



## Olmsted Township Special Event Application and Permit

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Olmsted Township Contact Information:  
26900 Cook Road, Olmsted Township, OH 44138  
www.olmstedtownship.org  
Town Hall: (440)235-3051 // Building: (440)235-4225  
Service: (440)235-1011 // Police: (440)235-3335  
Fire: (440)235-3746

Application Fee: \$50.00 to be submitted with Special Event Application and Permit  
Check can be made payable to "Olmsted Township"

Note: The first page of this application will be returned to you as your permit. All pages **must** be completed in full in order to be considered. Please read the instructions on page 2.

Applicant / Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Current Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Website address (If event will be advertised): \_\_\_\_\_

Exact nature of the activity for which the permit is being sought: \_\_\_\_\_

Location of event including Starting and Ending Point: \_\_\_\_\_

Schedule (list all dates and times)

Dates: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if necessary)

Rain or cancellation dates: \_\_\_\_\_

Signatures by the Board of Trustees, Building Director, Service Director, Police and Fire Chiefs below certifies approval of this event subject to all Township, State and Federal Ordinances, statute and regulations. Conditions to the approval, as indicated below, are on the back of this form. Proper insurance certificates must be provided along with this application.

Hold Harmless form completed date: \_\_\_\_\_ Certificate of Insurance: \_\_\_\_\_

Board of Trustees

Building Director: \_\_\_\_\_

Police Chief: \_\_\_\_\_

Service Director: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Date of approval or denial: \_\_\_\_\_

☐ Approved ☐ Denied

**APPLICATION FOR EVENTS AND SPECIAL ACTIVITIES**

**INSTRUCTIONS:** This application must be completed in full and submitted at least 90 days prior to your event. All questions on this application must be answered or it will be deemed incomplete and will not be processed. If a question does not apply to your event, write "N/A" in the space provided. If you need more room for an answer, attach a separate piece of paper and reference this addition on the application. TYPE or PRINT YOUR ANSWERS. In order to expedite the processing of this application, attach any diagrams and schedules that you feel would help those reviewing the application. If the event is a walk, run, or race, attach a map showing the route, and start and finish locations including distances. Note: Neighboring municipalities may need to be notified. Signs advertising the event must be on display at least 30 days prior to the event. Additionally, these signs may be no smaller than 24"x18" and will be placed at Olmsted Township borders and affected intersections.

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS THERE IS A SCHEDULE OF EVENTS ATTACHED.**

It is understood that schedules may change between the time of your application and the actual event. It is your responsibility to inform the governing body of Olmsted Township of any proposed changes to the original schedule submitted and receive approval for the changes.

**FEES FOR USES OF FACILITIES.**

A commercial for-profit applicant shall pay the fees for the application as required, including but not limited to any deposit for cleanup and/or damages. Such additional fee shall be paid by the commercial for-profit applicant within ten (10) days of the last date of the event and shall be paid into the General Fund of Olmsted Township.

**A HOLD HARMLESS AGREEMENT must be completed and RETURNED WITH THIS APPLICATION along with the PROPER CERTIFICATE OF INSURANCE.**

Applicant will provide a certificate of insurance in the amount of \$1,000,000.00 naming Olmsted Township, 26900 Cook Road, Olmsted Township, OH 44138, as both certificate holder and additional insured, and in the description box of the certificate of insurance, the date/dates of the event must be listed. This Certificate of Insurance must be delivered to Olmsted Township or the event will not be considered for approval. If the event is a walk, run, race or any combination, a map showing the route, and start and finish locations including distances must be attached.

**Important Information:** Applications MUST include copies of all permits, Certificates of Insurance and Food Handler's License (if necessary). You may find further information regarding food permits located at the Cuyahoga County Board of Health website: [www.ccbh.net](http://www.ccbh.net)

Type of Event: \_\_\_\_\_

Note: Neighboring municipalities may need to be notified.

Rain or Cancellation Policy: \_\_\_\_\_

Rescheduling due to inclement weather will not be accommodated unless requested here.

Are you a commercial for-profit organization or individual? ☐ Yes ☐ No

Is this event a fundraiser? ☐ Yes ☐ No

If yes, provide beneficiary: \_\_\_\_\_

Provide a list of people in charge and their cell numbers and on site persons and their cell numbers

Names:

Cell Phone #:

_____	_____
_____	_____
_____	_____
_____	_____

Times:

Start Time: \_\_\_\_\_ AM / PM

Finish Time: \_\_\_\_\_ AM / PM

Setup Time: \_\_\_\_\_ AM / PM

Takedown Time: \_\_\_\_\_ AM / PM

Description of Event Setup: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Attach additional sheets as necessary, including plans, maps, etc.*

Will tents be utilized for this event? ☐ Yes ☐ No If so, how many? \_\_\_\_\_ What size? \_\_\_\_\_  
Tents must be fire resistant and UL Rated.

Will a stage be utilized for this event? ☐ Yes ☐ No If so, what dimensions? \_\_\_\_\_

Will generators be used? ☐ Yes ☐ No If so, electrical permits will be required along with inspections of the equipment.

Will fencing, barriers, and/or barricades be utilized? ☐ Yes ☐ No If so, provide a map that outlines placement

Will there be portable toilets? ☐ Yes ☐ No If so, provide the supplier's name: \_\_\_\_\_

Will there be inflatable devices, amusements? These must be professionally anchored.

☐ Yes ☐ No

If so, provide the supplier's name: \_\_\_\_\_  
seperate insurance and professional installation is required for inflatables

Will there be signs placed advertising the event? ☐ Yes ☐ No If so, provide a map of locations where the signs will be placed

Will equipment be on site overnight? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the number and types of vehicles (if any): \_\_\_\_\_

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If medical / first aid assistance is needed, type of arrangements and name of contacts: \_\_\_\_\_

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Is a County Permit required for the event? ☐ Yes ☐ No If yes, please explain what type \_\_\_\_\_

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If you require street closures, please explain which streets and note on map. Additionally, all businesses and homeowners / residents must be sent a letter about the event explaining the dates / times of the closures at least 30 days prior to the event.

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What are your security arrangements? If police assistance is desired for security, escorts, crowd control, please describe the needs and your request. The Olmsted Township Police Department is the only security permitted to work at these events.

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If you will have vendors or in any other way will sublet space, please give particulars, including any fees that you will charge: \_\_\_\_\_

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If there will be live music, entertainment, or the use of amplified sound, please provide the details: \_\_\_\_\_

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If you will be selling or serving food and/or alcohol, give details. If there will be any type of cooking, a health permit is required and a state fire permit may also be required. If there is any alcohol being sold, a state liquor license will be required; if alcohol is being served, security must be present. Please attach additional permits to your application.

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Please list all event sponsors, if sponsors are added after event approval, a revised list must be submitted to Olmsted Township prior to the event taking place. If more room is required, please attach an additional sheet.

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How will the event be promoted/advertised? Be specific, include ad schedules; attach an extra sheet if necessary:

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You are responsible for the cleanup of the event, what is your plan for cleaning and disposing of all the refuse from the event?

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Estimated number of participants? \_\_\_\_\_ Estimated number in attendance? \_\_\_\_\_

Applicants Name: \_\_\_\_\_  
*Written*

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*



## Olmsted Township Hold Harmless Agreement

This agreement is between Olmsted Township and:

Organization Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street Address (Not P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Type (Individual, Partnership, Non-Profit Organization, Corporation, Public Entity): \_\_\_\_\_

In consideration of the use of: \_\_\_\_\_

on the following date(s): \_\_\_\_\_

with a rain date(s) of: \_\_\_\_\_

with the purpose of: \_\_\_\_\_

the undersigned agrees to indemnify, and hold Olmsted Township and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above, including but not limited to, claims of any kind arising from the negligence of Olmsted Township and/or Olmsted Township employees. I understand that this Hold Harmless Agreement also requires that Olmsted Township is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writing by Olmsted Township, I agree to furnish a Certificate of Insurance specifically naming Olmsted Township as Certificate Holder and as additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$1,000,000.00. In order to induce Olmsted Township to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished.

A. Alcoholic Beverages ☐ will ☐ will not be served

B. If alcohol is being served, security is required and a liquor license is required.

C. Total number of persons anticipated is: \_\_\_\_\_

D. Live entertainment ☐ will ☐ will not be provided

E. Other \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

as the binding act in deed of

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Authorized Signature