City of Glenns Ferry ~ Event Application

110 East 2nd Avenue ~ P. O. Box 910 ~ Glenns Ferry, ID 83623

208-366-7418 ~ fax 208-366-2238

A completed application needs to be filed at least 30 days prior to the event. This application needs to be completely filled out and maps of the event location and other necessary information attached to this application before filing.

Applicant understands and agrees that approval of this application by the City of Glenns Ferry does not constitute a sponsorship of the event or liability of any kind.

The information provided by "you, the applicant" will determine the approval of this event. Incomplete event applications will not be approved.

EVENT NAME: _____

TYPE OF EVENT: _____

EVENT LOCATION: _____

EVENT START DATE: _____ **EVENT END DATE:** _____

PROPOSED LOCATION: _____

ANTICIPATED ATTENDANCE: _____

CONTACT PERSON ON DAY OF EVENT: _____

PHONE: _____ ***THIS PERSON MUST BE ON SITE DAY OF EVENT!***

IS THIS AN ANNUAL, OR RECURRING EVENT? YES NO

APPLICANT INFORMATION:

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Email Address: _____

PROMOTER/ORGANIZER INFORMATION:

Event Organized By: _____

Organizer Address: _____

Organizer Email: _____

Organizer Phone: _____

EVENT DESCRIPTION: PROVIDE, IN DETAIL, THE ACTIVITIES/PARTICIPANTS INCLUDED IN YOUR EVENT

_____
_____
_____
_____
_____
_____
_____

PLEASE INSERT OR DRAW AN ILLUSTRATIVE SITE PLAN HERE:

City of Glenns Ferry ~ Group/Organization Waiver and Release of Liability

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Organization/Group Name: _____ Event Date: _____

Event Name: _____

ON BEHALF OF THE ABOVE ORGANIZATION/GROUP, I expressly **WAIVE**, **RELEASE** and **DISCHARGE** the City of Glenns Ferry, Idaho, its officers, agents and employees or any other person from any and all **LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above-described event. I fully understand and acknowledge that the **CITY OF GLENNS FERRY, IDAHO,** is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the City of Glenns Ferry, Idaho, its elected and appointed officials, officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of, or in any way related to, or arising from, the event identified herein, any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officials, officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content and am authorized to sign this document on behalf of all members of the group I represent.

Signature: _____ Date: _____

Title (Please Print):

_____

Mailing Address:

_____

City of Glenns Ferry ~ Event Application
Emergency & Security Services
Proof of Notification/Involvement/Approval

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SECURITY PLAN + EMERGENCY MANAGEMENT

As an event organizer you are required to provide a safe and secure environment for your event. The Elmore County Sheriff's Office and/or paid professionals can assist in developing an appropriate security plan. They will determine points of concern, anticipate potential problems and recommend the type and amount of security personnel for your event. Elmore County Sheriff's Office can be contracted (and may be required) for security; the Elmore County Sheriff's Office will determine the need and send a staffing agreement to be signed and paid for by the event organizer/sponsor.

SECURITY PLAN REQUIREMENTS

- All road closures must be staffed by security approved by Elmore County Sheriff's Office.
- All ingress/egress points of an inner perimeter must be staffed by security approved by Elmore County Sheriff's Office.
- Volunteer security personnel can be used at non-critical police approved locations only.
- Paid professional security and volunteer security will be in event appropriate uniform (such as bright safety orange, red or yellow shirts with "Security" clearly visible).
- Requirements may be modified depending on the size, scope, location and time of the event with approval from Elmore County Sheriff's Office.
- Elmore County Sheriff's Office has final approval on the security plan.

LOST CHILD/VULNERABLE PERSON PROTOCOL

- Establish an appropriate lost child/vulnerable person protocol for the event that is an easily identifiable, staffed location to report and care for lost children and/or vulnerable person(s).

SECURITY PLAN FORM

☐ Yes ☐ No Have you hired a licensed professional security company to help develop and manage your event's security plan? If yes, complete the Security Organization contact information below.

☐ Yes ☐ No Have you met with the Elmore County Sheriff's Office to determine the necessity and number of police officers dedicated to your event?

☐ Yes ☐ No Does your Security Plan include provisions for a lost child and/or vulnerable person(s) booth?

SECURITY ORGANIZATION

Name: _____

Street Address: _____

Suite/Unit #:_____

City: _____ State: _____ Zip Code:_____

Phone: _____ E-mail: _____ Private Patrol License #:_____

SECURITY PLAN

Please describe your security plan below or attach the plan to this application. Include the number and role of each security person, the hours they will be working and each location, including patrols:

_____

_____

_____

ESCORT SERVICE

The following declaration of intent to furnish escort must be signed by a representative of the licensed escort or security service before the application is returned to the Elmore County Sheriff's Office for the signature of the Sheriff. I,_____ of (Escort/Security Service) _____ have entered into an agreement with (Applicant) _____ to furnish the_____ Escort/Security personnel and/or_____ vehicles to the above mentioned applicant on the specified dates/times for which this application was made.

Signed by_____ Date: _____

APPLICANT ASSURANCES:

Emergency access into the area shall be maintained at all times. A street closure does not include sidewalk areas; sidewalks must remain open and accessible. The area must be returned to a clean condition immediately upon conclusion of your event. Should you fail to perform adequate clean up or damage occurs to property or facilities, you may be billed accordingly. I have read and understand the requirements and responsibilities set forth by this permit.

Applicant Signature: _____ Date: _____

SIGNATURES REQUIRED – BEFORE FINAL APPROVAL

Elmore County Sheriff's Office (208) 587-2100:

_____ Date: _____

Glenns Ferry Highway District (208) 366-7744:

_____ Date: _____

Glenns Ferry Fire Department (208) 599-0000:

_____ Date: _____

Glenns Ferry Public Works Director (208) 366-7418 x7:

_____ Date: _____

ATTACH COPY OF COMPLETED FORM SUBMITTED TO EAS – BEFORE FINAL APPROVAL

Call: Elmore County Ambulance Service: (208) 580-0412 x1014: For most recent Community Event Form.

City of Glenns Ferry ~ Event Application
Alcohol/Food/Community Notification

110 East 2nd Avenue ~ P. O. Box 910 ~ Glenns Ferry, ID 83623

208-366-7418 ~ fax 208-366-2238

ALCOHOL

If alcohol will be sold, served or consumed, your licensed alcohol provider must apply for a Glenns Ferry City Alcohol Beverage Catering Permit.

- Apply in person at Glenns Ferry City Hall: 110 E 2nd Ave, Glenns Ferry, ID 83623

FOOD + BEVERAGE MOBILE EATING & DRINKING LICENSE

Food and beverage vendors must obtain annual Glenns Ferry Vendors Permit for each booth, stall, space, trailer or location serving consumables. Bring your vendor list (with current license numbers) to Glenns Ferry City Hall: 110 E 2nd Ave, Glenns Ferry, ID 83623, at least 30 days prior to your event.

TEMPORARY FOOD ESTABLISHMENT LICENSE

The Central District Health Department (CDHD) requires a Notification of Event Form and a list of food/beverage vendors within 30 days of the event. Each vendor must apply for a Temporary Event Food Establishment License and submit it with CDHD's Vendor Packet at least 30 days before the event. All forms can be found here:

- https://www.cdhd.idaho.gov/eh-food-forms.php

COMMUNITY NOTIFICATION

Throughout the year, many of Glenns Ferry's neighborhoods host multiple events from art festivals and street dances to sporting activities and runs/walks. The impacts of events on residents and businesses in these neighborhoods are real. Neighbors need to be aware of the event, need to plan for alternate access, might not be able to use their normal parking spots/garages, and can have their schedules thrown off by the activity. Clear and advanced organizer communication will ensure success for the event and for the community.

WRITTEN NOTIFICATION

When you create your notification letter/flyer, the following information must be included:

- Name, date(s), time(s), location
- Parking and traffic impacts and detours - including hours
- Amplified sound - highlighting any off-hours
- Detailed map - with street names, landmarks, etc

ILLUSTRATIVE SITE PLAN SHOULD INCLUDE:

_____Street Blockage Request? All affected streets, alleys, and rights-of-ways, including those to be closed.
_____Barricades Required? Location of barricades and fencing if needed. If yes, supplied by sponsor.
_____Location of all tents and temporary structures that will be on site.
_____Sources of electrical supply and services, including permanent power source poles and generators.
_____Location of all dumpsters and trash receptacles (this is the promoter's responsibility to provide for trash and clean up)
_____Location and or layout of all tables, benches, bleachers, etc. that will be needed and used for the event
_____Entrances and exits, parking areas, and allotted ADA parking
_____Permanent and portable restroom facilities (any porta potties will be supplied by the promoter)
_____Signage and banners to be strung, location, number, and start and end date.
_____Location of amplified sound (SEE City Ordinances)
_____Location of first aid/emergency stations, Locations of EMT
_____Location of water services/bill responsibility?
_____Location of emergency vehicle placement, access and exit routes. These must be kept open and free of obstacles at all times to allow fire trucks and emergency response.

EVENT CHECKLIST: PLEASE MARK OR WRITE N/A IN THE SPACE PROVIDED.
THE FOLLOWING ITEMS MUST BE CHECKED OR SIGNED OFF TO COMPLETE THIS APPLICATION.

_____ Completed Application
_____ Signed Copy of Liability Release Form
_____ Proof of Insurance (*Comprehensive General Liability Policy with coverage not less than $1,000,000.00 each occurrence and not less than $2,000,000.00 general aggregate)*
_____Site Map
_____Safety, Security, and Traffic Control Plan
_____Litter Control Plan Including Set Up & Clean UP Dates _____
_____Proof of notification/Involvement/Approval From:

- _____Elmore County Sheriff Department
- _____Elmore County EMT Services
- _____Glenns Ferry High District
- _____Glenns Ferry Fire Department
- _____Glenns Ferry Public Works Department

_____Copy of Neighborhood Notice
_____Beer Garden/Alcohol Service? (See City Hall Front Desk for more info)
_____Catering Permit? (Required for Off-Premises Alcohol Service)
_____Security Needed? COP? Sheriff Dept.? (Paid for and coordinated by the event promoter.)

I recognize that applicants for a Special Event bear full responsibility for the orderly conduct of the special event permitted hereby and that the City of Glenns Ferry provides no guarantee of safety or success. I hereby certify that as a sponsor for the event, I (we) will endeavor to ensure that all participants will comply with the laws, regulations, and the event requirements established by the City of Glenns Ferry regarding such event. Furthermore, I hereby indemnify and hold the City of Glenns Ferry harmless from any and all claims associated with this event.

APPLICANT'S SIGNATURE: _____ DATE:_____
CITY OF GLENNS FERRY REQUIRED SIGNATURES:

MAYOR: _____

CITY COUNCIL APPROVAL, IF NEEDED:

Approved By **Staff Use**	**Comments:**

Elmore Ambulance Service
2259 E 8th N
Mountain Home, ID 83647

Elmore County Rescue
150 S 4th E, Ste 3
Mountain Home, ID 83647-3097

Phone: 208-580-0413 x1014
Fax: 208-580-9450

Request for: Ambulance and ILS Crew
Rescue Services
(circle one)

for community event

Date(s) of Event : _____
Time(s): _____
Event Name: _____
Location: _____
Contact Person: _____
Email: _____
Address: _____
City: _____

Event Requirements: (pick one)

_____ **Dedicated Service:** Crews required to be on site during the event activities
Fee Required: $125.00 per hour

_____ **Courtesy Service:**
Crews not required to be onsite during activites. Crews may be required to leave the event to respond to a 911 emergency in the community.

Please submit request to:

Mail: Elmore Ambulance Service / Elmore Rescue
2259 E 8th N
Mountain Home, ID 83647
Fax: 208-580-9450
Email: dcurran@elmorecounty.org

*** Please attach a copy of event flyer if possible.**