



**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**

_____ **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.****



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 Public Buildings & Land Department at (740) 393-9581.**

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): _____