



For Office Use Only

Documents Received

Date: _____

- ____ Completed Application
- ____ Fireworks Application (\$25 fee)
- ____ Insurance Certificate
- ____ Public Safety & Event Management Plan
- ____ Site Plan/Route Map (\$25 fee) (Road Race)
- ____ Vendor List (\$50 fee/each)
- ____ Parking fees

Special Events Meeting

Date _____

Time _____

Room _____

Documents Sent:

- ____ Alcohol License ABD _____
- ____ Fireworks Permit
- ____ Road Race Permit
- ____ TOP
- ____ Vending Permit
- ____ Other _____

Departments Included

- ____ City Manager: Brian Phillips and Taylor Swanson
- ____ CyRide: Jenny Bethurem or Rob Holm or Kevin Gries
- ____ Electric: Mark Imhoff
- ____ Fire: Jason Ziph or Rich Higgins
- ____ Parks & Rec: Craig Kaufman or Joshua Thompson
- ____ Public Works: Brad Becker
- ____ Police: Amber Christian
- ____ Risk Management: Bill Walton
- ____ Water

CAA: Sarah Dvorsky
AMS: Sarah Dvorsky
ISU: Events Authorization Committee

City Council Meeting

Date _____

____ Added to Agenda with CAF Approved Y N

Reminder Date _____

SPECIAL EVENT APPLICATION

Applications received less than thirty (30) days before the event may not be processed by the City in time for the event and will automatically be denied. Each application is viewed as a new event regardless of previous occasions.

Event Name _____

Location/Address _____

Region (Select one or more)

- ☐ Ames Main Street (Downtown)
- ☐ Campustown District
- ☐ Iowa State University Property
- ☐ City Parks
- ☐ Other (please explain)

Please note that events occurring in the Downtown, Campustown, in City parks, or on ISU property require prior approvals. A letter of support will be required from CAA if the event occurs in Campustown or from Ames Main Street if the event occurs in Downtown. Please contact the appropriate office well in advance:

Downtown - Ames Main Street: (515) 232-2310
Campustown Action Association: (515) 232-2310
ISU - Events Authorization Committee: (515) 294-1437

director@amesdowntown.org
sarahd@ameschamber.com
eventauthorization@iastate.edu

TIMELINE

Setup	Date	Time	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F <input type="radio"/> Sa <input type="radio"/> Su
Event Starts	Date	Time	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F <input type="radio"/> Sa <input type="radio"/> Su

Detailed Description of Event Activities (written overview of event and what's going to happen)

Event Ends	Date	Time	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F <input type="radio"/> Sa <input type="radio"/> Su
Teardown Complete	Date	Time	<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> R <input type="radio"/> F <input type="radio"/> Sa <input type="radio"/> Su

Event Category

- ☐ Athletic/Recreation
- ☐ Exhibits/Misc.
- ☐ Festival/Celebration
- ☐ Parade/Procession/March
- ☐ Concert/Performance
- ☐ Farmer/Outdoor Market
- ☐ Other (please explain)

Rain Date _____ Rain Location _____

Yes No



Is this an annual event? If yes, how many years?

CONTACTS

Sponsor/Applicant Name

Address

City

State

Zip Code

Daytime Phone

Cell Phone

E-mail

Alternate Contact Name

Daytime Phone

Cell Phone

E-mail

ATTENDANCE

Anticipated Daily Attendance

Yes No

☐☐

Is this event open to the public?

☐☐

Is your event being held in conjunction with another event (e.g. *Farmers' Market, 4th of July*, etc.)? If yes, please list:

ORGANIZATION STATUS/PROCEEDS

☐ For-Profit

☐ Bona Fide Tax Exempt

☐ Nonprofit

Yes No

☐☐

Are patron admission, entry, or participant fees required? If yes, please describe and provide amounts:

☐☐

Are vendor or other fees required? If yes, please provide amounts:

Percentage of net proceeds going towards fundraising

%

Percentage of net proceeds going towards for-profit entity

%

SECURITY

Ames Police Department 24 hour non-emergency phone number: 515-239-5133

Please complete the course at <https://www.crowdmanagers.com/training> for crowd management training.

Yes No

☐☐

Have you hired a professional security company to develop and manage your event's security plan? If yes, please fill out the following information:

Security Organization

Address

City

State

Zip

Phone

Email

SITE PLAN/ROUTE MAP CHECKLIST

Submit an event site plan/route map with your application and include the following elements that pertain to this event:

- ☐ An outline of the entire event venue including street and landmark names. If the event involves a moving route of any kind, indicate the direction of travel.
- ☐ The provision of minimum ten foot (10') space between food trucks or cooking operations.
- ☐ Temporary Structures: *fencing, cooking areas, vendor locations, generator locations and/or source of electricity, placement of trailers and/or vehicles, tents, stages, scaffolding, bleachers, grandstands, canopies, portable toilets, booths, beer gardens, trash containers, dumpsters, other temporary structures.*
- ☐ Exit locations
- ☐ A detailed [Public Safety & Event Management Plan](#) form **MUST** be included with this application.

ACCESSIBILITY AND PARKING CHECKLIST

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, State, and Federal access requirements. The event and parking areas need to be accessible for persons with disabilities.

Yes No

- ☐ ☐ Will there be a Clear Path of Travel (at least 48" wide) throughout your event venue?
- ☐ ☐ Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? If yes, please describe below or include details on your overall map.
- ☐ ☐ Will all food, beverage, and vending areas be accessible to persons with disabilities?
- ☐ ☐ Will signage be in highly contrasting colors and placed at visible heights (unobstructed by crowds)?
- ☐ ☐ If all areas of your event venue cannot be made accessible, will maps or programs be made available to show the location of accessible features?

STREET AND PARKING LOT CLOSURES

Do you request any of the followingsafety equipment? (Please note that availability is not guaranteed)

Yes No

- ☐ ☐ Barricades
- ☐ ☐ Traffic cones
- ☐ ☐ Safety vests

Drop off Date Time Location

Will your event require the closure of any of the following?

Yes No

- ☐ ☐ City parking meters? If yes, how many?
- ☐ ☐ City parking lots? If yes, which lot(s)?
- ☐ ☐ City reserved parking spaces? If yes, how many?
- ☐ ☐ City streets or sidewalks? If yes, provide detail on map.
- ☐ ☐ CyRide Routes? If yes, which route(s)?

ENTERTAINMENT AND RELATED ACTIVITIES

If your event will exceed 60 decibels, a [Noise Permit](#) issued by the Ames Police Department is required. If your event includes the use of fireworks or pyrotechnics, a [Fireworks Permit Application](#) is required.

Yes No

☐☐

Are there any musical entertainment features related to your event? If yes, complete the following:

Number of Stages

Number of Performers/Bands

Performer/Band name and music type

ALCOHOL

Yes No

☐☐

Does your event involve the use of alcoholic beverages? If yes, please check all that apply:

☐

Free/Host Alcohol

☐

Beer

☐

Alcohol Sales

☐

Wine

☐

Host and Sale Alcohol

☐

Distilled Spirits

Name of license holder(s) for event:

What measures will you take to manage alcohol consumption at the event? Check all that apply:

☐

Six-foot high fencing

☐

Two four-foot fences six feet apart

☐

No admittance under 21

☐

Wristbands for attendees 21+

☐

Wristbands for attendees under 21

☐

Trained ID checkers

☐

Non-alcoholic beverage options

☐

Service limitation policies

☐

End alcohol service prior to event conclusion

☐

Other (describe):

FOOD SERVICE AND VENDING

Yes No

☐☐

Will items or services be sold at your event? If yes:

1. Please indicate vending locations on your map.

2. Please attach a list of vendors, including business names, owners, phone numbers, business addresses, items sold, and include a photograph or sketch of the dimensions of each cart or booth.

Note that food vending operations must be inspected by the Iowa Department of Inspections and Appeals.

VENDOR PARTICIPANTS - Appropriate [Vendor Permits](#) are required and must be posted at each vendor site on the day of the event.

Number of Vendors

List of Vendors

RESTROOMS AND SANITATION

Yes No

☐☐

Do you plan to provide portable restroom facilities at your event? *1 toilet per 100 participants is recommended at minimum.*

If yes:

Total number of portable toilets

Number of ADA accessible toilets

Setup Date

Time

Pickup Date

Time

If you plan to use permanent toilets, please describe:

How will you remove garbage during and after your event?

ELECTRICITY AND WATER

Yes No

☐☐

Do you require access to City-owned electrical outlets? If yes, describe:

☐☐

Do you require access to water from City facilities? If yes, describe:

COMMUNICATIONS WITH NEIGHBORS

Describe the efforts you have made or plan to make to communicate the details of your event to the affected residents and businesses in the area. (select all that apply)

☐

Present your event to the officially recognized community groups that represent the affected area (e.g., AMS, CAA, neighborhood associations, etc.)

☐

Mail notices to affected residents and businesses

☐

Go door-to-door with event information

☐

Place signs in the affected area prior to the event

☐

Distribute event details to affected neighbors via email

☐

Obtain approval signatures from affected residents and business owners

☐

Other (describe):

INSURANCE REQUIREMENTS

Insurance is required for all special events. Your event will not be scheduled for a City Council Meeting until insurance is received and approved by the City of Ames Risk Management. The applicant shall furnish the City of Ames with a certificate of insurance, written by a company authorized to transact business in the state of Iowa, evidencing the following coverage:

- Comprehensive General Liability Insurance with limits no less than \$500,000 combined single limit per occurrence for bodily injury, personal injury and property damage.

- The policy shall name the City of Ames as an Additional Insured and require 30-days written notice of cancellation. The coverage shall be as broad as the ISO Form Number CG0001 covering commercial general liability on an occurrence basis only.

For road races, the applicant may furnish the City of Ames with an approved sanction from the athletic congress in lieu of furnishing insurance certificate from a commercial carrier.

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Ames Municipal Code, and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply will all other requirements of the City, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. I 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 therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Ames. I understand and agree that the City of Ames may rescind its permission to use City property at any time should it be determined to be in the best interests of the City.

Print Name of Applicant/Host Organization

Title

Signature

Date

Print Name of Event Organizer Title

Title

Signature

Date

FOR EVENTS INVOLVING FIREWORKS ONLY

Print Name of Fireworks Display Operator

Signature

Date

This page must be signed and dated in ink. Please either: (1) print this completed form, sign and date it, and submit it to the City Clerk's Office, or (2) be prepared to sign and date the completed form at the time of your Special Events Committee meeting, if one is to be held.

Submit your completed Special Events Permit Application and all additional applications needed for your event to: grace.bandstra@cityofames.org

City of Ames - City Clerk's Office
PO Box 811
Ames, IA 50010

CITY DEPARTMENT CONTACT NUMBERS

City Clerk (applications, permits)	515-239-5105
Electric	515-239-5170
Fire Department	515-239-5109
CyRide (Transit)	515-239-5566
Risk Management (Insurance questions)	515-239-5102
Parks & Recreation	515-239-5349
Police Non-Emergency.....	515-239-5133
Public Works (Traffic and parking meters)	515-239-5550
Water	515-239-5150