City of Orrville
Special Event Permit

Applicant: _____
Event Information: _____
Event Name: _____
Organization Responsible: _____

Event Start Date: _____ Event Start Time: _____
Event End Date: _____ Event End Time: _____

Is the organization/club/business filing this permit a non-profit? ☐Yes ☐No

On-Site Coordinator Name (if different from Applicant): _____
Cell #: _____
Email Address: _____

Type of Event: _____
Anticipated Attendance: _____

Set Up and Tear Down Information:

Set Up Date: _____
Set Up Start Time: _____ Set Up End Time: _____
Tear Down Date: _____
Tear Down Start Time: _____ Tear Down End Time: _____

Event Components:

☐Street Closure ☐Depot Park/Parking Lot ☐North Depot Lot
☐Other City Park/Pavilion: _____
☐Vendors ☐Electric and Water Service

Street Closure Information:

What streets are being closed? Include street names and intersections.

_____

What time are you requesting to have streets closed for setup?

_____

Number of Streets being closed? _____

Times of Street Closure(s): _____

Clean Up/Litter Management:

Who will collect and remove trash generated at your event?

_____

Name of Trash Hauler: _____

☐I understand that myself and those associated with this event are responsible for all litter, grease, ash and gray water generated by your event. Arrangements should be made with a private power-washing contractor to remove all stains left by your event. In the event that the City feels that clean-up is not sufficient, a fee of $100 will be assessed to your organization and future approval of events will be reviewed and possibly declined.

Insurance:

☐I will submit a copy of the Certificate of Insurance with this application.

☐A map of the event is included, showing all street and/or parking lot closures.

_____ _____

Signature Date