



*City of Crosby
Special Event Application*

Date of Application _____

Name of Organization _____

Address _____

Name of person representing the organization _____

Day and Evening Phone #'s _____

Event Name _____

Location of event _____

Date(s) of Event _____

Time(s) of Event _____

Approximate number of people expected _____ Number of event staff _____

Public health plans _____
(supply of water to site, solid waste collection, toilet facilities)

Fire prevention/emergency service plans _____

_____ Will City services be utilized _____
(yes or no)

Security plans _____

_____ Will City services be utilized _____
(yes or no)

List any other City services that will be necessary _____

Street or alley to be closed _____

Signature of Requestor _____

By signing this application, the applicant/organization agrees to indemnify, defend and hold the City, its officials, employees and agents harmless from any claim that arises in whole or in part out of the special event, except any claims arising solely out of the negligent acts or omissions of the City, its officials, employees and agents. By signing this application, you will also agree the City ordinance will be followed as pertaining to the event.

- **INCLUDE A CERTIFICATE OF LIABILITY INSURANCE WITH A GENERAL LIABILITY MINIMUM OF \$1,000,000.**
- **IF ALCOHOL WILL BE SERVED, INCLUDE A TEMPORARY ON-SALE LIQUOR APPLICATION AND INCLUDE LIQUOR LIABILITY ENDORSEMENT ON THE CERTIFICATE OF LIABILITY INSURANCE.**
- **IF FOOD WILL BE SERVED AT THE EVENT, A COPY OF THE CATERER'S LICENSE IS REQUIRED.**

FOR INTERNAL USE

Received Date: _____

Police Dept Approval: _____

Council Approval Date: _____

Total due: \$40.00 per event

Code: 2:203 (100-32120) Payable in advance of approval