

APPLICATION FOR PUBLIC ASSEMBLY

1. EVENT INFORMATION

Event Name: Sunset Series

Contact Information: (Applicant will serve as the sole contact for all correspondence from the City)

<p>Applicant Name: <u>Erica Bassett</u></p> <p>Address: _____</p> <p>Phone #: (____) _____ Cell #: (____) _____</p> <p>Email: <u>ebassett@gulfshoresal.gov</u></p> <p>Web Address <u>http://www.gulfshoresal.gov/</u></p>	<p>Event Organizer Name: <u>COGS Special Events Division</u></p> <p>Address: <u>PO Box 299 Gulf Shores AL 36547</u></p> <p>Phone #: (____) _____ Cell #: (____) _____</p> <p>Email: _____</p>
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Purpose

- | | | |
|----------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Athletic/Recreation | <input checked="" type="checkbox"/> Concert/Performance | <input checked="" type="checkbox"/> Social |
| <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Fitness | <input type="checkbox"/> Demonstration/Rally |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Festival/Fair | <input type="checkbox"/> Other |

Description

Sunset Series every Thursday in September.

9/5 : Movie 6pm - 8pm

9/12 : Nashville Hit Songwriters Showcase 7pm - 8:30pm

9/19 : Band 6pm - 8pm

9/26 : Band 6pm - 8pm

Location*

Address: 101 Gulf Shores Pkwy, Gulf Shores, AL 36542

*An official letter from owner of property permitting activity MUST accompany application, if not owned by applicant

Attendance

Anticipated Attendance Total 100-300 Per Day _____

Dates/Times

Setup Date/Time 4:00PM Dismantle Date/Time 10:00PM

Event Start Date 9/5/19 Event End Date 9/26/19 Event Hours 6

*If requesting multiple days please detail each day and time of operation in the Site Plan

Is this an annual event? Yes No How many years have you been holding this event? N/A

2. EVENT ORGANIZATION INFORMATION/ PROCEEDS/ REPORTING

The applicant shall have made provision in a manner approved by the City's revenue division, under its current regulations and procedures for the payment of all necessary business licenses and remittance of all applicable sales taxes. **Additional permits may be required. Please contact the Revenue Division at (251) 968-1120 to verify.**

Charitable Organization (Copy of 501(c) Required) Tax Exempt (Exemption Certificate Required)

Are patron admission, entry or participant fees required? Yes No

If yes please provide amounts: _____

Are vendor or other fees required? Yes No

If yes please provide amounts: _____

Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event. Please explain how this amount was computed: N/A

Estimated expenses for this event: Under \$15,000.00

What is the projected distribution or net dollar amount the Host Organization will receive from this event? \$0.00

3. SITE PLAN

Each application shall be accompanied by detailed site drawings, diagrams and documentation of the proposed event including but not limited to the following:

- Site Plan Map of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area, including entrances and exits, emergency access, event staging, set up and break down plans.
- Site usage including requested dates and times of operations.
- Medical Services and Security Plan. The location of security and first aid facilities.

- Emergency Plan to include Contact Names and Guidelines in the case of an emergency.
- Parking, Transportation, and Accessibility The location of event parking, transportation routes, street or lane closures, shuttle plans, and provisions for handicap accessibility.
- Utility requests including sources and locations of water, sewer, electricity, generators, lighting.
- Temporary Structures and Fencing including the location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, fences, portable toilets, booths, and other temporary structures, including engineered structural drawings.
- Entertainment list and schedule and noise abatement measures.
- Food, Beverages, and Concessions. Location and details of all food, beverage and concession areas including vendor identification and specifics of all cooking areas.
- Garbage, Recycling, and Sanitation Plan including any required Health Permits.
- County, State, or Federal permits that may be required to hold your event.
- Letters of Support (Property owners, City, etc.)

Event Features (check all that apply and include supporting documentation)

- | | | |
|-----------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Beverage/Food Vendors | <input checked="" type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Merchandise Vendors | <input type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Electrical /Generator Usage |
| <input checked="" type="checkbox"/> Stages/Platforms | <input checked="" type="checkbox"/> Restrooms | <input checked="" type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input checked="" type="checkbox"/> Use of Public Property | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Shuttle Service | <input type="checkbox"/> Vehicles on Display | <input type="checkbox"/> Inflatables/Bounce Houses |

4. MEDICAL SERVICES AND SECURITY*

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? Yes No

Medical Services Provider

Name: COGS Fire Department Address: _____

Phone #: (____) _____ Email : _____

The applicant shall be responsible for making adequate plans for medical coverage of performers, employees, participants, customers and attendants. Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas, details on first aid stations, personnel needs, medical materials and medical transport. When city paramedics are used for this purpose, the city shall be reimbursed by the applicant for all expense related to their presence. Please describe the medical service plan below. ***Please contact Support Services at (251) 968-7422 to verify reimbursement rates.**

Have you hired a licensed professional security company to develop and manage your event's security plan? Yes No

Security Company

Name: COGS Police Department Address: _____

Phone #: (____) _____ Email : _____

The applicant shall employ at such applicant's own expense such security personnel as are necessary and sufficient to provide for the adequate security and protection of the maximum number of attendants at the assembly and for the preservation of order and protection of property in and around the site of the assembly. When city police officers are used for this purpose, the city shall be reimbursed by the applicant for all expense related to their presence. *** Please contact Gulf Shores Police at (251) 968-2431 to verify reimbursement rates. No permit shall be issued unless the chief law enforcement officer for the city is satisfied that such necessary and sufficient security personnel will be provided by the applicant for the duration of the assembly.** Please describe your security plan including crowd control, internal security or venue safety, number and certification levels of security personnel.

5. EMERGENCY PLAN

All event organizers should consider the possibilities of natural disasters and unplanned emergencies. A basic emergency response plan should be adopted and communicated with event staff, police/security personnel and on-site first aid providers. A plan should include the following minimum provisions where applicable:

- Identification of who will make key decisions such as canceling the event.
- Plans for communicating with event staff, volunteers, guests, media, vendors, on-site police and first aid providers.
- Methods for safely managing site evacuation.
- Steps for caring for injured participants and lost children.
- Steps for securing potentially dangerous items (tents, signage, propane tanks and items that can be propelled by high winds.)
- Methods for dealing with suspicious packages.
- Training for use of fire extinguishers.
- Access to local hotline or portable weather station for weather updates.
- Plans for a back-up public address system for announcements (generator or megaphones.)

Please describe your security plan including crowd control, internal security or venue safety, number and certification levels of security personnel

COGS Fire Department

6. TRANSPORTATION AND ACCESSIBILITY

The applicant shall provide sufficient parking to accommodate the number of persons attending the event. Applicant shall provide a sufficient number of parking attendants at all entrances, exits, and within the parking lots. Please describe your transportation and accessibility plan and include a diagram.

The event will be utilizing the public parking at Gulf Place.

Will your event involve the use of a parking and/or shuttle plan? Yes No If yes, please explain:

Will your event require the use of public property or street closures? Yes No If yes, please explain:

Will your event involve the use of traffic safety equipment? Yes No If yes, please list:

Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Yes No Please describe:

Will all food, beverage and vending areas be ADA accessible? Yes No Please describe:

If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, drinking fountains, and first aid stations?

Yes No Please describe:

Transportation Company

Name: _____ Address: _____

Phone #: (____) _____ Fax #: (____) _____ Email : _____

7. UTILITIES*

A utility Plan showing the locations of existing and proposed utilities (electric, waterlines, telephone lines, etc.) shall be provided. Obtaining complete electrical and water needs information from vendors, musicians, tent lighting, entertainers, exhibitors, sponsors, etc. is the responsibility of the applicant.

The applicant shall provide a potable domestic water supply from a source approved by the City. Water shall not be dipped from a receptacle for drinking or cooking uses. All food concessions that prepare food items other than packaged or bottled goods must be supplied with hot and cold running water, under pressure, and a means of disposing of wastewater. Water services in parks and public beach areas are for cleaning purposes only.

The installation and distribution of all electrical power used to support the event shall be completed by a licensed electrician. In some cases, electrical distribution plans and load calculations prepared by a licensed electrical contractor or electrical engineer may be required. Existing city maintained lighting and outlet circuits may not be used for event power use unless prior approval is obtained in writing before the event date and time. The City may inspect power distribution safety at your event and may require onsite modifications. Please describe your utility plan.

We will be utilizing the power located underneath the shade sail in the Town Green at Gulf Place.

Yes No Will your event require potable water? If yes, please describe:

Yes No Will your event require electricity? If yes, please describe:
The COGS will be providing power needs for this series

Yes No Will your event require generators? If yes, please describe:

Yes No Will your event require lighting after dark? If yes, please describe:
Stage lighting will be used for breakdown and cleanup from 8:00PM to 10:00PM.

Electrical Contractor

Name: COGS Address: _____

Phone #: (____) _____ Fax #: (____) _____ Email : _____

8. GARBAGE, RECYCLING AND SANITATION*

The applicant shall demonstrate to the satisfaction of the public works department that an adequate garbage, recycling and sanitation plan has been prepared. All solid waste material shall be promptly removed from the site. The assembly area and parking area shall be returned to a litter-free condition after the assembly is concluded. Adequate toilet facilities for both sexes must be distributed throughout the event site and shall be maintained in a sanitary condition at all times. When applicable, the approval by the health department of applicant's sanitary facilities plans shall be a prerequisite for the issuance of a permit. Please describe your plan for cleanup and removal of garbage, recyclable goods, and sanitation during and after your event. ***Please contact the Public Works department at (251) 968-1156 for specific disposal and recycling policies.**

The Special Events team will be utilizing all trash and recycling receptacles located on site. Additional receptacles will be requested from Public Works.

Do you plan to provide garbage, recycling and sanitation at your event? Yes No

If yes, provide the number of:

Trash Cans 8 Dumpsters 0 Recycling Containers 8

Do you plan to provide portable rest room facilities at your event? Yes No

You may be required to provide portable rest room facilities with adequate hand sanitation*, at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

*Acceptable hand sanitation units are portable sinks or waterless hand sanitizer dispensers at a 4:1 ratio (restrooms to hand sanitizers).

Number of portable toilets _____ Number of ADA accessible portable toilets _____

If no, please explain: _____

Garbage/Recycling Company

Portable Toilet Company

Name: COGS

Name: N/A

Address: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Phone #: (____) _____ Fax #: (____) _____

Email : _____

Email _____

9. TEMPORARY STRUCTURES AND FENCING*

Describe the type of temporary structures proposed for the event, including but not limited to tents, stages, fences, the location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, and other temporary structures. Engineered structural drawings may be required at the discretion of the City. *Additional permits may be required. Please contact the Building Official at (251) 968-1150 to verify.

Are temporary structures proposed at the event? Yes No If yes, please explain:

Barricades, tents, other vendors

Number Varies Type Varies Sizes Varies

Is temporary fencing proposed at the event? Yes No If yes, please explain:

Barricades will be used to secure the stage area located underneath the shade sail in the Town Green at Gulf Place.

Date of Installation 9/5/19 Date of Removal 9/26/19

Temporary Structure Company	Fence Company
Name: <u>COGS</u>	Name: <u>COGS</u>
Address: _____	Address: _____
Phone #: (____) _____ Fax #: (____) _____	Phone #: (____) _____ Fax #: (____) _____
Email: _____	Email: _____

10. ENTERTAINMENT*

Will your event include musical entertainment? Yes No If yes, please explain:
Bands will be performing underneath the shade sail located in the Town Green at Gulf Place.

Include an attachment listing all bands/performers, type of music, and performance schedule.

Will sound checks be conducted prior to the event? Yes No If yes:

Start time 5:00PM Finish time 6:00PM

Will sound amplification be used? Yes No If yes:

Start time 5:00PM Finish time 9:00PM

Please describe the sound equipment that will be used for your event:

This will vary per performance. See attached list.

Will inflatables, hot air balloons or similar devices be used at your event? Yes No

If yes, please describe:

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? Yes No

If yes, please describe:

Will your event include the use of any signs*, banners, decorations, or special lighting? Yes No
*Additional permits may be required. Please contact Planning & Zoning at (251) 968-1164 to verify.

If yes, please describe:

Signs provided by COGS will be used to promote this event. See attached sign permit application.

11. Food, Beverages and Concessions

Does your event include food concession and/or preparation areas? Yes No

If yes, please describe how food will be served and/or prepared

Mobile catering provided by local vendors to be chosen by committee once permit is approved.

Do you or your vendors intend to cook food in the event area? Yes No

If yes, please specify method:

Gas

Charcoal

Electric

Other (specify) TBD once vendors are selected by committee.

Does your event involve the consumption of alcoholic beverages? Yes No

All alcohol sales must be in accordance with Federal, State of Alabama and City of Gulf Shores regulations. If yes, please check all that apply (Please refer to Item 13 for required certificates and endorsements):

Free Alcohol

Beer

Alcohol Sales

Wine

Host and Sale Alcohol

Distilled Spirits

Will items or services be sold at your event? Yes No

If yes, please describe and attach a complete list of vendors and include a sample of the vendor pass that will be used.

This opportunity will be offered to local non profit organizations.

Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)? Yes No If yes, please describe or attach a complete list of vendors.

12. MARKETING AND PROMOTION

Will this event be marketed, promoted, or advertised in any manner? Yes No

If yes, please describe:

The COGS will be providing the necessary marketing materials to help promote the series.

Will there be live media coverage during the event? Yes No If yes, please describe:

A press release will be submitted to all local media.

Will media vehicles be parked within the event venue? Yes No If yes, please describe:

In the event the media requests access to event site it will be provided.

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? Yes No If yes, please describe:

N/A

13. INSURANCE CERTIFICATE AND ENDORSEMENTS

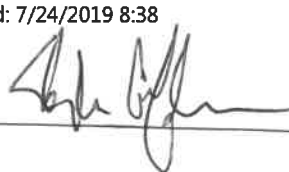
In addition to completing the application form, and paying the permit and rental fees, applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If automobiles or inflatables will be utilized, the applicant shall obtain a minimum of \$1,000,000 combined single limit coverage per accident, including owned, hired and non-owned automobiles or inflatables. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Gulf Shores (City of Gulf Shores, Alabama, Attn: Purchasing Officer, P.O. Box 299, Gulf Shores, AL 36547) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Proof of insurance, acceptable to the City, shall be furnished no later than five (5) days preceding the date of the assembly. Failure to provide proof of insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Gulf Shores at least thirty (30) days' prior written notice of cancellation and termination of the applicant's coverage there under.

Emily Tidwell

From: Emily Tidwell
Sent: Wednesday, July 24, 2019 8:38 AM
To: Edward J. Delmore; Hartly Brokenshaw; Lee W. Jones; Brandan Franklin; Mark Acreman; Grant Brown
Cc: Andy Bauer; Matt Young; Wanda Parris; Noel Hand; Mindy Singleton; Temple Smith; Layla Andrews; Alicia Talley; Jason Woodruff; Bo Smith; Josh Coleman
Subject: Assembly Permit - Sunset Series
Attachments: SKM_C25819072310570

Tracking:	Recipient	Delivery	Read	Response
	Edward J. Delmore	Delivered: 7/24/2019 8:38 AM		Approve: 7/24/2019 8:41 AM
	Hartly Brokenshaw	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 8:55 AM	Approve: 7/24/2019 8:55 AM
	Lee W. Jones	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 9:32 AM	Approve: 7/24/2019 9:34 AM
	Brandan Franklin	Delivered: 7/24/2019 8:38 AM		Approve: 7/24/2019 9:36 AM
	Mark Acreman	Delivered: 7/24/2019 8:38 AM	Read: 7/26/2019 9:24 AM	Approve: 7/26/2019 9:24 AM
	Grant Brown	Delivered: 7/24/2019 8:38 AM		
	Andy Bauer	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 9:19 AM	Approve: 7/24/2019 9:20 AM
	Matt Young	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 9:44 AM	Approve: 7/26/2019 10:27 AM
	Wanda Parris	Delivered: 7/24/2019 8:38 AM		
	Noel Hand	Delivered: 7/24/2019 8:38 AM		
	Mindy Singleton	Delivered: 7/24/2019 8:38 AM		
	Temple Smith	Delivered: 7/24/2019 8:38 AM		
	Layla Andrews	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 9:02 AM	
	Alicia Talley	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 8:40 AM	
	Jason Woodruff	Delivered: 7/24/2019 8:38 AM		
	Bo Smith	Delivered: 7/24/2019 8:38 AM	Read: 7/24/2019 1:27 PM	
	Josh Coleman	Delivered: 7/24/2019 8:38 AM		

CITY ADMINISTRATOR

 7/28/19



P

West End
Parking

Town Green

Barricades will be
used to secure stage
area

Other vendors



TEMPORARY SIGN PERMIT APPLICATION

PLANNING AND ZONING DEPARTMENT

Temporary Sign Permits may be approved for events associated with temporary carnivals, festivals, fairs and sporting events, educational and cultural events, charitable, school, and church events, reunions, grand openings & closings, auction, Official City or State of Alabama notices, private sales, and any other similar events requiring or not requiring an assembly permit.

Prior to the installation of a Temporary Sign in the City of Gulf Shores, a permit must be issued. In order to ensure that the proposed sign installation complies with the sign regulations, the following information must be submitted in 8 1/2" X 11" format, scale copies of digital photos are acceptable.

Temporary Sign Regulations:

1. Only one such sign shall be allowed per property, per street frontage;
2. Maximum size of a temporary sign is 32 square feet;
3. Such sign shall be located only on private property where the event is being held and not within a public right-of-way;
4. Temporary sign permits may be issued for a maximum of 14 days per calendar year. The 14 days may be broken into increments of no less than 2 consecutive days offering the ability to obtain numerous temporary sign permits per year.
5. **Temporary signs which have been erected without a permit are subject to a double permit fee or may be summarily removed by the City.**
6. **Temporary signs which have expired shall be summarily removed by the City.**

Temporary Sign Fees:

Permit Fee.....\$25.00

The fee may be waived for non-profit groups.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO APPLICANT

APPLICANT & OWNER INFORMATION:

Applicant: Erica Bassett Property Owner: COGS

Sign Contractor: COGS

Applicant Mailing Address: PO Box 299 Gulf Shores, AL 36547

Phone #: (251) 979-0096 Fax #: ()

Email: ebassett@gulfshoresal.gov

Sign Location (Business Name): Town Green at Gulf Place

Physical Address: 101 Gulf Shores Pkwy, Gulf Shores, AL 36542

SIGN INFORMATION:

Sign Area (sq. ft.): _____ Dimensions _____ x _____

Sign Height _____

Various sizes will be used for this event.

Dates to be Used: Installation: 8/26/19 Removal: 9/26/19

By signing below, I hereby certify that I have read the above information and attest that the information provided herein and on the submitted plans and documentation is true and correct to the best of my knowledge and understand that any omissions or inaccurate information can cause this application to be rejected. I further understand that temporary sign shall be removed on the date specified above.

APPLICANT/OWNER SIGNATURE: _____

(Print) Erica Bassett

Date: _____



Fee Paid: _____ **Date Issued:** _____ **Approved By:** _____

If the applicant has any questions or concerns regarding Site Plan Review, please contact the following staff members.

STAFF MEMBER	TITLE	TELEPHONE	FAX	EMAIL
Andy Bauer	Director	251.968.1151	251.968.1188	abauer@gulfshoresal.gov
Jennifer Watkins	Planner	251.968.1154	251.968.1188	jwatkins@gulfshoresal.gov
Sherri Smith	Admin. Assistant	251.968.1164	251.968.1188	ssmith@gulfshoresal.gov