

Public Services and Works

250 N Railroad Ave. / Willcox, AZ 85643 (520) 384-6447

| Private Event Permit Application | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------|--|
| APPLICANT INFORMATION | | | |
| Name and Title (If Applicable): | | | |
| Organization Name (If Applicable): | | | |
| Applicant or Organization Mailing Address | | | |
| Primary Phone: | | | |
| Email Address: | | | |
| Insurance: Events held on City property are required to in one million dollars (\$1,000,000) and appropriate endorse OFFICIALS, OFFICERS, EMPLOYEES AND AGENTS AS ADDITION-contributory and subrogation must be waived. | ements naming the CITY OF WILLCO | OX AND ITS | |
| SECTION A: EVENT INFORMATION | | | |
| Event Name: | Expected Attendance: | | |
| Event Date(s): | Start Time: | End Time: | |
| Event Location and Address: | | | |
| | | | |
| Indicate if your event will include the following: | | | |
| Inflatbles? | | | |
| Water/Electrical Hook-ups ? | | | |
| Cooking/Open flames? | | | |
| Musical Entertainment? | | | |
| Portable Restrooms? *Must be provided by ap | plicant, 1 required per 100 attende | ees* | |
| ☐ Is food being prepared? | ☐ Is food being sold? | | |
| Please review the Arizona Department of Health Services Food Safety Regulations by visiting http://www.azdhs.gov/documents/preparedness/ epidemiology-disease-control/food-safety-environmental- services/az-food-code.pdf | A food vendor permit must be conto the Cochise County Health Dep business days prior to the event. (Office at (520) 384-7100 | artment at least 14 | |

| Describe the following (attach sheets if necessary): | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|--|
| Medical Plan: | | | | |
| Security Plan: | | | | |
| Event Lighting: | | | | |
| Sanitation/Facilities: | | | | |
| *Trash service adjustment: Contact Southwest Disposal at (520 |)384-0765 if garbage bins will be hauled.* | | | |
| Section B- Alcohol | | | | |
| Will alcohol be sold? | Will Alcohol be consumed (Non-Sales)? | | | |
| The appropriate liquor license must be approved by Events that invovle consumption of alcohol require | | | | |
| the Arizona Department of Liquor Licenses and Control | one million (\$1,000,000) liquor liability insurance | | | |
| Visit https://www.azliquor.gov/forms.cfm and submit | and an off-duty police officer. Contact the Willcox | | | |
| application 30 days in advance. | Department of Public Safety at (520)384-4673 Please Submit a Liquor Liability in person to the Public | | | |
| | Services and Works Office at 250 N. Railroad Ave. | | | |
| Section C- City Facility Use | | | | |
| Select all that apply: | | | | |
| Willcox Community Center | | | | |
| Keiller Park | | | | |
| Railroad Park | | | | |
| Quail Park | | | | |
| ☐ Willcox Community Pool | | | | |
| *Please not that facility rates have changed.* | | | | |
| Off-Duty City Employee Request | | | | |
| Consult the Public Services and Works Department to determine if your event requires the presence of a City | | | | |
| employee for which compensation must be paid. | | | | |
| Off-Duty Police Officer: Contact the Willcox Department of Public Safety at (520)384-4673 | | | | |
| Off-Duty Public Works Employee: Contact the Public | Services and Works Office at (520)384-6447 | | | |
| VENDOR LICENSURE REQUIREMENT | | | | |
| Applicant certifies that all retail vendors will possess upd Applicant certifies that all food vendors will possess updaserved will follow Cochise County Health Department Guwill be fined. | ates permits on the event date and that all food | | | |
| PERMIT HOLDER INITALS | | | | |
| APPLICATION TERMS AND CONIDITONS | | | | |
| By signing this document, Applicant agrees to the following | = | | | |
| * Applicant is at least 18 years of age or is 21 years of age | | | | |
| * All vendors will be informed of their requirement to attain the appropriate permit before the event. | | | | |
| * The \$50 non-refundable application fee has been paid upon completion of this application. | | | | |
| * Liability insurance must be submitted 7 days prior to the event date. Failure top do so will result in the | | | | |
| cancellation of the event | | | | |
| * Facility rental fees are non-refundable and must be paid 7 days prior to the event date. Failure to do so will result in the cancellation of the event. | | | | |
| * Applicant understands the risk of COVID-19 and will have signed waivers for the event at City Facililities | | | | |

PERMIT HOLDER INITAILS

| SPECIAL EVENT PERMIT AGREEMENT AND ACKNOWLEDGEMENT | |
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| SPECIAL EVENT PERMIT AGREEMENT AND ACKNOWLEDGEMENT Applicant shall indemnify, defend, save and hold harmless the City of Willcox and its offi employees (hereinafter referred to as "Indemnitee") from and against any and all claim losses, or expenses (including court costs, attorney's fees, and costs of claim processing for bodily injury or personal injury (including death), or loss or damage to tangible or int to be caused in whole or in part, by the negligent or willful acts or omissions of Applicar directors, agents, employees, subcontractors or invitees. This indemnity includes any cla or recovered under the Workers' Compensation Law or arising out of the failure of Appl state or local law, statute, ordinance, rule, regulation or court decree. It is the specific in Indemnitee shall, in all instances, except for claims arising solely from the negligent or windemnitee, be indemnified by Applicant from and against any and all claims. It is agree for primary loss investigation, defense and judgement costs where this indemnification in of permission to hold the event, Applicant agrees to waive all rights of subrogation agai agents and employees for losses arising out of or resulting from the event. The City rese of amusements or facilities that violate safety regulations. If Applicant is acting on beha certifies that he/she is an authorized officer of the Applicant or the agent of the organiz organization's behalf, and is duly authorized to execute this Agreement and Acknowled Applicant further certifies that he/she has read and understands all the terms of this Agraerement and Acknowledgement. The City's issuance of a special event permit shall co or contract between the City and Applicant for purposes of insurance requirements. Ap all non-refundable and refundable fees specified in this document unless otherwise aut Department. Applicant further acknowledges that depending upon the nature and locat additional permits may be required. The City reserves the right to withold clean/damage of the facility when the p | s, actions, liabilities, damages, , investigation and litigation) cangible property caused, or alleged at or any of its owners, officers, aim or amount arising out of licant to conform to any federal, atention of the parties that the villful acts or omissions of the d that Applicant will be responsible is applicable. In consideration anst the City, its officers, officials, rives the right to refuse installation lif of an organization, Applicant cation, is acting on the gement on the organization's behalf. reement and Acknowledgement, e and legally competent to sign this anstitute a written agreement plicant agrees to the payment of horized by the Public Works ion of the Applicant's special event, |
| | |
| | |
| Permit Holder | Date Signed |

Date Signed

Date Signed

Public Works Representative

Department of Public Saftey Representative

| | NITY CENTER | | |
|------------------------------------|-------------------------------|-----------------|-----|
| | s and Deposits | 1 | |
| Room(s) | Amount | Number of Dates | Tot |
| Application Fee | \$25.00 | | |
| Main Hall | \$250.00 | | |
| Fireplace Room | \$80.00 | | |
| Kitchen | \$150.00 | | |
| Entire Facility | \$400.00 | | |
| Cleaning/Damage Deposit | \$250.00 | | |
| | Total Fees and Deposit | s | |
| Qua | ail Park | | |
| Rental Fee | s and Deposits | | |
| Location(s) | Amount | Number of Dates | Tot |
| Application Fee | \$25.00 | | |
| Main Rodeo Arena (Rodeo & Tractor) | \$200.00 | | |
| Main Rodeo Arena (Horse) | \$150.00 | | |
| Main Rodeo Arena (Play Day) | \$100.00 | | |
| Warm Up Arena | \$50.00 | | |
| Concession Stand | \$100.00 | | |
| ENTRE FACILITY (Single Day) | \$400.00 | | |
| ENTIRE FACILITY (Additional Days) | \$300.00 | | |
| Cleaning/Damage Deposit | \$250.00 | | |
| | Total Fees and Deposit | S | |
| Keil | ler Park | | |
| Rental Fee | s and Deposits | | |
| Location(s) | Amount | Number of Dates | Tot |
| Application Fee | \$25.00 | | |
| Large Ramada | \$50.00 | | |
| Small Rmada | \$50.00 | | |
| | Total Fees and Deposit | s | |
| Railro | oad Park | | |
| Rental Fee | s and Deposits | | |
| Location(s) | Amount | Number of Dates | Tot |
| Application Fee | \$50.00 | | |
| Park Rental | \$75.00 | | |
| | Total Fees and Deposit | s | |

| Pool Rental | | | | |
|----------------------------|---------------------|-----------------|-------|--|
| Rental Fees and Deposits | | | | |
| Location(s) | Amount | Number of Dates | Total | |
| Application Fee | \$50.00 | | | |
| Pool Rental | \$50.00 | | | |
| Lifeguard Fee (Per Person) | \$13.50 (Per Person | | | |
| Total Fees and Deposits | | | | |

| Payment Log | | | | | |
|-------------|----------------------|--------|---------|-----------|------|
| Date: | Check #/ Debit/ Cash | Amount | Balance | Cust Int. | Int. |
| | | | | | |
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The Applicant agrees to leave tables, chairs, and all City of Willcox property within the facility used. Applicants responsible for lost or damaged property will not be returned the Cleaning/Damage Deposit and may be additionally charged.

The Applicant agrees to return City of Willcox facility keys to the Public Services and Works Department within two (2) days after the event date.