



# LOUISVILLE PARKS AND RECREATION

## Louisville Parks and Recreation Event Application

Date: \_\_\_\_\_

### CONTACT INFORMATION

Primary Contact: \_\_\_\_\_  
*(Person to be contacted regarding this application, the event, or in case of an emergency)*

Contact Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_  
 WORK  CELL  HOME

Email/Fax: \_\_\_\_\_

Website: \_\_\_\_\_

### EVENT DESCRIPTION

Event Name: \_\_\_\_\_  
*(Official name used to advertise event)*

Event Sponsor: \_\_\_\_\_  
*(Name of individual, group or organization organizing event)*

Event Producer: \_\_\_\_\_  
*(Name of individual, group or organization producing event, or agency with whom event is contracting)*

Describe Event: \_\_\_\_\_

EVENT DESCRIPTION ATTACHED

Park Location for Event: \_\_\_\_\_

Date(s) and Time(s) of Event: Load-In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  AM  PM

Event Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  AM  PM

Event End Date Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  AM  PM

Load-Out/Clean-Up Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  AM  PM

### ATTENDANCE

Total attendance expected: \_\_\_\_\_ Peak attendance expected at any one time: \_\_\_\_\_

### SITE MAP REQUIREMENT

Regardless of your event's location, a site map must be submitted to Louisville Parks and Recreation with this application showing the location of the event. All streets, alleys and rights of way affected by the event must be included, detailing specific event features and equipment. You may download park maps at [bestparksever.com](http://bestparksever.com).

### VENDORS

Are you having vendors?  Yes  No If yes, how many? \_\_\_\_\_ Selling food or products?  Yes  No  
Information or community booth?  Yes  No

- An event that will have food or merchandise vendors must apply for a Master Vendor Permit.
- A map of the location of all vendors must be attached.
- Event Master Vendor Permit holder is responsible for: adhering to all local vending ordinances, ensuring compliance of all vendors with the Health Department, Revenue Commission and the Kentucky State Department of Revenue, and having an Internal Revenue Service tax ID number.

**PLEASE CHECK ALL OF THE FOLLOWING ITEMS WHICH APPLY TO YOUR EVENT**

**STREET CLOSINGS**

- Event producers must notify affected businesses and residents of street closures.
- Event producers must provide and/or pay for barricades for street closings. Placement must be approved by police.
- If a State road will be closed, apply for a Street Closing Permit from the Kentucky Transportation Cabinet.

List streets to be closed for this event: \_\_\_\_\_

\_\_\_\_\_

Closing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  AM  PM

Reopening: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_  AM  PM

**TRAFFIC** • Describe or attach traffic plan: \_\_\_\_\_

\_\_\_\_\_

**TRAFFIC PLAN ATTACHED**

Attach map of the event area showing street closing and event features.

**PARKING** • Describe or attach parking plan: \_\_\_\_\_

\_\_\_\_\_

**PARKING PLAN ATTACHED**

**ADDITIONAL REQUESTS FROM LOUISVILLE PARKS AND RECREATION:** \_\_\_\_\_

\_\_\_\_\_

**ALCOHOLIC BEVERAGES**

If you are serving or selling alcoholic beverages at your event you must obtain the following:

- Permission letter from Louisville Parks and Recreation
- City of Louisville alcoholic beverage license (temporary or caterer's)
- Kentucky State alcoholic beverage license (temporary or caterer's)
- Proof of liquor liability insurance

Alcoholic beverage concessionaire or caterer: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**EMERGENCY MEDICAL SERVICES** • Describe or attach Emergency Medical Services plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INFLATABLES/CARNIVAL RIDE VENDOR**

Company name: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CLEAN-UP PLANS AND PROCEDURES**

Event producers holding an event on city of Louisville properties, facilities, streets or right-of-ways are responsible for clean up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Describe or attach clean-up plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLEAN-UP PLAN ATTACHED**

**ELECTRICAL SERVICES**

Electrical permit(s) may be required for temporary electrical service. For generators, contact the fire district where event will be held.

Public Utilities     Patch Box(es; there will be a fee charged for this)    Total: \_\_\_\_\_

Generator(s; there will be a fee charged for this)    Total: \_\_\_\_\_

Indicate placement of patch boxes and/or generators on attached map.

**RESTROOM FACILITIES**

Number of permanent facilities at event location: \_\_\_\_\_

Number of portable facilities: \_\_\_\_\_

Name of supplying company: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECURITY/TRAFFIC CONTROL**

Event producers must provide adequate security for event management, crowd control and traffic control.

Total number of security personnel or off-duty law-enforcement officers on-site: \_\_\_\_\_

Organization providing security: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe or attach security plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECURITY PLAN ATTACHED**

**TENT(S)**

Number of Tents: \_\_\_\_\_ Tent Sizes: \_\_\_\_\_

ALL tents over 400 square feet require a permit. Contact Louisville Inspections, Permits and Licenses, 444 South Fifth Street, Ste.101, Louisville KY 40202, 502/574-3321.

**ADVERTISING**

Describe (or attach) your events marketing plan and include copies of any print advertisements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADVERTISING PLAN ATTACHED**

Website: \_\_\_\_\_

**OTHER**

Describe or attach a description of any further special features of your event, including special requests or other relevant information Louisville Parks and Recreation should be made aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL FEATURES ATTACHED**

**LOUISVILLE PARKS AND RECREATION SPECIAL EVENT INSURANCE REQUIREMENTS**

Proof of insurance is required from an event producer and event subcontractors, at least 30 days prior to an event.

**General Liability Insurance**

Event producer must submit a Certificate of Insurance providing proof of a commercial general liability insurance policy, written on an occurrence basis for bodily injury, personal injury, property damage and product liability, with a minimum limit of liability of \$1,000,000 per occurrence and with a \$2,000,000 aggregate.

The event producer must list Louisville Government as additional insured and as certificate holder on all commercial general liability policies.

**Liquor Legal Liability Insurance**

Minimum coverage of Liability Limit is \$1,000,000 for any one Occurrence. This coverage is required from the person or company engaged in selling and/or dispensing alcoholic beverages. This coverage may be written as an endorsement on the above mentioned Commercial General Liability Policy or as a separate policy. If the event producer subcontracts this service to a vendor, only the vendor shall be required to purchase this coverage.

The event producer and alcohol server must list Louisville Government as additional insured and as certificate holder on all commercial general liability and liquor liability policies.

**Workers Compensation Insurance (if applicable)**

Insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and Employers' Liability – \$100,000 Each Accident/\$500,000 Disease – Policy Limit/\$100,000 Disease – Each Employee.

The Insurance Requirements should be reviewed immediately with your insurance agent in order to comply.

**HOLD HARMLESS AND INDEMNIFICATION CLAUSE**

The Applicant/Event Producer shall indemnify, hold harmless and defend Louisville Government, and any other city-owned venues hosting an event, their elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Applicant/Event Producer's (or Applicant/Event Producer's subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting there-from, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of Louisville Government, their elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Event Permit Application.

Only applicants in good standing with the city of Louisville will be considered for approval. Any misrepresentation in this application or deviation from the final approved specifications and activities described herein or failure to abide by all Federal, State and Louisville laws, ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

Sign: \_\_\_\_\_  
*Signature of the agent duly authorized by the Special Event Permit applicant to bind it.*

By signing this application, I understand that no permit will be issued unless all proof of insurance is provided.

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RETURN APPLICATION (application must be received no later than 30 days prior to event):**

Louisville Parks and Recreation Reservations Office  
1080 Amphitheater Rd  
Louisville KY 40214  
Phone: 502/368-5910  
Fax: 502/368-5955