival and the application for permits therefore, and upon approval of such application by the BOARD OF PUBLIC SAFETY and the payment of said fee, such permit shall be granted and said permit shall be valid only for the date, hour and route or location specified in said permit.

There are to be no signs advertising the event posted in the right of way inside the City Limits.

For all events please fill out the 1st page and the top of 2nd page. Check the type of event you are requesting the permit or permission for.

Festival Permits are \$25.00. Complete page 2, initial the final three items on page 2 and **sign before a notary** on page 6.

Parade – Run/Walk Permits are \$5.00. Complete pages 3-4 and **sign before a notary** on page 6.

If you require barricades, fencing, electricity and/or water for your event please fill out page 5. You will also need every volunteer to fill out the volunteer barricade waiver, release and express assumption of risk agreement.

Courtesy of the Welborn Baptist Foundation we offer an event bicycle rack that can be obtained by calling the Metropolitan Planning Organization at 436-7833.

Parade – Run/Walk Permits - Contact the Lieutenant of Patrol Headquarters at 812-436-7939 or the Sergeant at 812-436-7978 reference to security issues for traffic control and other matters concerning the event.

Festival Permits - Must be signed by the Lieutenant or Sergeant of Patrol Headquarters of the Evansville Police Department as well as representatives with the Evansville Fire Department and Health Department. The Board of Public Safety Secretary will scan your request and forward by email to these individuals for signature if the application is received at least 30 days prior to the event.

You can submit your application to the below address either in person or by mail:

Board of Public Safety
C/o Evansville Police Department
15 NW Martin Luther King Blvd.
Evansville, IN 47708

Additional Information required from event producer/contact:

1. Notify affected business and residents of street closures.
2. Provide **map** showing streets to be blocked, or if a run/walk/parade **list street by street route** and also provide a **detailed map**. *Map should be on 8.5 x 11 paper.*
3. The event producer/contact is responsible for all debris pickup and removal associated with the event.
4. **Certificate of Insurance** that covers the date(s) of the event showing the City of Evansville as additional insured. Minimum requirement will be \$750,000.00 (seven hundred and fifty thousand) per occurrence and \$2,000,000 (two million) Aggregate Liability Insurance. Any event involving alcohol will require a minimum liability insurance in the amount of \$3,000,000 (three million) this is subject to change upon review from legal counsel. Board of Public Safety Secretary will notify you of any increase requirements.

Event Name: _____ Event Date _____

LIABILITY INSURANCE COVERAGE:

AGENCY: _____ AMOUNT _____

Certificate of Insurance (COI) must be included with the application. (See attached example COI as reference) The City of Evansville must be listed as an additional insured on the certificate. The application and insurance information is forwarded by the Board Secretary to Legal Counsel for review. Legal Counsel determines if the amount on the insurance coverage is adequate before the request is sent to the Board for approval. If a change in insurance coverage is required, the Board Secretary will notify the event organizer.

Will any sidewalk, street or other city property be used? _____

Will there be rides? _____ Will any parks property be used? _____

Will alcohol be served at this event? _____ if yes, please note that no alcoholic beverages can be served or sold on a city right-of-way. Please indicate below where the alcohol will be served and the type of security you will be using regarding the sale/service of alcoholic beverage. Please provide a copy of the Application for Temporary Beer/Wine Permit issued by Indiana State Excise.

Please indicate how your organization will clean up the area of debris after the event: _____

Length of Parade – Run/Walk _____

Number of Persons in Parade – Run/Walk _____

Number of Vehicles in Parade – Run/Walk _____

What arrangements have been made to secure the safety and protection of the participants in this event for traffic hazards? _____

Please indicate what methods will be used to clean up debris from the route once the event has ended:

Regulate the conduct of the participants in the event so that the event is conducted in a safe and orderly manner.

Initial here _____

Investigate any complaints by the public concerning the conduct of the participants involved.

Initial here _____

Notify the appropriate law enforcement agencies of any suspected activities of the participants which may be a violation of State Law or Local Ordinance.

Initial here _____

Event Name: _____ Event Date _____

The following must be provided and/or complied with:

1. Plans to handle traffic at all intersections. This includes intersections where there are traffic lights or going through stop signs.
2. A map and complete detailed description of the route must be prepared and presented for approval by the Evansville Police Department.
3. Volunteers to be used at intersections must be at least 18 years of age and wear some type of distinctive uniform (military, etc.) or a tee shirt identifying the organization or a reflective traffic vest.
4. A minimum of 30 minutes prior the start of the event you must present verification to the designated officer in charge that all traffic control personnel are in place at the intersections along the route.
5. Present plans for providing emergency services (ambulances etc.) - when required - for personnel participating in the event.
6. Display the permit issued by the City Controller Office.

***FAILURE TO COMPLY WITH THESE INSTRUCTIONS COULD RESULT IN THE
CANCELLATION OF THE EVENT***

Event Name: _____ Event Date _____

BARRICADE REQUEST:

If you need any of the following items for your event please fill this section out in its entirety. This form will be forwarded to Board of Public Works after approval of the special event permit:

Are you a non-profit organization? _____

Will barricades be needed? _____ If so, how many: _____

Please indicate what date and time you will put the below items into place and when they will be removed:

Beginning Date ____/____/____ Beginning Time ____:____

Ending Date: ____/____/____ Ending Time: ____:____

***** Please supply a detailed listing of the intersections where barricades are to be placed as well as a corresponding map. *****

Will fencing be needed? _____ How many feet? _____

Will electricity be needed? _____ Will water be needed? _____

Will special signage be required (No Parking, Detour, and Road Closing): _____

Approved by BPW: _____
Date Signature

***** At the end of the event please note: It is the responsibility of the event organizers to ensure that barricades are moved to a safe location out of the public right-of-way. Any “No Parking,” “Road Closed Ahead,” & “No Left/Right Turn” signs should be covered up or removed. If removed please place with the barricades. *****

BARRICADES WILL NOT BE SUPPLIED UNLESS PROPER INSURANCE IS PROVIDED AND EVERY PERSON HANDLING BARRICADES HAS FILLED OUT A VOLUNTEER WAIVER FORM.

Event Name: _____ Event Date _____

Additional Contact Information: Please list alternate people that we can contact if we are not able to contact the person on the front of the application.

Name: _____
Person &/or Producer to be contacted regarding the event

ADDRESS: _____
Street City State Zip

CONTACT INFO: _____
Day Phone Cell Phone Fax E-mail

Name: _____
Person &/or Producer to be contacted regarding the event

ADDRESS: _____
Street City State Zip

CONTACT INFO: _____
Day Phone Cell Phone Fax E-mail

Application must be notarized:

I, _____, state that the facts in the application for the Special Event Permit are true as I am informed and verily believe.

SIGNATURE: _____

Printed name and title: _____

SUBSCRIBED AND SWORN BEFORE ME, A NOTARY PUBLIC IN AND FOR THE COUNTY OF VANDERBURGH COUNTY, STATE OF INDIANA.

THIS _____ DAY OF _____ 20 _____

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC: _____

RETURN TO:

**CITY OF EVANSVILLE
BOARD OF PUBLIC SAFETY
15 NW ML KING JR. BLVD.
EVANSVILLE, IN 47708**

Board of Public Safety
Evansville, Indiana