

APPLICATION FOR PUBLIC ASSEMBLY

1. EVENT INFORMATION

Event Name: Gulf Coast Regional Volleyball Association Beach Series

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

Applicant	Event Organizer
Name: <u>Gulf Coast Region of USA Volleyball</u>	Name: <u>Gulf Coast Region of USA Volleyball</u>
Address: <u>PO BOX 1985 OB, AL 36561</u>	Address: <u>PO BOX 1985 OB, AL 36561</u>
Phone #: <u>251-979-4287</u> Cell #: <u>251-979-4287</u>	Phone #: <u>251-979-4287</u> Cell #: <u>251-979-4287</u>
Email : <u>gcrcommish@gmail.com</u>	Email : <u>gcrcommish@gmail.com</u>
Web Address <u>www.gulfcoastvolleyball.org</u>	

Purpose

- | | | |
|---|--|--|
| <input checked="" 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 type="checkbox"/> Other |

Description

Conduct USA Volleyball - Gulf Coast Region Sanctioned Beach Events for members on a Local, Regional and National level. The Gulf Coast Region is in it's twenty third year of offering Indoor and Beach programming and has a widespread market appeal across the Southeast as well as Nationally. Our prestigious "BeachFest" Junior Beach tournament held the first weekend of May each year and in conjunction with the NCAA Collegiate Beach Championships, annually has the next level of top tier College Beach players as Junior participants. This past year "BeachFest" had a field of 428 teams participate, for 2021 the expected number of teams will be 450+.

Location*

Address: Gulf Shores Public Beach - Gulfplace & West Gulfplace

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

Attendance

Anticipated Attendance Total 300 to 500 Per Day _____

Dates/Times

Setup Date/Time 5:00 am Dismantle Date/Time 6:00 pm

Event Start Date please see Event End Date schedule 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? 16 years

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: entry fees for participating teams, no admission fee for spectators

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:

Average Beach Series Event has 85 - 110 teams, BeachFest is the exception....cost per team is 80 dollars..approx gross receipts 7,200.00

Estimated expenses for this event: Between 4,800.00 to 6,000.00

What is the projected distribution or net dollar amount the Host Organization will receive from this event? To supplement funding necessary for our Region High Performance Program

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 type="checkbox"/> Entertainment | <input type="checkbox"/> Animals |
| <input checked="" type="checkbox"/> Merchandise Vendors | <input type="checkbox"/> Tents/Canopies | <input checked="" type="checkbox"/> Electrical /Generator Usage |
| <input type="checkbox"/> Stages/Platforms | <input checked="" type="checkbox"/> Restrooms | <input type="checkbox"/> Fencing/Barricades |
| <input type="checkbox"/> Pyrotechnics | <input 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: Andrews Institute Address: Gulf Breeze, Florida

Phone #: The Athletic Training Staff Email : gcrcommish@gmail.com

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.

The Athletic Training Staff from Andrews Institute is some of the most highly qualified AT's in the industry. Their service hours are arrival an hour prior to competition start and their hours conclude an hour after competition ends

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

Security Company

Name: Severance Security Address: 3757 Gulf Shores Pkwy Suite B-GS 36542

Phone #: 251-978-8656 Email : info@severancesecurity.us

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.

The Gulf Coast Region in our seventeen year Beach Series history has overseen our events with a management team of USAV and GCR staff as to monitor all courts of play and decorum of spectators. This has proved very successful over the years and has created a very family oriented viewing area and culture of support and sportsmanships for all players and families.

During "BeachFest" we do have the security company hired by the Sports Commission to watch at night our venue site as they make their rounds till we arrive at 5am each morning. During the event hours we use our hired security company Severance Security to support our "BeachFest" event.

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.

The Gulf Coast Region Beach Series is overseen, managed and marketed by the Gulf Coast Regional Volleyball Association. We officiated our events with highly trained Officials hold a National, Zonal and Local certifications. All Adults associated with our Beach Series are Background Screened, Safe Sport Certified and have passed Coaching Education Programs that train Coaches in not only the skills for the game to teach and instruct,,,,but coaches are trained in AED use, concussion prevention and protocol, athlete care and oversee during high heat index play and wet bulb indices's over 82 measured...the Beach Series Tournament Director makes all decisions on weather related considerations, using Jack Edwards weather alerts to correct identify when hazardeous weather would force stoppage of play and make beach evacuation a mandatory exercise.

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.

General Parking Lot at West Gulf Place at the Public Safety Building lot will be utilized as well as grass lot adjacent to Beach Blvd and West 2nd Street

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:

Utilization of City of Gulf Shores Public Accessible Parking and Transportation Plan

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

For the weekend events of May 8th and 9th BeachFest and July 10th and 11th Gulf Coast Region Grand Championships all vending areas will be ADA accessible located on the grass area adjacent to boardwalk.

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:

All rest rooms, parking, drinking fountains and first aid stations utilized as public areas are City resources and are ADA accessible

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.

City of Gulf Shores street and utilities department have laid the one electrical drop that we have used for our past 17 years a day prior to the event and remove that drop the day after our event

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

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

Roger Groves and the City of Gulf Shores street and utilities have laid the one electrical drop that we have used for our past 16 year a day prior to the event and remove that drop t

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.

Event has in previous years utilize the present inventory of trash and re-cycle containers and those containers are overseen by event staff and emptied each morning by City of Gulf Shores street department workers

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

If yes, provide the number of:

Trash Cans existing number Dumpsters _____ Recycling Containers existing number _____

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:

Only temporary canopies and umbrellas for athlete and spectator shade will be allowed and only 10' x 10' will be allowed

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:

The Region uses a two speaker system at the Championship tent to relay event start times, court appearance times to participants and to alert both participants and spectators of weather related considerations if need be.

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:

Ball stop banners at courts side to define the Championship Court and create pedestrian pathways around the courts for better staging of viewing and 2 to 4 feather flags at Championship Administration area

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

If a food vendor is brought to the event it will be a local business. Soul Bowl is the food vendor being considered. In past years they have provide food at the NCAA site and having them on the Junior site enables us to provide healthy food for the athletes

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

If yes, please specify method:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Charcoal |
| <input type="checkbox"/> Electric | <input type="checkbox"/> 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):

- | | |
|--|--|
| <input type="checkbox"/> Free Alcohol | <input type="checkbox"/> Beer |
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Host and Sale Alcohol | <input type="checkbox"/> 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.

Event T-Shirt Vendor (1) and (1) Volleyball Novelty Vendor

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:

Nationally, Regionally and Locally through social media as well as web sites of the Gulf Coast Region and USA Volleyball

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

Local Newspaper Sports Editors are always invited

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:

All signage other than our USAV and GCR will be located at the Championship Administrative area therefore managing the visual representation in a way that it is appealing overall to the event viewership

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

Emily Tidwell

From: Emily Tidwell
Sent: Monday, October 12, 2020 12:52 PM
To: Edward J. Delmore; Mark Sealy; Lee W. Jones; Brandan Franklin; Grant Brown; Mark Acreman; Noel Hand
Cc: Andy Bauer; Matt Young; Wanda Parris; Mindy Singleton; Temple Smith; Layla Andrews; Alicia Talley; Jason Woodruff; Josh Coleman; Melvin Shepard; George Surry; Bill Cowan; Shelby DeBlieux; Lindsey Hart
Subject: ASSEMBLY PERMIT
Attachments: 2021 Beach Series Public Assembly Permit

Tracking:

Recipient	Delivery	Read	Response
Edward J. Delmore	Delivered: 10/12/2020 12:52 PM	Read: 10/12/2020 2:41 PM	Approve: 10/12/2020 2:42 PM
Mark Sealy	Delivered: 10/12/2020 12:52 PM	Read: 10/12/2020 12:58 PM	Approve: 10/15/2020 8:44 AM
Lee W. Jones	Delivered: 10/12/2020 12:52 PM		Approve: 10/13/2020 8:04 AM
Brandan Franklin	Delivered: 10/12/2020 12:52 PM		Approve: 10/12/2020 1:18 PM
Grant Brown	Delivered: 10/12/2020 12:52 PM		Approve: 10/14/2020 9:36 AM
Mark Acreman	Delivered: 10/12/2020 12:52 PM	Read: 10/14/2020 4:23 PM	Approve: 10/14/2020 4:24 PM
Noel Hand	Delivered: 10/12/2020 12:52 PM	Read: 10/12/2020 1:59 PM	Approve: 10/12/2020 1:59 PM
Andy Bauer	Delivered: 10/12/2020 12:52 PM	Read: 10/13/2020 11:21 AM	Approve: 10/13/2020 11:22 AM
Matt Young	Delivered: 10/12/2020 12:52 PM	Read: 10/12/2020 1:11 PM	Approve: 10/12/2020 1:16 PM
Wanda Parris	Delivered: 10/12/2020 12:52 PM	Read: 10/12/2020 1:56 PM	Approve: 10/12/2020 1:56 PM

CITY ADMINISTRATOR 
