

## SPECIAL EVENT PERMIT APPLICATION – ALCOHOL SUPPLEMENTAL FORM

These questions pertain to events that wish to sell/provide alcohol at their requested special event.

A detailed map/diagram of the event shall be attached to permit along with a copy of the catering or alcohol permit that the event will be operating under.

- 1- Is this a 21 and older event? \_\_\_\_\_
- 2- How many security personnel will you have on site during the event and what hours are they scheduled?  
\_\_\_\_\_
- 3- Will customers be carded, and wrist banded at the door for everything they purchase?  
\_\_\_\_\_
- 4- Does the event have secured boundaries and how are the exits and entrances monitored and secured?  
\_\_\_\_\_
- 5- Will you need police on site and how many officers at what times?  
\_\_\_\_\_
- 6- What is being served? (beer, wine, liquor ,food)- Is this an exclusive event, certain type or size of beverage? For example: only Miller products served, only 16 oz cans served, only keg beer in clear 12 oz cups.  
\_\_\_\_\_  
\_\_\_\_\_
- 7- What type of liquor license do you have and will be serving under? Please note that if you plan on serving liquor under a caterer’s permit, you must also serve food at the event.  
\_\_\_\_\_
- 8- What type of liquor license will you be requesting? The City may issue Temporary Off-Premise Community Festival Liquor License for certain events on public property.  
\_\_\_\_\_
- 9- What is the plan for restrooms? \_\_\_\_\_
- 10- Will smoking be allowed in or during event/venue? \_\_\_\_\_
- 11- Is there music, band, DJ, entertainment? What are the hours of the entertainment?  
\_\_\_\_\_
- 12- Parking – is there enough parking to accommodate the event and what is the backup plan if you have more people attend that expected? Have you made arrangements with surrounding businesses or homeowners if your event will possibly affect or disrupt their business or lives?  
\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |                               |                |
|---|-------------------------------|----------------|
| PRODUCER  | CONTACT NAME:                 |                |
|   | PHONE (A/C, No, Ext):         | FAX (A/C, No): |
|   | E-MAIL ADDRESS:               |                |
|   | INSURER(S) AFFORDING COVERAGE | NAIC #         |
| INSURED<br>This must be <b>exactly the same as the State AGED renewal application</b> "Licensee Name" (not Trade Name), "Address" (the physical location of business) "City, State, Zip Code" or the State will NOT approve it. | INSURER A :                   |                |
|   | INSURER B :                   |                |
|   | INSURER C :                   |                |
|   | INSURER D :                   |                |
|   | INSURER E :                   |                |
|   | INSURER F :                   |                |

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b>   |           |          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |           |          |               |                         |                         | MED EXP (Any one person) \$                  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$                     |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE \$                         |
|          | <b>AUTOMOBILE LIABILITY</b>  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                    |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$       |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per person) \$                |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$              |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$            |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         |  |
|          | <b>UMBRELLA LIAB</b>   |           |          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> OCCUR   |           |          |               |                         |                         | AGGREGATE \$                                 |
|          | <b>EXCESS LIAB</b>   |           |          |               |                         |                         |  |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         |  |
|          | DED RETENTION \$   |           |          |               |                         |                         | WC STATUTORY LIMITS    OTH-ER                |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                        |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$               |
|          | <b>Liquor Liability</b>  |           |          |               | 1/1/19                  | 12/31/19                |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
|                           | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                           | AUTHORIZED REPRESENTATIVE  |