

TOWN OF ALBION

P.O. Box 27 Albion, Indiana 46701

Telephone (260) 636-2246

Fax (260) 636-2821 Website: www.albion-in.org

Gateway to Chain O' Lakes State Park



SPECIAL EVENT APPLICATION

All Applications must be received at least 30 days ahead of the scheduled start date of the event. A shorter time may be allowed for events that do not require assistance from multiple town departments. All fees associated with the permit are due within 48 hours prior to submitting the application for review by Town Council.

The charge for a one-day special event permit is \$100, and the charge for a multi-day permit is \$250. There will be no charge for charitable collection event permits, and not-for-profits are exempt from the fee.

Event Name & Event Location:

Event Start Date & Time:

Event Finish date & Time:

Setup Date & Time:

Cleanup date & Time:

Event Website (If Applicable):

Registration/Entry Fee (If Applicable) \$ _____ **Date Paid:** _____
(Office-Use Only)

Brief Description of Event

(To be posted on the Town Social Media, and Noble County Visitors Bureau websites/pages)

EVENT SPONSOR INFORMATION

Event Sponsor

Contact Person

Phone Number

Email Address

Address

City/Town

State

Zip Code

Event Sponsor Website(s) (If applicable)

Departmental Requests

Please indicate if you have any special requests for the following departments:

Fire/EMS (Parade Vehicles, Presence on Site for Event, etc.)

Parks (Gators, Barricades, Extra Trash Containers, Building Use, etc.)

Police (Parade Vehicles, Security, Traffic Control, Etc.)

Public Works (Barricades, Street Closings, Water etc.)

If Water is needed, please include a Turn-on, and Turn-off Date.

ADDITIONAL PERMITS, LICENSES, AND APPROVALS (If Applicable)

Please submit a copy of all permits, licenses, and approvals

Please indicate if your event will include the following:

- A raffle. *Include a copy of raffle license.*
- Beer or Alcohol Sales. *Please Complete page 4.*
- The closure of a State Highway. *Please provide a copy of your permit (if applicable).*
- Temporary Staging, Outdoor Stage Equipment, Canopies, or Tents. *Please provide a copy of your permit from the Indiana Department of Homeland Security (if applicable).*

INSURANCE INFORMATION

Please submit proof of insurance with your event application

Insurance Carrier Name

Contact Person & Phone Number

INDEMNIFICATION CLAUSE

By signing, and submitting this event application, the sponsor agrees to indemnify, defend, and hold harmless the Town of Albion, their departments, officers, agents, employees, agencies, and volunteers harmless, and from any claims, losses, expenses, or liabilities (including reasonable attorney’s fees, and costs) to person, or property arising from the special event that this application is being submitted.

I have read, and understand the Albion event regulations, and agree to abide by these rules.

Authorized Signature _____ *Date* _____

****Department Use Only****

Application Rcv'd

Application Review Date

Approval Date

Department Approvals:

Department Head Initials:

Date:

- Fire
- Police
- Parks
- Streets
- Water
- Town Manager

APPLICATION TO SERVE ALCOHOL IN A CONTROLLED ENVIRONMENT

Please provide the following:

1. Security for your event with applicable contact information.
2. Proof of compliance of Indiana Alcoholic Beverage Laws, and Regulations (*map of controlled area location, and information on how the area will be secured*).
3. Name of alcohol permit holder, copy of permit and license, and proof of insurance.

SECURITY INFORMATION

Name of Person(s), or Agency

Contact Person

Email Address

Phone Number

Mailing Address

ALCOHOL PERMIT HOLDER

Please provide proof of permit, and license with event application

Name of Business or Agency Serving Alcohol

Contact Person

Email Address

Phone Number

Mailing Address

****Department Use Only****

Town Manager Signature

Date

Town Marshall Signature

Date
