EVENT ON CITY PROPERTY REQUEST



PLEASE COMPLETE ALL SECTIONS THAT ARE APPLICABLE TO YOUR EVENT

NAME OF EVENT:							
LOCATION(S) OF EVEN	T:						
DATE(S)/TIME(S) OF EV	ENT:						
ORGANIZING AGENCY	:						
CONTACT NAME: _ CONTACT NUMBER: CONTACT E-MAIL:	-						
Type of Event (Please Circle	e All That Apply)						
Parade	March 1	Protest	Event in City Par	·k F	un Run	Street Closu	ire
Federal Observation	on (Other:					
If Street Closure, please adv	ise of location(s) of	f Street Clos	sure(s) together w	ith dates ar	nd times:		
Will this event require a noi If yes, please advise what da							NO
than one week prior to the e Will this event require a pic. If yes, please attach propose and a copy of the completed without a waiver from the C	nic license for alcoh d map of area where picnic license appli lovis City Commiss	nol? (please e alcohol is ication. Plesion.	circle one) YES to be served, toge ease Note - Alcoho	NO ether with a ol cannot b	a letter stati e located w		
Will this event have a bound If yes, please provide a copy							
Are rental of City items requ If yes, please check items re		le one) YE	S NO				
• Stage Rental (\$250 hours)	per bleacher, per da 0.00 during normal v	working ho	urs. Additional \$	15/hr per e			of working
Will police or ambulance sta If yes, please check standby			please circle one)	YES N	0		
 Police standby/esc (\$50.00 per hour p Ambulance standb (fee set by state) 							
Certificate of Liability Insamount of \$1,000,000.00 p							ional insured in the
	er occurrence, with			•	-		
PRINT NAME:				—— Date:			

This Section for Completion by City of Clovis Staff



rne Department Comments				
Cost of event per hour/number of personnel:	Total cost:			
Approved/disapproved (please circle one)				
	rint Name:			
Title: D	Print Name:			
Parks Department Comments:	m . 1			
Cost of event per hour/number of personnel:	Total cost:			
Approved/disapproved (please circle one)				
Signature:	Print Name:			
Title:	Date:			
Police Department Comments: Cost of event per hour/number of personnel:	Total angle			
Cost of event per nour/number of personner:	1 Otal Cost.			
Approved/disapproved (please circle one)				
Signature:	Print Name:			
Title:	Date:			
Public Works Department Comments:				
Cost of event per hour/number of personnel:	Total cost:			
Approved/disapproved (please circle one)				
Signature:	Print Name:			
Title:	Date:			
Additional Department Comments: Cost of event per hour/number of personnel:	Total cost:			
cost of event per noul/number of personner.	1001 0051			
Approved/disapproved (please circle one)				
Signature:	Print Name:			
Title:	Date:			
For Completion by City Administration				
Total cost of event:	<u> </u>			
Date fees paid:	Cash/Check (please circle one)			
Date proof of insurance provided:				
Administration recommendation:				
Reviewed By City of Clovis (please circle one) Approved	Disapproved			
City Manager Signature:	Date:			