

APPLICATION FOR PUBLIC ASSEMBLY

1. EVENT INFORMATION

Event Name: 33rd Annual Alabama Coastal Cleanup __2020__

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

Applicant	Event Organizer
Name: <u>Brandan Franklin/Noel Hand/Dan Bond</u>	Name: <u>Alabama PALS</u>
Address: <u>City Hall</u>	Address: <u>340 N Hull St., Montgomery, AL 36104</u>
Phone #: () () ()	Phone #: () () ()
Cell #: () () ()	Cell #: () () ()
Email: <u>bfranklin@gulfshoresal.gov</u>	Email: _____
Web Address: <u>www.ALPAALS.org</u>	_____

Purpose

- | | | |
|--|--|--|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Concert/Performance | <input 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 checked="" type="checkbox"/> Other |

Description ___ Over the past 31 years, 98,095 volunteers have participated in the Alabama Coastal Cleanup. 5970 miles of shoreline have been cleaned and 1,671,438 pounds of litter and debris have been removed. In 2018, the Alabama Coastal Cleanup had 5,517 volunteers, removed 38,155 pounds of litter and cleaned 225 miles of shoreline. During the 2018 cleanup, volunteers also recycled 2,000 pounds of plastics and aluminum. The Alabama Coastal Cleanup is a partnership of the ADCNR/State Lands/Coastal Section, Alabama Pals, the Alabama Gulf Coast business community and the thousands of volunteers that give their time and energy each year to help support this great cleanup effort.

Location*

Address: Gulf Place/W 2nd Street Pavilion and Mo's Landing

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

Attendance

Anticipated Attendance Total 300 Per Day

Dates/Times

Setup Date/Time 0600 Dismantle Date/Time 1300

Event Start Date 9/19/20 Event End Date same Event Hours

*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? 18

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

Estimated expenses for this event: 0

What is the projected distribution or net dollar amount the Host Organization will receive from this event? 0

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 type="checkbox"/> Beverage/Food Vendors | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Merchandise Vendors | <input type="checkbox"/> Tents/Canopies | <input type="checkbox"/> Electrical /Generator Usage |
| <input type="checkbox"/> Stages/Platforms | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input checked="" type="checkbox"/> Use of Public Property | <input checked="" 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 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 _____ 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 (lights, 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.

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

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

Gold Place / Mo's Landing

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.

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

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

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

Yes No Will your event require lighting after dark? If yes, please describe

Electrical Contractor

Name

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.

*Public Works Dept will dispose of
Trash/Debris Collected*

Do you plan to provide garbage, recycling and sanitation at your event? Yes No
if yes, provide the number of:

Trash Cans

Dumpsters

Recycling Containers

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:

Name

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 _____

Number

Type

Sizes

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

Date of Installation

Date of Removal

Temporary Structure Company

Fence Company

Name:

Name

Address

Address

Phone #: ()

Fax #: ()

Phone #: ()

Fax #: ()

Email

Email

10. ENTERTAINMENT*

Will your event include musical entertainment? Yes No If yes, please explain

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 Finish time

Will sound amplification be used? Yes No If yes

Start time Finish time

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

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

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

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) _____

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

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:

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

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

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:

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.

14. ACKNOWLEDGEMENT AND SIGNATURE

I, the applicant understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that by providing such information it is no

guarantee that my proposed event will be issued a permit by The City of Gulf Shores. I further agree to defend, indemnify and hold The City of Gulf Shores harmless from and against all third party claims, demands, liabilities, losses, damages, suits, judgments, costs, expenses (collectively, "Third Party Claims") and reasonable attorney's fees in any manner arising out of or resulting from bodily injury, sickness, disease or death of any person or persons, or damage to or destruction of tangible property, including the loss of use resulting therefrom, or caused by or occurring during the course of performance of any services provided and to meet all department deadlines including submitting proof of proper insurance, a detailed site map, payment of all departmental fees, and details for any contract services required to make the proposed event safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered. The risk of promoting an event before the permit is issued is the sole responsibility of the applicant.

Brennan Franklin
 Print Name of Applicant

Brennan Franklin
 Signature

9/2/2020
 Date

PERMIT AUTHORIZATION - FOR OFFICIAL USE ONLY

Fire Chief _____ Date _____
 Police Chief _____ Date _____
 Public Works Director _____ Date _____
 Planning & Zoning Director _____ Date _____
 Building Official _____ Date _____
 Finance & Admin Director _____ Date _____
 Recreation & Cultural Affairs Director _____ Date _____

Estimated City Services/Fees	
Fire Department	\$
Police Department	\$
Public Works Department	\$
Planning & Zoning Department	\$
Building Department	\$
Finance Department	\$
City Facility Rentals/Fees	\$
Recreation & Cultural Affairs Department	\$
Total	\$

City Administrator _____ Date _____