



City Of Shenandoah

500 W. Clarinda Avenue P.O Box 338

Phone (712) 246-1213 Fax (712) 246-5121

Public/Private Event Request Form

Please ensure this form is completed in its entirety as incomplete forms will be returned. Final approval will be determined by the Shenandoah City Council once all information has been received. Please submit form 30 days before the event date to allow adequate time to process the request. It is requested that a representative of the event attend the Shenandoah City Council meeting where the event is listed on the agenda.

RETURN TO: Shenandoah Clerk's Office/City Hall 500 W. Clarinda Ave, Shenandoah, Iowa 51601.

1. APPLICANT INFORMATION

Applicant: _____

Name of Event: _____

Coordinator: _____

Mailing Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Email Address: _____

2. EVENT INFORMATION

Type of Event with description:

Open to Public

Private Event

Event Date:

Event Time(s): (Include Set Up/Tear Down)

Event Location:

Will event require an alcohol license or modification of an already existing alcohol license? Yes No

For events with temporary outdoor service and/or beer garden the City's Outdoor Service Application must be filled out.

REQUESTED/ADDITIONAL INFORMATION (Check All Applicable)

Temporarily close a street (specify street):

If closing street, applicant must notify affected owners/residents – describe how residents will be notified.

Use of City Park (specify park)

Parade

Walk/Run (attach map of route and specify streets to be closed)

Tent(s) – over 400 sq ft or canopies over 1,000 sq ft

Food Truck/Mobile Food Unit (Note, an application and permit must be submitted to the City of Shenandoah for truck/unit).

Power/Electric boxes (\$50.00 fee)

Other (please specify):

****(FOR PRIVATE EVENTS APPLICANT WILL BE RESPONSIBLE FOR THE COST OF LABOR FOR STREET CLOSURE AND REOPENING, OR OTHER COSTS INCURRED BY THE CITY TO FACILITATE THE EVENT.)**

3. ITEMS REQUESTED FROM THE CITY OF SHENANDOAH FOR THE EVENT (Check all that apply.)

Street barricades (\$25) Emergency "No Parking" Signs (\$25) Trash Cans (\$50)

Picnic Tables (\$100) Other (please specify):

4. SOUND SYSTEMS

Please indicate if the following will be used during the event:

Amplified Sound/Speaker System Live Music Recorded Music

5. SANITATION/TRASH

Applicant is responsible for the clean-up of the event area immediately following the event, including trash which must be hauled away by the organizer.

Will additional restroom facilities be brought to the event? ___Yes ___No If yes, how many? _____

Please name the responsible person or contractor for clean-up and trash removal:

Contact Person: _____ Address: _____

Daytime Phone: _____ Evening Phone: _____

(EVENT APPLICANT WILL BE INVOICED FOR ANY ADDITIONAL COST THAT IS INCURRED BY THE CITY OF SHENANDOAH FOR CLEAN-UP OR TRASH REMOVAL AFTER AN EVENT).

6. SECURITY

Police personnel may be requested or may be required by the Chief of Police, at the applicant's expense, for the event. Those requiring an alcohol license are required to have security through the City.

What type of security will be needed or provided for the event?

7. INSURANCE. General liability insurance is required of the applicant for an event on public property.

Council approval of public property requested: Yes No

___Certificate of Insurance provided and accepted ___Certificate of Insurance not required

If public property will be used, please provide a brief description of the event:

Describe the Benefit to the Public:

Registration Fee(s), if applicable: _____

Registration will pay for: _____

Applicant Signature

Date

DEPARTMENT APPROVALS (office use only)

POLICE DEPARTMENT (If applicable)

Signature: _____ Date: _____

Recommendations: _____

Estimated Dept Costs:

STREET DEPARTMENT (If applicable)

Signature: _____ Date: _____

Recommendations: _____

Estimated Dept Costs:

PARK & REC DEPARTMENT (If applicable)

Signature: _____ Date: _____

Recommendations: _____

Estimated Dept Costs:

CITY COUNCIL APPROVAL (If Applicable)

City Administrator Signature

Date

Approved: _____ Denied: _____

ESTIMATED TOTAL CHARGES: