



CITY OF EDGEWATER

Special Event
Block Party
Guidelines &
Application Packet

Prepared by:

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Special Event Block Party Requirements

Application Information:

A special event application must be filled out completely. The application may be approved and a permit issued only after all requirements and deadlines specified in this packet are met. If the permit is denied, the City of Edgewater assumes no liability for expenses incurred by the applicant.

Minimum Requirements

- **Application Form:** The application form must be completed in full before the review process can begin. Completed applications must be received not less than twenty (20) days before the event date. Block party applicants may request from the City Clerk an exemption from the twenty (20) day time limit. This determination will be based on a good faith estimate of the amount of time required to process the special event permit.
- **Application Fee:** Block parties shall be exempt from the application fee.
- **Indemnification Agreement:** The application shall be accompanied by an indemnification agreement in a form approved by the City Attorney, in which the applicant agrees to reimburse the City for any costs incurred by the City in repairing damage to City property occurring in connection with the special event caused by the applicant, its officers, employees or agents, and agrees to defend the City against, and indemnify and hold the City and its officers and employees harmless from any liability to any persons resulting from any damage or injury occurring in connection with the event proximately caused by the actions of the permittee, its officers, employees or agents, or any person under its control (Edgewater Municipal Code Chapter 6, Article 10).
- **Insurance:** The City Clerk may also require the applicant to possess or obtain general liability insurance or special events liability insurance naming the City, its officers and employees as additional insureds. The City Clerk's determination shall be based upon:
 - The anticipated number of participants and spectators and the nature of the event;
 - The risks of bodily injury and property damage; and
 - The physical characteristics of the proposed site.

If insurance coverage is required, a copy of the policy or a certificate of insurance, along with all necessary endorsements, shall be filed with the City Clerk no less than ten (10) days before the date of the event unless the City Clerk for good cause changes the filing deadline (Edgewater Municipal Code Chapter 6, Article 10).

The City has a limited amount of funds budgeted each year to assist block party applicants purchase liability insurance upon completed of the CIRSA's Event Holder Questionnaire.

- **Neighborhood Notification:** The applicant must provide notice to the owners and occupants of properties along the affected street.
- **Issuance:** City Staff will review all requests and make a decision to permit the event based on the following criteria:
 - Avoid duplication of events.
 - Overall impact on street access and closures.
 - Consideration of day and date of event that might conflict with other activities (i.e. another special event, road work or construction project).
 - Ability of support staff and City resources.
 - The event is scheduled to occur before the hour of 9:00 am or after the hour of 9:00 pm.
 - The event is scheduled to occur at a time when a school is in session at a location adjacent to the school, and the noise created by the event would substantially disrupt the educational activities of the school.
 - The applicant had previously held a special event block party in the City that was the subject of a citation for violations of the Municipal Code.

SPECIAL EVENT BLOCK PARTY APPLICATION

Applicant Information			
1. Applicant Name:			
2. Mailing Address:		Street:	
		City:	State: Zip Code:
3. Phone/Contact Info.		Day:	
		Evening:	
		Cell:	
		Fax:	
4. Email Address:			
Event Information:			
5. Describe general nature of event (i.e. barbecue, picnic, music, games, etc.):			
6. Event Date:		Setup Time:	
Tear-Down Time:			
7. Event Location:			
8. Facilities you plan to use: <input type="checkbox"/> Street: _____			
(Check all that apply.) <input type="checkbox"/> Sidewalk: _____			
<input type="checkbox"/> Other: _____			
9. Is this event:		A private event is one in which you have a specific guest list and know who is going to attend. A public event is open to the general public through word-of-mouth, flyers, signs or media advertising.	
<input type="checkbox"/> Private <input type="checkbox"/> Public			
10. Will participants be charged a fee: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain how much and purpose for collecting fee:	
Event Components			
11. Please mark all items that apply to your event and provide details in Box 12:			
<input type="checkbox"/> Alcohol <input type="checkbox"/> Caterer <input type="checkbox"/> Electricity/Generator <input type="checkbox"/> Table/Chairs <input type="checkbox"/> Amplified Sound <input type="checkbox"/> Cooking/Barbecue <input type="checkbox"/> Entertainers (clowns, etc.) <input type="checkbox"/> Tents <input type="checkbox"/> Animals <input type="checkbox"/> Dance or Drama <input type="checkbox"/> Exhibits or Displays <input type="checkbox"/> Vendors <input type="checkbox"/> Bicycling <input type="checkbox"/> Dunk Tanks <input type="checkbox"/> Inflatable Toys <input type="checkbox"/> Other			
12. Provide details for checked event components and describe any "other" items not on list (attach additional sheets if necessary):			
13. If food will be distributed at your event, please provide information on the type of food distributed, how it will be prepared and who will be handling and serving the food items:			
Attendance			
13. Estimated No. of Total Participants:		14. Estimated Maximum No. of Participants at Any Given Time:	
Oath of Application			
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my responsibility to comply with the provisions of the Edgewater Municipal Code and all Rules and Regulations which govern my Block Party Special Event Permit. I further acknowledge that it is my responsibility to provide the City with amendments to this application in the event that any information provided herein changes after the date of application.			
Applicant Signature		Printed Name	
		Date	

SHORT FORM EVENT HOLDER QUESTIONNAIRE

Member Name: _____

Name and Address of Renter or Event Holder (Same as on Permit or Rental Form):

Event Contact Person: _____
Authorized to sign all documents

Daytime Phone Number: _____

Event Information

Date(s): _____ Time: _____

Location of Event: _____

Coverage Type: *Entire Event Coverage* *Vendor Coverage* *Instructor Coverage*

Detailed Description of Event:

Total Attendance (per day) including all participants, volunteers and employees:

<i>Day 1</i>		<i>Day 3</i>		<i>Day 5</i>		<i>Day 7</i>	
<i>Day 2</i>		<i>Day 4</i>		<i>Day 6</i>		<i>Day 8</i>	
Total Attendance ALL Event Days:							

Event Exposures

- | | | |
|--|-----|----|
| 1. Have you held this event or a similar event in the past? | Yes | No |
| 2. If yes, have accidents, incidents, claims or losses arisen from such event? | Yes | No |
| 3. Is there an admission fee charged? | Yes | No |
| 4. Will food/non-alcoholic beverages be served? | Yes | No |
| 5. Will food/non-alcoholic beverages be sold? | Yes | No |
| 6. Will there be a caterer? | Yes | No |
| 7. Please list/describe entertainment activities that will be occurring, if any:

_____ | | |

8. Do you have any parties requiring to be named as Additional Insured? Yes No
- If yes, please review contracts and attach a separate sheet listing names and addresses of all parties requiring to be named as additional insured.*

The event premium includes a premium charge for the owner/lessor as additional insured. Event Holder agrees to add the Facility owner as an additional insured.

Event Holder Signature: _____

Date: _____

Liquor Liability Exposures:

_____ *No alcoholic beverages will be served or sold at this event.*

1. Type of alcoholic beverages available (please choose all that apply):

Beer Wine/Champagne Mixed Drinks/Full Bar

2. How long will alcoholic beverages be available for consumption? _____

3. Will you charge a fee or collect a ticket? Yes No

4. Do you receive a donation? Yes No

5. Estimated sales receipts for alcoholic beverages: \$ _____

6. Do you have a caterer or vendor serve or sell the alcoholic beverages? Yes No

7. If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance? Yes No

8. How many different locations will alcoholic beverages be available? _____

9. Are you required to obtain or have a liquor license for your event? Yes No

10. What Management Practices do you have in place to monitor and control the consumption of alcoholic beverages?

- Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted. Yes No
- Everyone must show identification to receive an alcoholic beverage. Yes No
- Individuals over the legal drinking age receive a wristband or other form of identification. Yes No
- There is a limit of two servings provided to any one individual per visit to the concession. Yes No
- Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated. Yes No
- The concession or bar is closed at least one hour prior to the end of the event. Yes No

Vendor/Exhibitor/Concessionaire Exposures

Please complete the following for **each** vendor, exhibitor, or concessionaire you would like added to this policy. Please use additional sheets if necessary.

_____ *We do not require/request coverage for Vendors, Exhibitors, or Concessionaires*

Name, Contact and Mailing Address:

Type of Vendor (please choose one):

- | | |
|---|---|
| <input type="checkbox"/> Exhibitor (No Sales) | <input type="checkbox"/> Concessionaire (Activity Booth) |
| <input type="checkbox"/> Food or Beverage Vendor (No Alcohol) | <input type="checkbox"/> Concessionaire (Pony Ride Only) |
| <input type="checkbox"/> Food or Beverage Vendor (With Alcohol) | <input type="checkbox"/> Concessionaire (Bounce House Only) |
| <input type="checkbox"/> Vendor (Non-Food/Beverage) | <input type="checkbox"/> Promoter |
| <input type="checkbox"/> Entertainer | <input type="checkbox"/> Equipment Supply Company |
| <input type="checkbox"/> Sponsor | <input type="checkbox"/> Other (Please Specify) _____ |

Name, Contact and Mailing Address:

Type of Vendor (please choose one):

- | | |
|---|---|
| <input type="checkbox"/> Exhibitor (No Sales) | <input type="checkbox"/> Concessionaire (Activity Booth) |
| <input type="checkbox"/> Food or Beverage Vendor (No Alcohol) | <input type="checkbox"/> Concessionaire (Pony Ride Only) |
| <input type="checkbox"/> Food or Beverage Vendor (With Alcohol) | <input type="checkbox"/> Concessionaire (Bounce House Only) |
| <input type="checkbox"/> Vendor (Non-Food/Beverage) | <input type="checkbox"/> Promoter |
| <input type="checkbox"/> Entertainer | <input type="checkbox"/> Equipment Supply Company |
| <input type="checkbox"/> Sponsor | <input type="checkbox"/> Other (Please Specify) _____ |

Name, Contact and Mailing Address:

Type of Vendor (please choose one):

- | | |
|---|---|
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| <input type="checkbox"/> Sponsor | <input type="checkbox"/> Other (Please Specify) _____ |