

City of Gallipolis
Parks & Recreation Department
333 Third Avenue / P.O. Box 339
Gallipolis, OH 45631
 (740) 441-6022 or (740) 446-1789X626

CITY PARK – SPECIAL EVENT / COMMUNITY EVENT APPLICATION

DATE OF EVENT: _____ TIME OF EVENT: _____

LOCATION: _____

NAME: _____

ADDRESS: _____

STREET CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____

PURPOSE: _____ APPROX. NO. ATTENDING: _____

FEE STRUCTURE

City Park: Quadrant 1 2 3 4
 \$ 100.00 per Quadrant _____
 \$ 200.00 Half Park _____
 \$ 300.00 Full Park _____

Stage Fee:
 \$ 75.00 per day _____

Work order for City of Gallipolis:

- | | | |
|----------------------------------------------------|-----------|----------|
| 1. Street Closed (\$25.00/day) | YES _____ | NO _____ |
| **Additional Form** | | |
| 2. Water hook-up (\$50.00/day) | YES _____ | NO _____ |
| 3. Electric hook-up (\$60.00/box) | YES _____ | NO _____ |
| 4. Restroom Facilities | YES _____ | NO _____ |
| **Additional Facilities responsibility of Renter** | | |
| 5. Trashcans | YES _____ | NO _____ |
| 6. Dumpsters | YES _____ | NO _____ |
| **Additional Form** | | |
| 7. Insurance Form | YES _____ | NO _____ |
| 8. Mobile Vendors | YES _____ | NO _____ |
| 9. Mobile Food Vendors | YES _____ | NO _____ |
| **Additional Form** | | |
| 10. Inflatables/etc. | YES _____ | NO _____ |
| **Additional Form** | | |

GUIDELINES FOR CITY FACILITIES

- All fees shall be paid before the events take place. Fees for permits sponsored by the City of Gallipolis are waived.
- Person(s) obtaining a permit to use City Facilities must be at least 21 years of age and shall be responsible for the group's conduct and respect for the facility.
- If Admissions Fees are charged, including pre-sale and gate admissions, the City of Gallipolis will receive 10% of all **GROSS** earnings.
- **The bandstand will NOT be used for non-City sponsored events or functions due to the preservation of the historical structure (i.e.; banners, signs, lights, nails, staples, tape, etc.).**
- There shall be no alcoholic beverages (without proper permits) or gambling equipment of any kind on the street or in the park(s).
- The City of Gallipolis reserves the right to require the renter to schedule officers from the Gallipolis Police Department for specific functions at the rate of \$50.00 per hour, two (2) hour minimum. Holiday Rates: \$60.00 per hour, two (2) hour minimum.
- No passenger cars / trucks / or overnight camping will be permitted at any time unless prior approval has been given by the City of Gallipolis.
- All dogs shall be on leashes and owners shall be responsible for all clean up.
- **Prior to placing any tents, stakes, or other items in the ground the renter must contact 811 and or the City of Gallipolis to locate utility lines in and around the park**

The City of Gallipolis must receive the application and payment within **21 business days** prior to the event to ensure every opportunity to allow details to be worked out. **No changes may be made within seven (7) business days of the event.** If / when an event is cancelled, the date shall be rescheduled. **NO REFUNDS.** If the City of Gallipolis cannot approve your application request, you will be contacted. If a fee is applicable to any of the above requests, the applicant will be assessed these fees.

In consideration for the use of City Facility noted herein, the undersigned agrees to hold the City harmless for any and all injuries or property damage suffered by the undersigned or his / her invitees and for any injuries or property suffered by a third party occasioned by the undersigned's use of such use of the facility. The undersigned is familiar with, and appreciates the risk of the use of the facilities noted herein and agrees to assume all risk associated with such use. If the City shall incur necessary expenses, or become obligated to pay attorney fees or court costs, the undersigned agrees to reimburse the City therefore.

Signature of Applicant

Date

Signature of City Manager or Designee

Date

DATE FORM COMPLETED: _____

DATE FORM RECEIVED: _____

FEE PAID: _____

DATE PAID: _____