



'Gateway to a Good Life
 308 5th Ave West
 Gooding, ID 83330-1205
 208 934-5669 Phone
 208 934-5425 Fax

City of Gooding

Incorporated November 21, 1910

Mayor: Jeff Brekke
 Clerk: Hollye Lierman

City Council
 Michael 'Mitch' Arkoosh
 Chuck Cram
 Jerry Pierce
 Jan Shepherd

Application for Event Permit

Must be submitted no later than ten (10) days prior to the event.

This application is to be used when the request for a permit is to cover the closing of a street/s or an event to be held within a building within the City that is not a part of the normal use for the space. This does NOT cover requests for multiple activities.

FOR INTERNAL USE ONLY:

Date Application Received: _____

Actions Taken and When:

City Approval: _____ **Date:** _____

Sheriff's Department approval when applicable: _____

A. GENERAL INFORMATION

Event Name: _____

Date(s) of Event: _____

Beginning Time of Event: _____

Ending Time of Event: _____

Location of Event: _____

Set-up: Date: _____ Start Time: _____ End Time: _____

Dismantle: Date: _____ Start Time: _____ End Time: _____

Estimated attendance (per day): _____

B. APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Sponsoring organization name: _____

Applicant Name: _____ **Title:** _____

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

Phone: _____ Fax: _____ Email: _____

On-Site Contact: _____ **Title:** _____

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

Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____

Phone: _____ Cell: _____ Email: _____

C. BRIEF DESCRIPTION AND PURPOSE OF EVENT (attach additional page if necessary)

D. STREET CLOSURE REQUEST

Will any streets, lanes of streets or alleys be closed for the event? Yes No

If “yes”, you must list all street(s) and alleys (or lanes of streets) requiring temporary closure (either full or partial) as a result of this event.

STREET NAME OR ALLEY	DATE OF CLOSING	TIME OF CLOSING	DATE OF REOPENING	TIME OF REOPENING

E. EVENT DETAILS

YES NO

 Will you provide portable toilets for the public attending your event?
If yes, how many? _____ ADA Accessible: _____

 Will signs and/or banners be displayed as part of guidance for the event?
If yes, you may need to submit a signage plan indicating any route/course markings, all banners and signs that will be displayed, all parking signs, and the set-up/removal plan of the signs and banners.

 Does this event require the use of additional trash containers provided for by the City of Gooding?
If yes, how many and where will the placements be needed (there is a charge for this service)

 Will there be additional security required for this event?
If yes, please describe: _____
In some cases the Sheriff's Department may require additional security as well as the minimum number of security personnel.
Name of Security Company and number of security personnel: _____

 All events require parking for participants within the development where the event is being held. Please refer to the requirements below:
1. Parking for all patrons, vendors, service providers, and event staff must be accounted for.
2. Use of all parking lots, driveways, and street parking must be identified.
3. Use of private property (including driveways) is prohibited unless written permission from the property owner is attached to this application.
4. All fire lanes and fire hydrants must be kept clear of any parked vehicles and any other obstructions for the entire course of the event, including set-up and take-down time.

F. INDEMNIFICATION

The applicant shall indemnify and hold harmless the City of Gooding, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expense, including attorney fees, arising out of the permitted activity or the conduct of applicant's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from; and (2) is not caused by any negligent act or omission of willful misconduct of the City of Gooding or its employees acting within the scope of their employment.

G. SPECIAL INFORMATION FOR APPLICANTS

- No permanent alterations to any street will be permitted.
- The Applicant shall be responsible for hiring and paying off-duty law enforcement officers, or reimbursing the City for the costs of providing on-duty law enforcement officers, to appropriately police street closures.
- The Gooding Police Department shall determine the number of officers needed to appropriately police street closures (if applicable) and for internal security, and the number of emergency medical technicians needed, and the time when such services shall commence and end.
- All applicable City Departments will review permit application and will provide a list of requirements needed prior to the issuance of a permit. All requirements must be met before the permit or event can be approved.
- Catering permits that may be used must be approved by the Gooding Police Department.

H. AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application, as well as all submitted attachments and/or maps and site plans, are true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Event Permit, and I understand that this application is made subject to the rules and regulations established by the City of Gooding and/or Gooding County Sheriff's Department. I further agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and thereby agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Hosting Organization to the City of Gooding.

I have read and do fully understand the requirements and responsibilities set forth by this permit. I agree to comply with all requirements listed upon issuance of my Events Permit.

Applicant Name: _____ Title: _____
(Please Print)

Host Organization: _____

Signature: _____ Date: _____