



SEP# _____

LARGE SPECIAL EVENT APPLICATION

A Large Special Event means an event expected to draw more than 1000 people or exceeds 4 days in duration. A Special Events Emergency Contingency Plan (SEECP) will be required for events exceeding 500 patrons.

Note: This application must be submitted to the Special Event Coordinator at least 120 days (4 months) prior to event date. Special Event Permit fees are due at submittal.

Section 1: Applicant Information

Event Title _____

Special Event Owner/Sponsor ("Owner"): _____

(This will be the name listed on the insurance.)

Address: _____ City: _____ St: _____ Zip: _____

Email address: _____

*Telephone: _____ Cell: _____

Web Address: _____

Contact Person (Coordinator): _____

Section 2: Property Information

Event Location Name: _____

Property Owner _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number _____ Email _____

Parcel Number (s): _____

Current Property Use: _____

Section 3: General Event Information

Purpose and Description: _____

Event Category (check ALL that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Bicycle/Foot Race | <input type="checkbox"/> Dance | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Motorized vehicle race |
| <input type="checkbox"/> Carnival/Amusement Rides | <input type="checkbox"/> Wine tasting/food | <input type="checkbox"/> Tent Revival |
| <input type="checkbox"/> Circus | <input type="checkbox"/> Inflatable/Jumpers | <input type="checkbox"/> Art Show |
| <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Market/Sales | <input type="checkbox"/> Other: _____ |

Please attach a site plan(s) showing all pertinent event features such as parking areas, tents, structures, vendor locations, location of portable restrooms and showers, carnival rides, camping areas, security staging, medical stations, helipads, ingress and egress routes, major adjacent streets or highways, railroads or washes, band or recreational centers, seating areas, and fireworks shows. Be as complete and detailed as possible as this will explain the layout of your event to many departments.

Event Start Date: _____ Event End Date: _____

Event Hours of Operation: _____

Setup Date: _____ Time: _____ Dismantle Date: _____ Time: _____

Anticipated Attendance: Per Hour (peak) _____ Per Day total: _____

Is there entertainment associated with your event? **Yes** **No**

If Yes, please indicate the types of entertainment

(Check all that apply):

Live Music

Disc Jockey (DJ)

Children's Activities

Theatrical Performance

Dancing

Other: _____

Will there be ADA accessible parking and pedestrian aisles throughout your event? The aisle should include accessibility to food areas, restrooms, and parking lots? **Yes** **No**

Will you be constructing any temporary structures for your event such as stages, towers, bleachers or platforms?

Yes No

Will you have any tents? **Yes** **No** What sizes and how many of each? _____

Does your event require electricity? **Yes** **No**

What type of electrical will be supplied?

Metered

Generators (how many? _____)

Extension cords

Spider box

Section 4: Public Works-Street or Right-of-Way Information

Does your event utilize any county rights-of-way, causes any detours or closures? **Yes** **No**
(You may be required to obtain a Rights-of-Way permit from each jurisdiction.)

If yes, please **ATTACH** a traffic control plan, which indicates all streets you are requesting to use and/or close. Date(s) of use: _____

Does your event utilize a state highway for access or as part of the event? **Yes** **No**

If yes, a copy of the Arizona Department of Transportation (ADOT) permit must be included with this application.

At the discretion of the Public Works Department, applicant may be required to provide the following:

- Site map/route map of event including date and time of event.
- Traffic control plan in concurrence with the latest edition of the Manual on Uniform Traffic Control Devices (MUTCD). Include the name and number of the person responsible for the set up and maintenance of traffic control.
- Proof of insurance.
- Contact information for event emergency contact.

Section 5: Air Quality Information

Will your event utilize any dirt or graveled roadways, entrances, or parking areas (including overflow)?

Yes No If "yes", complete the Air Quality Special Event Checklist available at:

<http://www.pinalcountyz.gov/AirQuality/Documents/Dust/Special%20event%20application.pdf>

Call 520-866-6929 for more information.

Section 6: Alcoholic Beverage Information

Will participants be allowed to bring alcoholic beverages to your events? Yes No

Does your event utilize on site **SALE** of alcoholic beverages? Yes No

If yes to either of the above questions, please select all that apply: Liquor/Spirits Beer Wine

Have **State** permits for selling alcohol been applied for? Yes No

Information regarding a liquor license can be found at <http://www.azliquor.gov/licensing/>.

Has permission been granted by property owner to allow sales of alcohol on site? Yes No

Section 7: Environmental—Food

Will your event have any food booths where food is being prepared/cooked? Yes No

If yes, how many food booths? _____

Which of the following services will be supplied to or utilized by the food vendors?

Water Electricity Grease disposal Garbage disposal Appropriate Fire Extinguishers

Propane

You will be required to submit to Pinal County Environmental Health **at least 2 weeks prior to the event** temporary food booth permits for each food vendor. NOTE: If you are using any food vendors from outside Pinal County, they will be required to obtain temporary food vendor permits also.

<http://pinalcountyz.gov/EnvironmentalHealth/Pages/Documents.aspx>

Section 8: Aquifer Protection-Sanitation

Will there be portable showers at this event? Yes No Will there be portable restrooms on site? Yes No

If yes, # of showers: _____ Fully contained? Yes No Grey water removal? Yes No

Will permanent structure restrooms be utilized for this event? Yes No

If yes, please provide the number of fixtures: Toilets _____ Urinals _____ Sinks _____

Will restrooms be provided in adjacent building (s)? Yes No

Total number of: portable restroom units: _____ ADA portable restroom units _____ Portable Restroom Unit Provider: _____

Total number of trash cans: _____ Dumpsters _____

Please ATTACH an agreement between your organization and portable restroom provider that includes the number of restrooms to be provided. Please note that for events held in parks, portable restrooms must be removed in a timely manner after the event.

Section 9: Fireworks, Open Fire and Camping Information

Does your event include the use of fireworks (i.e. fireworks, rockets, lasers, or other pyrotechnics)? Yes No

If Yes, you will be required to obtain a fireworks permit from Pinal County Board of Supervisors prior to all fireworks exhibitions. Please describe pyrotechnics use: _____

Will your event have overnight camping? Yes No Number of campsites: _____

Will your event include any open fires (i.e. campfires, bonfires, etc)? Yes No

Note: Bonfires require a government agency sponsor; campfires must be less than 3 feet in diameter and 2 feet in height. Please describe types of fires that are planned:

***If your event will have fireworks and/or open fires you will be required to have on-site fire protection services from a fire department. Please provide a signed copy of the fire protection services contract with this application.

Section 10: Security and Medical Plan

Have you contacted Pinal County Sheriff's Office (PCSO) regarding the requirements for obtaining Deputies or private security staff to provide security for your event? Yes No

Do you have a contract in place for their services? Yes No

Please include a copy of all contracts with this application. Note: PCSO may require you to sign a contract for their services.

Number of PCSO personnel: _____ Number of private security personnel: _____

Has the sponsor contracted with a medical provider, such as an ambulance provider, a fire department or a private medical provider, for medical support for your event? Yes No

***If yes, please provide a copy of all contracts from the medical providers. The contracts must include 24 hour emergency contact information for on-site medical supervisors; number, size and operation hours of the medical stations; number of ambulances; number of personnel and work schedule; type of medical equipment and supplies utilized by medical personnel for the event.

Emergency contact for medical service provider DURING event: Name _____ Number _____

Please indicate the following:

Total number of medical personnel for the event: _____ Number of Paramedics: _____

Number of EMTs: _____ Number of ambulances: _____ Number of helipads: _____ GPS coordinates of helipads: _____

Number of medical stations: _____ *Medical station shall provide basic necessities such as water, a place to lie down, a tent for protection, heating and/or cooling, etc.*

Mobile Medical Teams (a medical team = 1 Paramedic and 1 EMT)

Number of foot teams: _____ Number of cart teams: _____ Number of bike teams: _____

Please note that Emergency Management and Public Health will work with you to create an efficient medical and emergency plan for your event.

Section 11: Insurance Requirements

The Pinal County Risk Manager will determine insurance requirements for a special event following receipt of a special event permit application. Insurance requirements apply to event vendors, amusement ride companies and fireworks producers and well as owners/sponsors. Requirements will depend on hazards associated with the specific event.

Required insurance shall be provided by companies licensed in the State of Arizona with a current AM Best, Inc. rating of A VII or better. **Pinal County shall be named additional insured on all insurance policies except workers' compensation. Coverage's shall be primary and non-contributory with respect to any other insurance available to Pinal County and shall include a waiver of rights of recovery or subrogation against the County, its officials and employees for any and all claims, damages, losses, liabilities or expenses relating to, arising from, resulting from, or alleged to have arisen or resulted from, the Event. Original copies of certificates of insurance and additional insured endorsements must be received by Risk Management at least two weeks prior to the event.**

Minimum insurance requirements for any event requiring a special permit are listed below. Insurance requirements of Pinal County do not limit the indemnity provisions of this agreement. Pinal County does not represent that the required insurance is adequate to protect the interests of an event owner/sponsor, producer, vendor or any other person or entity.

Minimum Insurance Requirements

Commercial general liability (occurrence form) including contractual liability: \$1,000,000 per occurrence and \$2,000,000 annual aggregate

Other liability insurance if applicable:

Liquor Liability

Small Event: \$1,000,000 per occurrence

Large Event: \$3,000,000 per occurrence

Very Large Event: \$5,000,000 per occurrence

Fireworks Production: \$3,000,000 per occurrence

Carnival/Amusement Rides: \$3,000,000 per occurrence

Automobile liability covering any automobiles or trucks used for the event: \$1,000,000 per occurrence

Workers' Compensation Insurance: Statutory limits and including Employer's Liability insurance of \$1,000,000 each accident, \$1,000,000 each disease and \$1,000,000 disease.

INDEMNIFICATION:

In consideration of the approval of a special event permit by Pinal County, the Special Event Owner/Sponsor ("Owner") shall indemnify, defend, save and hold harmless Pinal County, its officials, agents, employees and volunteers ("County") without limitation from and against any and all claims, actions, liabilities, damages, losses, or expenses including court costs, attorneys' fees, and costs of claim processing, investigation and litigation caused, or alleged to have been caused, in whole or in part, by the acts or omissions of Sponsor or any of its owners, directors, employees, agents, contractors or volunteers. It is agreed that Sponsor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. Owner agrees to waive all rights of subrogation against County for losses arising from the Special Event.

Section 12: Signature

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Pinal County Special Event Ordinance, and I understand that this application is made subject to the rules and regulations established by Pinal County. I agree to comply with all other requirements of the County, State and Federal Government and any other applicable entity that may pertain to the use of the Event venue and the conduct of the Event

Special Event Owner/Sponsor ("Owner"): _____

_____(Print) Signature:

_____ Date: _____

Pinal County Special Event Coordinator: _____ **Date:** _____

Chairman
Pinal County Board of Supervisors

ATTEST:

Clerk of the Board