EVENT ON CITY PROPERTY REQUEST



PLEASE COMPLETE ALL SECTIONS THAT ARE APPLICABLE TO YOUR EVENT

DATE(S)/TIME(S) OF EVENT: ORGANIZING AGENCY: CONTACT NAME: CONTACT NUMBER:	
ORGANIZING AGENCY:	
CONTACT NAME:	
CONTACT NUMBER:	
CONTACT E-MAIL:	
Type of Event (Please Circle All That Apply)	
Parade March Protest Event in City Par	K Fun Run Street Closure
Federal Observation Other:	
If Street Closure, please advise of location(s) of Street Closure(s) together with	th dates and times:
Will this event require a noise variance (for events using loud speakers after If yes, please advise what date(s)/times requested:	
If event is in a City of Clovis park, will vendor(s) be selling food/merchandis If yes, vendor(s) are required to provide proof of a City of Clovis business lic than one week prior to the event. Vendor(s) shall contact City Administration	ense, pay a \$100 fee payable to the City of Clovis no later
Will this event require a picnic license for alcohol? (please circle one) YES If yes, please attach proposed map of area where alcohol is to be served, toge and a copy of the completed picnic license application. Please Note - Alcoho without a waiver from the Clovis City Commission.	ther with a letter stating how you intend to secure the area,
Will this event have a bounce house on City of Clovis property? (please circl If yes, please provide a copy of the event insurance and a copy of the certific. Insurance Program from the bounce house rental company.	
Are rental of City items requested? (please circle one) YES NO If yes, please check items requested below:	
 Bleachers (\$75.00 per bleacher, per day) (insert number of bleacher Stage Rental (\$250.00 during normal working hours. Additional \$1 hours)	5/hr per employee per hour outside of working
Will police or ambulance standby be requested for event? (please circle one) If yes, please check standby requirements below:	YES NO
Police standby/escort times needed From:	То:
 (\$50.00 per hour per officer) Ambulance standby needed From:	To:
Certificate of Liability Insurance for community events is required, nam amount of \$1,000,000.00 per occurrence, with a copy provided to the Cit	
SIGNED: T	itle:
PRINT NAME: I	Pate:

PLEASE RETURN TO THE CITY MANAGER'S OFFICE AT 321 N. CONNELLY OR EMAIL VMREYES@CITYOFCLOVIS.ORG

This Section for Completion by City of Clovis Staff



Fire Department Comments:	
Cost of event per hour/number of personnel:	Total cost:
Approved/disapproved (please circle one) Signature: Title: Date	Name:
Title: Date:	:
Parks Department Comments: Cost of event per hour/number of personnel:	
Cost of event per hour/number of personnel:	Total cost:
Approved/disapproved (please circle one)	
Signature:	Print Name:
Title:	Date:
Cost of event per hour/number of personnel:	Total cost:
Approved/disapproved (please circle one)	Print Name
Signature: Title:	Print Name: Date:
Public Works Department Comments:	
Cost of event per hour/number of personnel:	I otal cost:
Approved/disapproved (please circle one)	
Signature:	Print Name:
Title:	Date:
Additional Department Comments:	T • 4 1 • • • 4
Cost of event per hour/number of personnel:	I otal cost:
Approved/disapproved (please circle one)	
Signature:	Print Name:
Title:	Date:
For Completion by City Administration	
Total cost of event:	
Date fees paid:	Cash/Check (please circle one)
Date proof of insurance provided:	
Administration recommendation:	
Reviewed By City of Clovis (please circle one) Approved	Disapproved
City Manager Signature: Da	nte:
Updated 06/2024 PLEASE RETURN TO THE CITY	MANAGER'S OFFICE AT 321 N. CONNELLY

VMREYES@CITYOFCLOVIS.ORG