

Village of Jacksonville
PO Box 185
Jacksonville, OH 45740

Phone: (740) 767-2400



REQUEST FOR SPECIAL COMMUNITY EVENT

Name of Event: _____
Coordinator/Contact Person: _____
Address: _____
Phone: _____ Email: _____
FAX: _____
Event Date(s): _____
Event Hours: _____
Estimated Number of Attendance: _____
Brief Description of Event: _____

Will the Event Use Signage/Attraction Devices: _____ Yes _____ No
Amplified Voice/Music? _____ Yes _____ No If yes, date/times of amplified voice/music? _____
Food/Beverage Sales? _____ Yes _____ No _____
Alcoholic Beverage Sales? _____ Yes _____ No _____
Product Sales? _____ Yes _____ No _____
Other (explain): _____

PLEASE supply a map(s) highlighting the property, temporary structures (identifying use and activity), pedestrian ways and/or streets that will be impacted by this event. This map is merely a proposal for the event and may be accepted or rejected by Village Council. All map(s) MUST be submitted six months prior to your Event, unless agreed upon otherwise.

Security Deposit: The Event Coordinator/Contact Person/Sponsoring Entity shall make a \$500 security deposit payable to *The Village of Jacksonville*. Payment must be received by the Village of Jacksonville upon signature of the contract for the Event.

READ THE FOLLOWING BEFORE SIGNING

The submittal of this event form does not ensure approval of event.

Be advised, the Village cannot accommodate every event and some events may require reimbursement for services rendered. You must attach to this application either an Insurance Policy or a Certificate of Insurance that includes the policy number, amount of coverage, and the provision that the Village of Jacksonville is included as an Additional Insured. The insurance requirement shall be a minimum of \$1,000,000 policy, but the total amount shall be dependent on the risk level of the event.

The applicant agrees to defend, indemnify, and hold harmless the Village of Jacksonville from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from the Village of Jacksonville by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death, arises out of this activity.

Signature: _____ Date: _____

Office Use Only

Accepted by Fiscal Officer on: _____ Date _____ Security Deposit Refund # _____
Fiscal Officer Signature _____ Date _____ Security Deposit Refund Date: _____

Email: FiscalOfficer@JacksonvilleOH.com

Website: www.jacksonvilleoh.com

The Village of Jacksonville is an equal opportunity employer.