

Special Event Application

Please review the entire application to ensure the information is completed correctly. Once all documentation has been received, the application will be reviewed and the applicant will be contacted about the status of the event. Event organizers may be requested to meet with City representatives and others to review event plans, layout and logistics.



Special events must be approved by Harrisonburg City Council (except for private events using the Turner Pavilion and Park). Therefore, this application must be submitted at least 60 calendar days prior to the scheduled event. Special events may be denied if required time lines are not strictly adhered to or if there are inadequate safety measures, street closing conflicts or other logistical concerns.

Submit completed application and supporting documents to:

Kim Kirk, Director of Events, 212 South Main Street, Harrisonburg, VA 22801 or kim.kirk@harrisonburgva.gov.

EVENT TITLE:

WALK to End Alzheimer's

Contact Information

Organization/Applicant Name:

Alzheimer's Association

Contact Name:

MARY PAT HANSON, WALK Director

Daytime Phone:

434-913-6122, ext. 111

Cell Phone:

(*Required for day-of event)

434-249-7474

E-mail Address:

mhanson@alz.org

Mailing Address:

1160 Pepsi Place, Suite 306, Charlottesville, VA 22901

Event Summary

Date of Event:

October 25, 2014

Location:

Rockingham County Administration Lot

Event Hours:

Set-up Time: 11 AM

Event Time: 8 AM

Clean-up Time: 12 noon

Type of Event (fundraiser, run/walk, etc):

WALK

Is this an annual event?

Yes No

of years event has been held: 4 plus

Description of Event (activities, benefitting cause, etc):

WALK is AN EVENT to raise awareness of Alzheimer's disease. We have AN Opening Ceremony before walking Around Harrisonburg + then A closing Ceremony

Size of Event:

Participants: 500

Spectators:

Will the event affect the flow of traffic on a public street within the City of Harrisonburg? Yes No

Will food or merchandise be sold?

Yes No All vendors except those selling unprocessed food products must have a current business license. Contact the Commissioner of Revenue at 540-432-7704 for details. The collection of applicable taxes will be the responsibility of the individual vendor.

Will alcohol be served?

Yes No If yes, attach copy of ABC License (unless private event).

Will a security firm be present?

Yes No If yes, complete and attach section 2.

Request for Resources (check all that apply)

- City Street Closings – Complete & Attach Sect. 1
- Public Works Support at Event – Please check this box if you are requesting city street closings.
- Police Support at Event – Complete & Attach Sect. 2
- Turner Pavilion & Park Rental – Complete & Attach Sect. 3
- City Park Reservation – If the event involves the use of a city park, the applicant must obtain advance approval from the Department of Parks & Recreation before submitting an application. For availability, call 540-433-9168.
- Host an Event in Court Square – If the event involves the use of the Courthouse Grounds, the applicant must obtain advance approval from Rockingham County before submitting an application. For availability, call 540-564-3008.
- Refuse & Garbage Removal – Questions can be directed to Harsit Patel at 540-434-5928.
- Flusher/Sweeper (i.e. parades require street sweeper after event)
- Permit for Tents/Structures – Any tent greater than 900 square feet or accommodating more than 50 people requires a building permit and inspection. Tents greater than 400 sq. ft. require an inspection by the Fire Department. Building permit applications are available at www.harrisonburgva.gov/community-development. The permit application should be filed with the Community Development office at least 10 days in advance of the event. Questions about the permit process can be directed to Wayne Lilly, Ron Schuett or Mike Williams at 540-432-7700.
- Fire/EMS Support – For additional information or questions, contact Deputy Chief Ian Bennett at 540-432-7703.
- Fireworks Permit – Any type of fireworks display requires a permit through the Fire Department. To apply for a fireworks permit, contact Deputy Fire Chief Ian Bennett at 540-432-7703.
- Water and/or Electricity – *Water hook-ups are only available in the Turner Pavilion & Park area

Required Documents (The following documents must be attached to application)

- A Certificate of Insurance (COI) providing evidence of liability insurance of a minimum of \$1,000,000 and property damage of \$100,000. The addendum must include this exact wording: **"The City of Harrisonburg, 345 South Main St, Harrisonburg, VA 22801, is hereby named as additional insured."** If using the Turner Pavilion & Park, addition wording must include **"Harrisonburg Downtown Renaissance, 212 S. Main St., Harrisonburg, VA 22801, is hereby named as additional insured."**
 - The Endorsement from the Insurance Company showing the City is an Additional Insured is also required. The insurance company must have a minimum financial rating from the A.M. Best Company of an "A" or better.
 - If your organization has employees, you must also provide evidence of Workers Compensation insurance with statutory limits that meet state requirements.
 - If alcohol will be served, the City requires a Liquor Liability endorsement be added to the insured's policy. This endorsement can be added to the Certificate of Insurance along with the other insurance requirements.
 - The COI and Endorsement must be obtained and sent to the the City Purchasing Office at Purchasing@harrisonburgva.gov at least 5 days before the event.

An option for quote and coverage can be obtained through the Tenant User Liability Insurance Program. Call Pat Hilliard, Purchasing Agent, at 540-432-7794 for more information.
- Map with requested street closures and/or parking lots highlighted
- Diagram of event, including location of activities
- ABC License - If alcohol will be served, events must obtain a VA ABC license (unless it is a private event). Contact VA Department of Alcoholic Beverage Control for more information: (p) 804-213-4400

Section 1. Street Closings / Parking Lots

Attach a map with requested street closures and/or parking lots highlighted.

Time streets will be closed by: _____

Time streets will reopen: _____

In addition to the map, list in detail what street closures are needed for the event:

Are parking lots needed for the event? Yes No

If yes, list them below and include the times that parking lots should be cleared:

Will your event involve the use of a parking and/or shuttle plan Yes No

If yes, please describe below:

For Office Use Only: Requested equipment, personnel and type of support needed from Public Works.

*For the City to approve a road closure, the following must be considered: resident/business impact, detour routes, signage and notification, set up of barricades and directional signage, and traffic control and safety. Please note that there may be a cost to your organization for these services.

Section 2. Police Support at Event

Describe request for police support:

Bicycle patrol to lead walk + follow last walker.
We provide volunteer route marshalls + work with
officers.

Traffic Marshals:

- Persons under the age of 18 are not allowed to assist with traffic.
- All marshals must be properly equipped with identification, a reflective vest and communication equipment

Will you provide additional traffic marshals?

Yes No If so, how many: 16

Would you like to request the use of the Police Department's reflective vests? A limited number is available.

Yes No If so, how many: _____

Would you like to request an instructional presentation on traffic/pedestrian management from HPD?

Yes No
 Yes No

Would you like to request an instructional presentation on ABC management from HPD?

Additional Security:

Have you hired a licensed professional security company to help manage your event? Yes No

Security Organization: _____

of Security Team Members _____

Main Contact: _____

Cell Phone #: _____

Please describe plan for crowd management and safety:

Are there any requests for police demonstrations? If so, what type?

*The Harrisonburg Police Department will work with event organizers to find what meets their specific security needs. Please note that event organizers may be charged a rate of \$35.00/hr per officer for police services.

*The Harrisonburg Police Department has the authority to decline approval for issues that directly affect public safety.

Section 3. Turner Pavilion & Park Rental

Areas requested for event:

Pavilion Adjacent Park Both

Rental Policies & Fee Information: Please review the policies and sign below to accept the terms and agreement.

Policies:

- Illegal drugs, firearms or weapons of any kind are prohibited on Pavilion or Park property.
- Alcohol is permitted only with permission, and in compliance with ABC requirements.
- Bikes and skateboards are prohibited on the grass and concrete areas.
- Dogs must be on a leash at all times. Pet handlers are required to pick up dog waste.
- Burning wood or charcoal is not allowed in the pavilion; however, gas grills are permitted.
- Open fires are not permitted in either facility.
- Smoking is not permitted in the Pavilion.
- Cleanup and trash storage arrangements must be made. Trash must be secured from blowing away and any loose debris removed from the site.
- Tables, chairs and other amenities must be provided by the event organizer.
- Loud music, amplified speaking or other potentially disturbing activities are permitted only with permission.
- Use of lights, electricity and water facilities are permitted. Water hoses must be disconnected from spigots after event.
- Access to utility boxes must be arranged in advance with Harrisonburg Downtown Renaissance and Harrisonburg Electric Commission, as appropriate.
- Event organizers must supply portable restrooms for events with at least 50 people in attendance. Restrooms must not be rinsed on site.
- Events held on Tuesdays or Saturdays must be coordinated with the Farmers Market Manager.
- HDR reserves the right to decline any application if the event is viewed as inappropriate for the site or conflicts with other downtown events or revitalization goals.

Fee Information:

- Pavilion and Park facilities are reserved on a first come first served basis. An exception can be made for annual community or public events.
- Typically only one event is scheduled at either facility in order to avoid conflicts.
- Switching dates after the application is submitted is discouraged. No refunds will be granted.
- Applications for use of facilities can be submitted up to one year in advance.
- Organizer shall be responsible for any and all damages to the property arising from the use of the premises.
- Organizer is restricted to only the facility reserved for the event.
- Due to parking limitations, use of facilities is limited on weekdays to 5:00 PM to 11:00 PM.
- Time of use is not to exceed 7:00 AM to 11:00 PM on weekends.
- A refundable damage deposit equal to the rental fee must be paid 30 days prior to the event. Checks should be made payable to Harrisonburg Downtown Renaissance.
- A check for the reservation must accompany the completed application.
- A reservation is not confirmed until all conditions are met and agreed upon.

Fee Scale: Check one.

	<u>Park</u>	<u>Pavilion</u>
<input type="checkbox"/> City of Harrisonburg, HDR, FundFest & Farmers Market Events	N/A	N/A
<input type="checkbox"/> Non-profit Community Event	\$50	\$100
<input type="checkbox"/> Private Event (100 people or less)	\$150	\$300
<input type="checkbox"/> Private Event (101-500 people)	\$250	\$500
<input type="checkbox"/> Private Event (more than 500 people)	\$1,000 for both facilities	
<input type="checkbox"/> Profit-making Events	Fee negotiated on case-by-case basis	

Signature of Applicant: Mary Pat Dawson

Date: 2/27/14

For Office Use Only: Deposit submitted Fee Submitted Insurance Verified

CERTIFICATION AND ACKNOWLEDGMENT OF APPLICANT

The undersigned certifies that he or she is familiar with the guidelines for planning an event in the City of Harrisonburg and the same will be enforced and honored by the sponsoring organization. The undersigned further certifies that the information furnished in this application is true and correct to the best of the undersigned knowledge and information.

The undersigned acknowledges that use of city resources to host an event in the City of Harrisonburg is contingent upon approval of this application by the city staff and Harrisonburg City Council.

Signature of Applicant: Mary Pat Johnson

Date: 02/27/2014

For Office Use Only:

Date received _____

Department Review

Commissioner of Revenue	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Community Development	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Dept. of Public Transportation	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Downtown Parking Services	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Fire Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Harrisonburg Downtown Renaissance	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Police Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Public Works	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Purchasing Agent	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____

Comments: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bankers Insurance, LLC 630 Peter Jefferson Parkway Suite 300 Charlottesville VA 22911		CONTACT NAME: Amy N. Hunt	
		PHONE (A/C, No, Ext): 434-327-1627	FAX (A/C, No): 800-899-0146
		E-MAIL ADDRESS: ahunt@bankersinsurance.net	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED ALZHASS-01 Alzheimer's Association, Central & Western Virgini c/o Sue Friedman 1160 Pepsi Place Suite 306 Charlottesville VA 22901		INSURER A: Selective Way Insurance Company	26301
		INSURER B: Companion Property & Casualty Insur	12157
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 862907776 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			S 1555291	1/17/2014	1/17/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			S 1555291	1/17/2014	1/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			S 1555291	1/17/2014	1/17/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC170453811	1/17/2014	1/17/2015	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City of Harrisonburg, 345 South Main Street, Harrisonburg, VA 22801, is hereby named as additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of Harrisonburg
345 South Main St.
Harrisonburg VA 22801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE