

CITY OF BYRAM SPECIAL EVENT REQUIREMENTS AND APPLICATION

SPECIAL EVENT APPLICATION					
There is a \$25.00 Special Event fee plus a \$1.00 Record Fee, due upon submission of Application.					
APPLICANT INFORMATION					
Applicant Name			Organization Name		
Address		City	State	Zip	
E-Mail Address		Web Site Address			
Telephone Number	Facsimile	Mobile Number		Secondary Number	
Type of Organization		<input type="checkbox"/> Individual <input type="checkbox"/> Charitable <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other			
		<input type="checkbox"/> Non-Profit Organization 501.3C Tax ID # _____			
On Site Contact		Mobile Number for On-Site Contact			
EVENT INFORMATION					
Event Name		Event Date(s)		Time	
Type of Event	<input type="checkbox"/> Carnival <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Festival <input type="checkbox"/> Professional Filming				
	<input type="checkbox"/> Fundraiser <input type="checkbox"/> Parade <input type="checkbox"/> Private Gathering <input type="checkbox"/> Reception				
	<input type="checkbox"/> Run/Walk <input type="checkbox"/> Sports/Recreational <input type="checkbox"/> Other <input type="checkbox"/>				
Is this a first time event? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, date of previous event _____ What was the past attendance? _____			
Is this event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Admission/Entry Fee		Estimated Total Budget	
Proposed Area					
Setup: (first item to be loaded in on site)		Teardown: (last item removed)			
Date:		Date:			
Time:		Time:			
Estimated Attendance		Known Current Sponsor(s):			
Participants	Spectators	Est. # Hotel Rms.			
			Beneficiary(ies):		

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EVENT SPECIAL FEATURES

Will sound amplification equipment be used? () Yes () No	If Yes, provide the following:
If Yes, provide the following: Sound System () Yes () No Lighting System () Yes () No Stage () Yes () No Dance Floor () Yes () No	Recorded Music () Yes () No Live Music () Yes () No Other _____

Will the event feature food/beverage service () Yes () No	If Yes, provide Current Known Vendor Names and Telephone Numbers
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Open Flames or Cooking () Yes () No <i>Please show location of cooking areas on site plan</i> <i>Vendors cooking with charcoal, wood, or gas must have at least one 2.5 water fire extinguisher nearby.</i>	Type of Fuel () Gas () Electric () Charcoal () Wood												
Does the event propose closing, blocking or using public streets? () Yes () No <i>If Yes, a road closure plan complete with barricades and signage shall be submitted</i>	<table border="1"> <tr> <th>Streets</th> <th>Closing Day/Time</th> <th>Opening Day/Time</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Streets	Closing Day/Time	Opening Day/Time									
Streets	Closing Day/Time	Opening Day/Time											
Tents or Canopies () Yes () No <i>Applicable if larger than 20'x15'</i>	If Yes, provide the following: Company:												
Approximate Number of Tents/Size(s) <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>													
Temporary Perimeter Fencing () Yes () No <i>Indicate fence locations on site plan</i>	If Yes, provide the following: Company Provide approximate dimensions of fenced area												
Restrooms () Yes () No _____#Portables _____# ADA Portables _____# Restroom trailers	Company												
Trash Collection () Yes () No Dumpsters () Yes () No Quantity Size	Company												
If no dumpsters, please provide details for trash collection:													

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EVENT SPECIAL FEATURES (CONTINUED)

Electrical Services <i>*Event must use a licensed electrician</i>	() Yes () No	Requirements:
	Supplemental Equipment (check all that apply)	() Generator(s) # _____ () Light Tower(s) # _____
Professional Parking/Valet	() Yes () No	If Yes, provide Company:
Number of Parking Personnel	Hours	# of Cars
Carnival/Amusement Rides and Attractions	() Yes () No	If Yes, provide Company:
	Contact Name	Phone
Climate Control	() Yes () No	If Yes, provide Company:
	Type (check all that apply)	() Fan (pedestal, box, etc) () Misting Air () Air-Conditioning () Heater(s)
Pyrotechnics/Laser/Special Effects	() Yes () No	If Yes, provide Company:
	Show Budget \$ _____	
Day/Time of Show	Length of Show (in minutes)	Products Used
Please check all items that apply to your event. Provide a detailed explanation in the space provided for each item checked. () a. Animals () b. Barricades () c. Bicycles () d. Bleachers () e. Booths – Vendors handing out items () f. Booths – Vendors Selling () g. Decorator/scenery () h. Drawing or raffle () i. First Aid Station () j. Golf Carts () k. Inflatable's () l. Road Closure () m. Security () n. Shuttle bus/tram () o. Signs/banners () p. Ticket agent () q. Video Production/Photography () r. Other _____		
Explanation of items checked above (list letter for reference):		

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INSURANCE INFORMATION (Proof of insurance required within 30 days of event)

Name of Insurance Agency		
Name of Insurance Agent		
Address		
City	State	Zip
Phone	Fax	Policy#

REFERENCES (For first time event or out of town applicants or as required)

<div>Contact Name _____</div> <div>Company _____</div> <div>Telephone # _____</div> <div>Relationship _____</div>	<div>Contact Name _____</div> <div>Company _____</div> <div>Telephone # _____</div> <div>Relationship _____</div>
<div>Contact Name _____</div> <div>Company _____</div> <div>Telephone # _____</div> <div>Relationship _____</div>	<div>Contact Name _____</div> <div>Company _____</div> <div>Telephone # _____</div> <div>Relationship _____</div>

Lack of Reference is not Grounds for Denial of Application

Signature _____ **Date** _____

Application received by _____ **Date** _____

Submission of this form does not guarantee approval of the event

Promoter/Applicant agrees that this form is complete to the best of his/her knowledge and ability. Promoter/Applicant agrees that it accepts, shall abide by, and is subject to all terms and conditions of the Special Event Guidelines, which are incorporated herein for all purposes as if set out in full, and are included in this package and hereby represents that it had read the said Rules, Regulations and General Information and understands the same.

Checklist

- ✓ *Completed Application*
- ✓ *Site Plan*
- ✓ *Fees (Checks made payable to City of Byram)*
- ✓ *Copy of Insurance Certificate*
- ✓ *Non-profit, 501c3 Certificate (if applicable)*
- ✓ *Completed Sponsorship Application (if applicable)*

CITY OF BYRAM SPECIAL EVENT REQUIREMENTS AND APPLICATION

**SPECIAL EVENT SPONSORSHIP APPLICATION
CITY OF BYRAM**

Applicant Information			
This sponsorship request will be attached to and become part of the Event Application			
Applicant Name		Organization Name	
Address	City	Zip	State
E-mail Address		Web Site Address	
Telephone Number	Facsimile		Mobile Number
Type of Organization () Charitable () Non-profit organization (501.C3 Tax ID # _____) () Other			

Event Information

Event Name	Event Date(s)	Event Time
Event estimated needs and justification for City in-kind services: In-kind services request:		Other sources of event funding:

Advertising and Promotion

What types of advertising/promotion will be done prior to the event?

Radio	()Yes	()No
Television	()Yes	()No
Print Ads	()Yes	()No
Press Release	()Yes	()No
Fliers/Posters	()Yes	()No
Direct Mail	()Yes	()No
Billboards	()Yes	()No
Other	()Yes	()No

Explain

This request acknowledges that if the City of Byram through the Board of Aldermen decides to sponsor your event through in-kind services, then the value of the sponsorship calculated will serve to determine the sponsorship level that is commensurate with that value. This sponsorship level will allow the City to have the visibility afforded to all other sponsorships at the same or equivalent level.

Signature of Applicant

Date

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**STATE OF MISSISSIPPI
COUNTY OF HINDS**

**ATTACHMENT TO SPECIAL EVENT APPLICATION
AGREEMENT TO INDEMNIFY**

As a condition precedent to holding and conducting the event, which is the subject of this application, and as consideration for same, and in accordance with the provisions of the application and the City of Byram:

_____ (*name of applicant*) (The "Indemnitor") agrees to and shall indemnify, hold harmless, and defend at its sole cost and expense the City of Byram, Mississippi (The "City"), its officials, officers, employees, agents (in both their official and private capacities) (Each an "Indemnitee") from and against any and all claims, suites, actions, judgments, liabilities, penalties, fines, expenses, fees, costs (including attorney's fees and other costs of defense), and damages (together, "damages") arising out of or in connection with (A) the Indemnitor's performance of the event, (B) the use of any portion or property of the city, by the Indemnitor or by any owner, officer, partner, shareholder, member, employee, agent, representative, contractor, sub-contractor, licensee, customer, guest, invitee, or concessionaire of the Indemnitor, or any person action by or under the authority or with the permission of the Indemnitor, or any other person under the express or implied invitation of the Indemnitor, or any other person or entity for whom the Indemnitor may be liable (together, "the Indemnitor parties"), or any of them, (C) the conduct of the Indemnitor's business or anything else done or permitted by the Indemnitor (or any of the Indemnitor parties) to be done in or about any portion of property of the city, (d) any breach or default in the performance of the Indemnitor's obligation in connection with the event, and (E) without limiting any of the foregoing, any act or omission of the Indemnitor or any of the Indemnitor parties under, related to, or in connection with, the event, which is the subject of this application, including damages caused in whole or in part by an Indemnitee's own negligence.

In the event that the Indemnitor fails or refuses to provide an indemnity and defense as set forth herein, the City shall have the right to undertake the defense, compromise, or settlement of any such claim, lawsuit, judgment, or cause of action, through counsel of its own choice, on behalf of and for the account of, and at the risk of the Indemnitor, and the Indemnitor shall be obligated to pay the reasonable and necessary costs, expenses and attorneys' fees incurred by the City in connection with handling the prosecution or defense and any appeal(s) related to such claim, lawsuit, judgment, or cause of action.

This indemnity provision is solely for the benefit of the City, its officials, officers, employees, and agents and is not intended to create or grant any rights, contractual or otherwise to any other person or entity.

This indemnity agreement survives the termination or expiration of the event, which is the subject of this application, and the termination or expiration of any contract between the Indemnitor and the City.

The undersigned officer, representative, and/or agent of the Indemnitor is the properly authorized officer, representative, and/or agent of the Indemnitor and has the necessary authority to execute the Agreement on behalf of and to bind the Indemnitor, and the Indemnitor hereby certifies to the City that any necessary resolutions or other act extending such authority have been duly passed and are now in full force and effect.

In the event of any action hereunder, venue for all causes of action shall be instituted and maintained in Hinds County, Mississippi. The parties agree that the laws of the State of Mississippi shall govern and apply to the interpretation, validity and enforcement of this Agreement; and, with respect to any conflict of law provisions, the parties agree that such conflict of law provisions shall not affect the application of the law of Mississippi (without reference to its conflict of law provisions) to the governing, interpretation, validity and enforcement of this Agreement.

AGREED:

APPLICANT/INDEMNITOR

ATTEST:

BY: _____

BY: _____

TITLE: _____

TITLE: _____