

Sep 21-0001



## SPECIAL EVENT APPLICATION

Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed. Please remember you need to apply for your permit a minimum of 60 days (for events that have road closures) or 30 days (for events with no road closures) prior to the event.

### APPLICANT INFORMATION

Name of Company/Organization Mohave County Fair Assoc.				<input type="checkbox"/> Street Closure- \$100.00 <input type="checkbox"/> Non-Street Closure- \$50.00 <small>(Please select one of the above options)</small>	
Mailing Address 2800 Fairgrounds Blvd	City Kingman	State Arizona	Zip Code 86401		
Physical Address Same as above	City	State	Zip Code		
<b>Event Coordinator</b>					
Name Tim Woods		Office Phone Number 928-753-2636			
Email Address mohavecountyfair@outlook.com		Home Phone Number N/A			
Fax Number 928-753-8383		Cell Phone Number 928-716-5521			

### GENERAL EVENT INFORMATION

Name of Event 2021 Home and Garden											
Event Date(s) April 23 thru 25 2021											
Event Start Time 10:00AM	Event End Time 12:01AM										
<b>Type(s) of Event</b> <input type="checkbox"/> Parade/March/Procession <input type="checkbox"/> Concert/Performance/Live Music <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Extension of Premise <input type="checkbox"/> Race/Walk/Cycle/Skate/Recreation Activities <input checked="" type="checkbox"/> Festival <input type="checkbox"/> Other											
<b>Proposed Location of Event</b> Location is Mohave County Fairgrounds <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Public Property <small>*Events taking place on Private Property must provide written permission from the property owner. This letter must accompany the application.</small>											
<b>Anticipated Attendance</b> Participants 300 Spectators 10,000 Audience Demographics All Ages											
<b>Event History</b> <input type="checkbox"/> New Is this considered to be an annual event? *If yes, how many years has event occurred?											
<b>Extension of Premise</b> Name of property owner where event is to be held Address Phone Number <small>*Please attach letter of permission from Property Owner</small>											
<b>Nonprofit Benefactor</b> <small>*Please attach a letter from the non-profit organization verifying their partnership</small>											
<b>Event Co-Producers</b> Will you have event co-producers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, complete below.</small> Co-Producing Organization Contact Name and Phone Number											
<b>Event Details</b> <table style="width: 100%;"> <tr> <td><b>Fees</b></td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cost 10.00 7.00 5.00  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cost 10.00 to 15.00  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cost unknown         </td> </tr> <tr> <td><b>Set Up</b></td> <td><b>Tear Down</b></td> </tr> <tr> <td>Date/Times April 20 2021</td> <td>Date/Times April 26 2021</td> </tr> <tr> <td>Open to the public</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If no, please describe why?</td> </tr> </table>		<b>Fees</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cost 10.00 7.00 5.00 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cost 10.00 to 15.00 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cost unknown	<b>Set Up</b>	<b>Tear Down</b>	Date/Times April 20 2021	Date/Times April 26 2021	Open to the public	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please describe why?	
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Date/Times April 20 2021	Date/Times April 26 2021										
Open to the public	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
If no, please describe why?											

Contact person for media/citizen information, questions or concerns

Name Mohave County Fair Assoc.

Phone Number 928-753-2636

Email Address mohavecountyfair@outlook.com

Event Web Site mcfaifairgrounds.org

#### Event Description

Vendors and contractors for everything home improvement. Food, drinks, and carnival. Open livestock show

#### Illustrative Site Map

A site map of the event area including location(s) of equipment and activities must be submitted with this application.

### FIRE SERVICES

#### Medical

Do you want fire services?

☒

On Call

☐

On Site

Will you have a first aid station on site?

☒

Yes

☐

No

#### Structures

Canopies

Will you have canopies or tents?

☒

Yes

☐

No

☒

10' x 10'

☐

20' x 20'

☐

Other Size

Scaffolding

Will you have scaffolding?

☐

Yes

☒

No

Where will it be placed? \_\_\_\_\_

What are the dimensions? \_\_\_\_\_

Fencing

Will fencing be used?

☐

Yes

☒

No

Type of fencing \_\_\_\_\_

Height of fencing \_\_\_\_\_

Dimensions of fenced area \_\_\_\_\_

#### Open Flames

Will you have open flames?

☐

Yes

☒

No

What will your open flame usage be? (check all that applies)

☐

Grilling/BBQ

☐

Deep Fryer

☐

Activity/Entertainment

☐

Other \_\_\_\_\_

#### Pyrotechnics

Will you be having fireworks?

☐

Yes

☒

No

Company providing service \_\_\_\_\_

Length of display \_\_\_\_\_

Location of anticipated launching site \_\_\_\_\_

Anticipated start time \_\_\_\_\_

Describe types of materials being used for show

*\*Please see Insurance requirements.*

## TRAFFIC CLOSURES

What closures are being proposed for the event?

Streets ☐ Yes  
 Alleys ☐ Yes  
 Sidewalks ☐ Yes  
 Parking Lots ☐ Yes

☒ No  
☒ No  
☒ No  
☒ No

Provide a detailed description of all traffic closures for this event (include location, times and closure devices)

**\*A Traffic Control Plan and Road Restrictions MUST be completed**

Name of contracted professional barricade company \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

Please describe your parking plans

**\*The City of Kingman will not perform street closure services or provide traffic control barricades.  
 A detailed explanation of the traffic control requirements is attached.**

## VENDOR INFORMATION

### Food

Food or Beverages?

☒ Sold ☐ Free

☐ Yes

☐ No

☐ Caterer

☐ Served

Will food be prepared on site?

☐ Yes

☐ No

Please describe

All kinds of fair foods

Number of anticipated vendors 20

Do vendors have all permits/licenses with Mohave County Environmental Health Department?

☒ Yes

☐ No

Is your completed vendor list attached to this application?

☐ Yes

☒ No

**\*All vendors must have a City of Kingman business license or purchase a special event vendor permit through the event coordinator.**

### Sponsors

Will you have sponsors?

☐ Yes

☒ No

Will these sponsors have booths?

☐ Yes

☒ No

Will these sponsors be selling items?

☐ Yes

☒ No

### Informational / Crafts / Merchandise

Will you have these types of vendors?

☒ Yes

☐ No

Number of anticipated vendors 200

### Alcohol

Alcohol?

- ☐ No Alcohol  
☒ Sold (State Permit Required)

☐ Present - Free/Hosted

**If Selling Alcohol - Answer This Section**

Have you submitted the special events liquor license application?

☒ Yes ☐ No

Date Submitted Feb.3 2021

Describe your security plan for monitoring the safe sale and/or distribution of alcohol at your event.

Desert Mountain Security will provide armed and unarmed. Servers are trained about serving impaired patrons and the laws on underage drinking

How do you plan on regulating the drinking of alcohol during your event? Please Explain.

MCFA requires a token to receive alcohol. Tokens are for sale at the main entrance to the Fairgrounds. No cash will be taken at sale point. All servers are trained in Arizona liquor laws

### PUBLIC SAFETY

Responsible person on site Tim Woods

Cell Phone Number 928-716-5521

Please describe your plans for on site security.\*\*

Armed and unarmed security will be onsite.

Private security company name Desert Mountain Security

Security guard certification Yes

# of security personnel 20 to 25

How identified? uniformed

Will security be providing: ☒ Armed Security

☒ Unarmed Security

**\*The City of Kingman will not provide police services/security for special events outside of general calls for service in emergency situations.**

### RESTROOM FACILITIES

If your event will be held in a City of Kingman Park, will you be using the city facilities?

☐ Yes ☒ No

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Will you bring in portable facilities?

☒ Yes ☐ No

Name of company providing services \_\_\_\_\_

Delivery Date \_\_\_\_\_

Delivery Time \_\_\_\_\_

# of standard units \_\_\_\_\_

# of disabled units \_\_\_\_\_

# of handwashing stations \_\_\_\_\_

Pick-Up Date \_\_\_\_\_

Pick-Up Time \_\_\_\_\_

**EVENT MAINTENANCE / CLEAN-UP**

Do you want to rent trash containers from the City?

☒ Yes☐ No

90 Gallon Containers

Quantity \_\_\_\_\_

Delivery Date/Time \_\_\_\_\_

How will you dispose of the trash?

☐

On-Site Roll Off Bins

☐

Hauling Trash Off-Site

If roll off bins are brought in...

What company will be used? \_\_\_\_\_

Location of roll off bin \_\_\_\_\_

Delivery Date \_\_\_\_\_

Delivery Time \_\_\_\_\_

Removal Date \_\_\_\_\_

Removal Time \_\_\_\_\_

Are you hiring a professional clean up crew?

☐ Yes☐ No

Name of company \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Person responsible for final clean up \_\_\_\_\_

\*It is the responsibility of the event organizer to ensure trash is picked up during and at the conclusion of the event. Event organizer is responsible for all trash on the event site and any trash associated with the event or event patrons or spectators that impact the surrounding area, adjacent streets, right-of-way, neighborhood homeowners property, schools, businesses or places of worship.

**AUXILLARY EVENT INFORMATION****Electrical**

Please list the following

Equipment Utilizing Electricity

Voltage/Amperage

# of Outlets

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

Generators on-site?

☐ Yes☐ No

Name of company providing services \_\_\_\_\_

Size of Generator

Quantity

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**Water Requirements**

Please list the following

Item Needing Water

Potable/Non-Potable

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**Signs - Banners**

List all signs/banners being used

Locations

Size

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will these banners be hung/secured? \_\_\_\_\_

**Bleachers**

Will you have bleachers?

☐ Yes☒ No

Quantity \_\_\_\_\_

Bleacher Dimensions

Name of company providing services \_\_\_\_\_

Placement location \_\_\_\_\_

**ENTERTAINMENT / AMPLIFIED SOUND**

Will there be a stage or multiple stages?

☐ Yes☒ No

Quantity \_\_\_\_\_

Stage Dimension \_\_\_\_\_

Who are you getting the stage from? \_\_\_\_\_

What will take place on the stage? Please Explain

Will there be amplified sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be a sound check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What time will the sound check take place? _____		
Will Inflatables be on site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Name of company providing services _____		
List types of Inflatables	Quantity	Sizes
_____	_____	_____
_____	_____	_____
*Attach Certificate of Insurance for Inflatable Company		
Will Mechanical Rides be on site?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Name of company providing services <u>Brown's Entertainment</u>		
List types of Rides	Quantity	Sizes
<u>Merry go Round</u>	_____	_____
<u>Thrill rides</u>	_____	_____
<u>Games</u>	_____	_____
<u>fun house</u>	_____	_____
*Attach Certificate of Insurance for Mechanical Ride Company		
Will Animals be on site?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Name of company providing services _____		
List types of Animals	Quantity	
<u>Open show animals</u>	_____	
_____	_____	
_____	_____	
***PLEASE SEE INSURANCE REQUIREMENTS.		

### DOWNTOWN KINGMAN EVENTS ONLY

**\*\*Complete this section if your event takes place in the Downtown Kingman Entertainment District Boundaries\*\***  
**Please see neighborhood notification requirements below. A map of the Entertainment District is attached.**

Are there any downtown businesses involved in planning this event? List Business Names

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How and where will you be promoting this event?

Describe how this event will benefit Downtown Kingman and the local merchants.



## INSURANCE REQUIREMENTS

For consideration to hold the event and use of City property, the applicant agrees to provide general liability insurance and indemnify, defend and hold the City of Kingman harmless as set forth in the Insurance Specifications and Indemnification guidelines (attached). If your event includes alcohol, liquor liability or host liquor liability coverage must be included on your certificate of insurance. Certificates of insurance are due **NO LATER** than **30 days** before the event date. Failure to comply with insurance requirements will result in the forfeiture of the use of city property for the event or future events.

\_\_\_\_\_  
(INITIALS)

\_\_\_\_\_  
Name of Insurance Certificate Holder

## MISCELLANEOUS ITEMS

Will public official(s) be invited to the event?

☒ Yes

☐ No

Explain

## ACCESSIBILITY

It is the responsibility of the event organizer to ensure the event site is accessible to the disabled. Such examples are public sidewalks may not be blocked with tents, portable toilets or other structures; cables or electrical cords must not create an obstacle; ADA accessible parking and portable toilets must be available. Vendors should be prepared to meet any accessibility accommodations.

TW

\_\_\_\_\_  
(INITIALS)

## NEIGHBORHOOD NOTIFICATION

The applicant is **required** to notify residents, businesses, places of worship and schools that are affected by street closures and/or noise related to your event. **This notice must be submitted to the City Clerk's Office for review prior to notification delivery.** Once approved, the notice must then be mailed or hand delivered to designated impacted areas at least **two** weeks prior to your event (or sooner per the level of impact of the event on the community). Information on the notice should include, but not be limited to; the name of the event, date(s), time(s), location, type of activity and telephone number where the public can contact your organization for concerns or issues. **Failure to comply with notification requirement can result in the cancellation, postponement or other significant restrictions to your event or future events. Verification of neighborhood notification is required.**

TW

\_\_\_\_\_  
(INITIALS)

## PLEASE READ CAREFULLY BEFORE SIGNING

The applicant agrees to indemnify, defend, and save harmless the City of Kingman, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively; from all losses, claims, suits, actions, payments and judgments, demands, expenses, attorneys' fees, defense cost, or actions of any kind and nature resulting from personal injury to any person, including employees of the applicant or of any subapplicant employed by the applicant (including bodily injury and death) or damages to any property arising or alleged to have arisen out of the negligent performance of the applicant for the work to be performed hereunder, except any such injury or damages arising out of the sole negligence of the City, its officers, agents or employees.

IT IS THE INTENTION OF THE PARTIES to this contract that the City of Kingman, its Mayor and Council, appointed boards and commissions, officials, officers, employees, individually and collectively, are to be indemnified against their own negligence unless and except their negligence is found to be the sole cause of the injury to persons or damages to property. The amount and type of insurance coverage requirements set forth in the contract will in no way be construed as limiting the scope of indemnity in this paragraph.

I certify that the information set forth within this application is complete, true and correct to the best of my knowledge and belief, and that I have received and will comply with the information set forth on the attached Information Sheet and Fact Sheet. Information from your application is considered public information and may be used in developing a calendar of community events. Acceptance of your application should in no way be construed as final approval or confirmation of your request. The City of Kingman reserves the right to refuse the application and it is revocable if deemed in the best interest of the City of Kingman.

*Tim Woods*

\_\_\_\_\_  
Authorized Agent/Event Coordinator Name (PRINT)

*GM*

\_\_\_\_\_  
Title

*Tim Woods*

\_\_\_\_\_  
Signature

*2-3-21*

\_\_\_\_\_  
Date

**Mail or Deliver Completed Application To**

City Clerk's Office  
City of Kingman  
310 N. Fourth Street, Kingman, AZ 86401