



Special Events Permit

Date: _____

Permit #: _____

Applicant Information

Applicant Name: _____ Phone: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Sponsor Information

Sponsor Name: _____ Phone: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Purpose and/or Description of Event

Start Date & Time: _____ End Date & Time: _____

Address/Location of Event: _____

(Please submit a map showing the location)

If not filled out completely and accurately it WILL delay issuance of the permit

Please answer EACH question below:

1. Estimated number of participants or number of those attending. _____
2. Will there be off-premise advertising? _____ Yes _____ No
3. Will there be off-premise vendors? _____ Yes _____ No
4. Will there be a live band, or sound system, lighting or loud speakers during the event? ____ Yes ___ No
(if yes, please provide a plan or description for the location of equipment)
5. Will you be serving alcoholic beverages? _____ Yes _____ No
(if yes, please provide a plan or description for such allowance or provision for the purpose of assessing police, fire, health and finance department responses.)
6. Will there be animals present for the event? _____ Yes _____ No
(If yes, please provide a plan or description for the use or allowance of animals)
7. Will there be provisions for disposal of sanitary waste and sewage for the event, including toilet facilities, and the disposal of garbage, trash and refuse? _____ Yes _____ No
8. Are you going to close the street for this event? _____ Yes _____ No
For events requiring the closing or blocking of any street, alley or road; or the use of any city-owned property or right-of-way areas, submission of a liability insurance policy in the amount of one million dollars (\$1,000,000.00) for any injury to any person, including death, arising out of one incident, one million dollars (\$1,000,000.00) for any damage to property, and one million dollars (\$1,000,000.00) automobile liability insurance for any injury to any person, including death, arising out of one incident. The City of Nixa shall be an additional named insured for each of the above-referenced policies and the special event sponsor (s) shall execute a hold harmless agreement indemnifying the City of Nixa.
9. Applicants requesting a street closure must submit a street closure request form signed by all property owners directly affected by the closure. Application and Petition must be submitted at least 30 days prior to the event to allow for City Council approval.
- 10 The cost of any City services or equipment that is used for the event will be incurred by the applicant. Amount to be determined by all Departments involved.

I hereby certify that the answers and other information on this application are true and correct and I have read and understand the above procedures and requirements as they pertain to City Special Events Regulations and by signing this form, acknowledge compliance with these rules.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Office Use Only:

Fee: No Fee (this does not include any City services that are used)

Approved ____ Denied ____ City Planner Signature: _____

Planner Notes: _____

Police Chief Signature: _____ Date: _____

Police Dept. Notes: _____

Public Works Signature: _____ Date: _____

Public Works Notes: _____

