



**CITY OF MOUNT VERNON
PARADE AND EVENT APPLICATION**

PLEASE COMPLETE AND RETURN TO:

40 PUBLIC SQUARE, MOUNT VERNON, OH 43050 - (740) 393-9517 OR
clerkofcouncil@mountvernonohio.org

****INCOMPLETE APPLICATIONS WILL NOT BE APPROVED****

Name of Event _____

Date of Event _____ **Hours of Event** _____

1. Name of Applicant: _____

Applicant Address: _____

City _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell** _____ **Business** _____

Email Address: _____

Location Proposed: _____ **Estimated Attendance:** _____

Brief description of event including purpose: _____

2. Additional Services Requested

Please indicate whether any city services are requested. The applicant shall reimburse the City at actual cost.

_____ Police Presence (additional Police Services Contract may be required)

_____ EMS Presence

_____ Additional trash/recycling receptacles including pick-up and removal

_____ *Port-a-lets (additional fees may apply)

_____ Barricades (Attach map of intended placement)

_____ Other _____

****IF BASED ON THE SIZE AND/OR TYPE OF EVENT, THE CITY DETERMINES THAT ADDITIONAL SERVICES ARE REQUIRED, THE APPLICANT WILL BE REQUIRED TO PROVIDE THEM.****



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3. Will tents/temporary structures be used? _____ *Yes _____ No

***No tents, inflatable toys, or other structures may be erected without first contacting the City of Mount Vernon's Parks Department at (740) 393-9501.**

Size(s) _____ Location(s) _____

4. Will food or alcohol be served? _____ *Yes _____ No

***If yes, please contact Knox Public Health at (740) 392-2200 (<https://www.knoxhealth.com/>) or the Ohio Division of Liquor Control at (614) 644-2360 (<https://com.ohio.gov/liqr/>)**

5. Will you be using any of the following?

Extension cords _____ Existing Electric _____ Generators _____

6. Please list the name(s), address and contact telephone number for the person(s) who will be in charge during the event:

Name(s) _____

Address _____

Phone _____

7. Acknowledgements and Release of Liability

The applicant, on behalf of any organization he/she is representing, agrees to hold harmless the City of Mount Vernon and its representative employees, agents and assignees from any and all liabilities, whether to persons or property, as the result of negligence on the part of said individual or organization, or the acts of any of its agents or anyone visiting the park or fields upon the invitation of said applicant. If the event is for profit the applicant shall be required to provide a certificate of insurance with this application to insure against claims for injuries to persons or damage to property, which may arise from or in connection with this event. Public liability and property damage insurance shall cover the participants, products, complete operations and contractual liability with limits of no less than \$1,000,000 general liability with the City of Mount Vernon named as an Additional Insured.

Signature of Applicant: _____ Date: _____

(Office Use Only)

Date Received: _____ Reviewed by: _____ Approval: Yes _____ No _____

Approved by: _____ Date: _____

Comments: _____

Fee for additional services: _____ Deposit returned (if applicable): _____



INDEMNIFICATION - HOLD HARMLESS

I understand that I am requesting the use of a specific area of public property for the purpose of the event described above. The applicant agrees to defend, indemnify and hold the City of Mount Vernon, its agents, employees and officials, while acting within the scope of their duties, harmless from any and all claims, suits, demands and judgments including the attorney's fees and other costs of their defense, for public or private nuisance, inverse condemnation, personal injuries, property damage or death arising out of, occurring during or the result of activities or appliances of the applicant, their employees or otherwise, except for the sole negligence of the City. The applicant further agrees to comply with all provisions of the Codified Ordinances including Sections 529.02(Alcoholic Beverages Prohibited), Chapter 931(Parks and Playgrounds; Camping), 1175.08(Temporary Signage Prohibited) and understand and will abide by the terms thereunder.

This permit may be revoked at any time.

Applicants Name

Authorized Signature

Date

INSURANCE

If the event is for profit the applicant shall be required to provide a certificate of insurance with this application to insure against claims for injuries to persons or damage to property, which may arise from or in connection with this event. Public liability and property damage insurance shall cover the participants, products, complete operations and contractual liability with limits of no less than \$1,000,000 general liability with the City of Mount Vernon named as an Additional Insured.

In accordance with the provisions of the Codified Ordinances, the City of Mount Vernon has reviewed this application and hereby grants the issuance of the permit in accordance with the above information. Failure to do so may result in the permit being revoked and/or any other appropriate penalties as provided by law.

SPECIAL RESTRICTIONS

Safety Service Director and/or Designee

Date