



# COMMUNITY EVENT PERMIT APPLICATION

City of Aberdeen  
Finance Office  
123 South Lincoln Street  
Aberdeen, SD 57401 (605) 626-7023  
Website: <http://www.aberdeen.sd.us>

## Event Information

Name of Event Sponsor/Applicant:

Address: City: State: Zip Code:

Telephone Number: Cell Number: Fax Number:

Email Address:

Name of Event: Proposed Locations:

Event Date: Approx. No. of Participants: Event Start Time (Include Setup): Event End Time (Include Teardown):

WebSite: Event Open to Public? Sponsored by a Non-Profit:  
 Yes  No  Yes  No

Event Contact Person (If different from above):

Address: City: State: Zip Code:

Telephone (Home): Telephone (Work): Cell Number:

Fax Number: E Mail Address:

You must submit the following with this application:

1. Site plan, showing proposed location of
  - a. Street Closures
  - b. Vendors
  - c. Concert Stages
  - d. Sanitation Facilities
  - e. Trash Receptacles
  - f. EMT/First Aid Station

2. Traffic Control Plan, including, street closures, and emergency vehicle routes
3. Sanitation and Clean Up Plan
4. Must submit a Certificate of Liability Insurance for the Event.

**YOU MUST ANSWER THE FOLLOWING QUESTIONS:**

_____ NO _____ YES	Will anyone be selling taxable Goods or services?	If yes, you must attach a copy of the sales tax license for each seller of goods and/or services.
_____ NO _____ YES	Will signs for the event be erected?	If yes, you must submit a specimen of the sign (s), including dimensions, proposed postng locations, and sign composition.
_____ NO _____ YES	Will alcoholic beverages be sold?	If yes: <ol style="list-style-type: none"> <li>1. You must obtain an alcoholic beverage license. Contact the City Finance Office (626-7023) for Information.</li> <li>2. You must provide a security plan. Contact the Aberdeen Police Department (626-7000) for security plan requirements.</li> </ol>
_____ NO _____ YES	Will food be sold?	If yes, you must provide the names and contact information of each person or vendor selling food.
_____ NO _____ YES	Will amplified sound be used?	Without Council approval, all amplified sound must cease by 10:00 p.m.
_____ NO _____ YES	Will fireworks, pyrotechnics, or other incendiary devices be used?	If yes, you must provide a plan for such use with this application. Contact the Fire Marshal for assistance (626-7024).
_____ NO _____ YES	Will you use any recreation trails for your event?	If yes, you must provide a map identifying the exact route to be used. No paint or permanent markings may be applied on the trails. Contact Parks & Rec. Dept. at (626-7015) for Use Permit.

_____ NO _____ YES	Will the event take place downtown (6 <sup>th</sup> Ave. South to Railroad Avenue; Washington Street to First Street.	If yes, you must contact the Aberdeen Downtown Business Improvement District (226-3441) and provide a letter of support from the ADA.
_____ NO _____ YES	Will temporary electric service be used?	If yes, the installation must be permitted and inspected. Contact the State Electrical Commission (1-800-233-7765) for more information.

**RELEASE OF LIABILITY**

Release, hold harmless, and indemnification agreement:

To the fullest extent permitted by law, \_\_\_\_\_ (Applicant) hereby agrees to defend, pay in behalf of, and hold harmless the City of Aberdeen against any and all claims, demands, suits, losses, including costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Aberdeen, its elected and appointed officials, employees, volunteers, agents or all others working in behalf of the City of Aberdeen, by reason of personal injury, including bodily injury and death; and/or property damage or intended wrongful act, including loss of use thereof, which arose out of the alleged negligence of Applicant and/or in any way connected or associated with the event(s) for which this permit is issued.

I certify that the statements made herein are true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Its: (Position/Title) \_\_\_\_\_

<b>For Office Use Only</b>				
Received By:	Date Received:	Permit #:		
Required Signatures/Comments				Date
Planning Department	_____	YES	NO	_____
Police Department	_____	YES	NO	_____
Code Enforcement	_____	YES	NO	_____
Fire Department	_____	YES	NO	_____
Building/Health/ADA	_____	YES	NO	_____
Attorney	_____	YES	NO	_____
Public Works	_____	YES	NO	_____
Other	_____	YES	NO	_____