



Fountain Inn City Hall
200 N Main Street
Fountain Inn, SC 29644
Phone: (864) 724-8044

SPECIAL EVENT PERMIT APPLICATION

This application must be completed and submitted to the City Hall no fewer than sixty days (60) days prior to the start of the event. Any misrepresentation or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. All questions must be fully answered. If a question does not apply, please write "Does not apply" in that space. Please type or print the information clearly. You may attach additional sheets as necessary.

The information requested by this form will be used to determine your eligibility for the permit requested. Completed forms may be released upon the request of any citizen as provided by the Freedom of Information Act. Completion of the form is voluntary; however, failure to do so will prevent processing of your application. Incomplete applications will be returned

Name of Event: _____

Date(s) of Event: _____

Specific Location of Event: _____

Type of Event: Public Private

Applicant (PERSON in charge of Event): _____

Best Contact Number: _____

Street Address: _____ Suite/Apt. #: _____

City: _____ State: _____ Zip: _____

Email: _____

Event Description

Describe the type and size of event (location, how much area to be used, stages, entertainment, etc.) for which you are seeking a permit. Please use the back of this application or a separate sheet to draw a simple sketch showing streets to be closed, placement of tents, stages, etc.

The event will begin at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

The event will end at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Set up will begin at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Roads will be closed at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Roads will be re-opened at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Organization Representing:

Is this a charity or non-profit organization? YES NO

If YES, type of non-profit: 1C-3 1 C-6 Place of Worship

Please submit a copy of the IRS letter for the non-profit organization.

Does your event carry liability insurance listing the City as co-insured? YES NO

Will your event use amplified sound? YES NO

If you answered YES, what will it be used for?

Will you require the use of the stage owned by the City for this event? YES NO

If YES, see attached Stage Reservation Policies and Stage Rental Agreement

Do you plan to sell or serve food and beverages at the event? YES NO

(Note: All DHEC regulations must be followed)

If you answered YES, describe the types of food and beverages to be served: _____

Will there be any cooking with grease? (Note: Grease mats are required) If YES NO

you answered YES, how do you plan to dispose of the grease? _____

Do you anticipate serving or selling alcoholic beverages at the event? YES NO

If YES, type: Beer/Wine Liquor Drinks

Alcohol permit is required.

Please give specific location(s) of where the alcohol will be served: _____

How will the event prevent underage drinking: _____

Will your event include pyrotechnics (fireworks)? YES NO

Event Set Up

Will tents be used for the event? (Note: Metal stakes are not permitted)

YES

NO

If YES, list the number of tents, size, type, and locations:

Will any signs or banners be erected?

YES

NO

If YES,, list the size(s) and location(s):

Will generators be used?

YES

NO

If YES, list number, size, and locations:

Have arrangements been made for restroom facilities?

YES

NO

If YES, list location(s) of facilities:

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability both ADA accessible and non-accessible facilities in the immediate area of the event site, which will be available to the public during your event. The City of Fountain Inn recommends one (1) chemical or portable toilet for every 250 people or portion thereof who attends your event. Ten percent (10%) of these facilities should be ADA accessible. This figure is based upon the maximum number of attendees at your event during peak time. The City of Fountain Inn may determine the total number of required restroom facilities on a case-by-case basis.

Describe any revenue to be generated from admission fees, solicitation from spectators, concessions or any other source:

Will the proceeds benefit any organization?

YES

NO

If YES, list the name of organization: _____

Describe sanitation provisions (trash cans, event clean up):

Who is providing the above provisions?

City Services

Do you need the City of Fountain Inn to provide any of the following services?

(Reimbursement to the City will be required for these services\ The fee is based on application.)

Roll Carts: YES NO How many? _____ Location(s): _____

Date and time roll carts are to be emptied: _____

Date and time roll carts are to be picked up: _____

Barricades: YES NO How many? _____ Location(s): _____

Who will be responsible for placing barricades? _____

Will City personnel be responsible for street and property clean-up? YES NO

Describe any power needs and location of power source(s):

Safety and Security

What arrangements have been made for medical assistance, if needed?

The City of Fountain Inn Police Department will determine if police presence is needed on site during the event.*(Security fee is \$35 per officer, and one officer is required for every 100 people)*

Have you contracted for mechanical rides, space walks, or other attractions? YES NO

If YES, list the company and any details:

Rain Policy for Event: _____

List the name(s), location(s), and date(s) of special events you have staged over the past five years:

Hold Harmless Clause

Permittee/organization hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, when directly caused in whole or in part by the permittee. Notwithstanding the foregoing, permittee will not be liable for damage or injury arising out of the negligence of the City or its officers, agents, and employees. Permittee hereby expressly agrees to defend and save the City harmless from any penalties for violations of law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries resulting from the negligence or intentional acts or omissions or its officers, agents and employees, except to the extent and percentage attributable to the negligence or intentional acts or omissions if the City or its officers, agents and employees.

Applicant Signature _____ Date _____

Title: _____

FOR OFFICIAL USE ONLY

Departmental Review & Approval

POLICE YES NO _____
Authorized Signature

FIRE YES NO _____
Authorized Signature

PARKS AND RECREATION YES NO _____
Authorized Signature

PUBLIC WORKS YES NO _____
Authorized Signature

SPECIAL EVENTS YES NO _____
Authorized Signature

APPLICATION: **GRANTED** **DENIED**

City Administrator

Date