



LICENSE NO: _____

FESTIVAL & EVENT PERMIT APPLICATION

Submit Completed Application to: 401 Main Street, Boonville MO 65233
Phone : 660-882-2332 / Fax: 660-882-6608 or e-mail

APPLICATION INSTRUCTIONS & TIMELINE

- Please fill out all information on this form as it pertains to your event
- Events that require street closures or other special requests are required to go before City Council for approval and to give the effected public the opportunity to address the council with any concerns. *Must submit 2 months prior to event
- Events on City property will require a \$1,000,000 liability insurance policy

EVENT INFORMATION

Event Name: _____

Event Start Date: _____ Event End Date: _____

Date of Set Up: _____ Times: _____

Date of Tear Down: _____ Times: _____

Proposed Location: _____

☐ Downtown Area

☐ Kemper Park

☐ Harley Park

☐ Second Street Area

☐ Depot District *State Park Permit required also

Expected Attendance: _____ # of Staff & Volunteers: _____

Are Vendors Expected? YES ☐ NO ☐ If YES, how many? 1-15 16-20 21-25 26+

- Vendors are defined as those selling goods, food and services at the event that do NOT have a current Merchant License with the City of Boonville
- Vendors that are already exempt such as non profit groups and agriculture based vendors for Farmer's Market do not count in the vendor total

Vendor License Fee: ☐ (1-15) \$50 ☐ (16-20) \$75 ☐ (21-25) \$100 ☐ (26+) \$125

EVENT ORGANIZER INFORMATION

Company/ Organization Name: _____

Organizer's Name: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Cell Phone: _____

Phone: _____ Cell Phone: _____

WHAT CITY SERVICES WILL BE REQUESTED

<u>City Services-</u>	<u>Yes</u>	<u>or</u>	<u>No</u>	<u>Describe Your Needs-</u>
Electricity Hookup *AMEREN	<input type="checkbox"/>		<input type="checkbox"/>	_____
Water Hookup	<input type="checkbox"/>		<input type="checkbox"/>	_____
Dumpster / Trash Cans	<input type="checkbox"/>		<input type="checkbox"/>	_____
Picnic Tables	<input type="checkbox"/>		<input type="checkbox"/>	_____
Street Closure	<input type="checkbox"/>		<input type="checkbox"/>	_____

EVENT COMPONENTS (Check all that apply)

<input type="checkbox"/> Alcohol <input type="checkbox"/> Amplified Sound <input type="checkbox"/> Animals/ Petting Zoo <input type="checkbox"/> Bicycling <input type="checkbox"/> Bleachers <input type="checkbox"/> Carnival Rides <input type="checkbox"/> Concert / Live Music <input type="checkbox"/> Electricity / Generator	<input type="checkbox"/> First Aid/ EMT <input type="checkbox"/> Fireworks <input type="checkbox"/> Food Service <input type="checkbox"/> Inflatables <input type="checkbox"/> Parade / Floats <input type="checkbox"/> Portable Restrooms <input type="checkbox"/> Race (timed event) <input type="checkbox"/> Run (non-timed event)	<input type="checkbox"/> Security <input type="checkbox"/> Signage/Banners <input type="checkbox"/> Sporting Event <input type="checkbox"/> Stage <input type="checkbox"/> Tent / Canopies <input type="checkbox"/> Traffic Control <input type="checkbox"/> Water -City Source <input type="checkbox"/> Vendors
<input type="checkbox"/> *Other Items Not Listed _____		

PARADE & STREET CLOSURE REQUEST

Event Date: _____ Number of Parade Entries: _____

Set up Time: _____ Start Time: _____

Parade Route: _____

Staging Location: _____

Request for Parking Restrictions: ☐ Yes ☐ No

Street Sweeper Requested: ☐ Yes ☐ No

Description of Parking Restriction Request: _____

SITE LAYOUT

For large events, please include a site map and layout of the event, and make sure to include the following information that will be presented to City Council:

Include: tents / canopies, temporary structures, stages, alcoholic beverage areas, locations of portable restrooms, vendors and food concessions, transportation & parking plans, loading zones, vendor access and parking, and emergency vehicle accesses and/or route or any other pertinent information that may be unique to your event.

STREETS TO BE CLOSED

<u>Streets to be closed</u>	<u>From Where to Where</u>	<u>Times to be Closed</u>	<u>How many door hangers needed</u>
1. _____	From _____ to _____	From _____ to _____	_____
2. _____	From _____ to _____	From _____ to _____	_____
3. _____	From _____ to _____	From _____ to _____	_____
4. _____	From _____ to _____	From _____ to _____	_____
5. _____	From _____ to _____	From _____ to _____	_____
6. _____	From _____ to _____	From _____ to _____	_____
7. _____	From _____ to _____	From _____ to _____	_____
8. _____	From _____ to _____	From _____ to _____	_____
9. _____	From _____ to _____	From _____ to _____	_____
10. _____	From _____ to _____	From _____ to _____	_____

<u>City Parking Lot Closure Request</u>	<u>Times to be Closed</u>	<u>How many door hangers needed</u>
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<u>Street Parking Restriction Request</u>	<u>Times to be Closed</u>	<u>How many door hangers needed</u>
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_____	From _____ to _____	_____
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