



APPLICATION FOR PUBLIC ASSEMBLY

1. EVENT INFORMATION

Event Name: Haunted Hustle 5K, Fun Run and Witches on Wheels Bike Ride

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

Applicant

Name: **Holly Howell/Nicole Ard**
Address: **310 W 19th Ave**
Phone #: **251-968-9824**
Cell #: **251-233-8190**
Email : **hhowell@gulfshoresal.gov**

Event Organizer

Name: **City of Gulf Shores Rec. Dept**
Address: **310 W 19th Ave**
Phone #: **251-968-4420**
Cell #: **251-233-8190**
Email : **hhowell@gulfshoresal.gov**

Web Address:

Purpose

- Athletic/Recreation
- Outdoor Market
- Parade
- Concert/Performance
- Fitness
- Festival/Fair
- Social
- Demonstration/Rally
- Other

Event Description

The City of Gulf Shores Recreation Dept is holding a 5K race, a one mile fun run and Witches Bicycle ride.

Location*

Address: **Gulf Shores Town Green on W. Beach Blvd**

***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 **10/16/21 12pm** Dismantle Date/Time **10/16/21 9pm**

Event Start Date **10/16/21** Event End Date **10/16/21**

Event Hours **4pm-9pm

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

****Please indicate the intended daily event start and end time(s).**

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

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 checked="" type="checkbox"/> Electrical /Generator Usage |
| <input type="checkbox"/> Stages/Platforms | <input 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 |

2. INSURANCE CERTIFICATE AND ENDORSEMENTS

In addition to completing the application form and paying permit and rental fees (when applicable), the 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.

3. 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.

Holly Howell

08/3/2021

Print Name of Applicant

Signature

Date

PERMIT AUTHORIZATION - FOR OFFICIAL USE ONLY

Fire Chief	Date	Fire Department Estimated Cost	\$
		Police Department Estimated Cost	\$
		Public Works Estimated Cost	\$
Chief of Police	Date	Planning & Zoning Estimated Cost	\$
		Building Department Estimated Cost	\$
Public Works Director	Date	Finance Department Estimated Cost	\$
		City Facility Rentals/Fees	\$
		Total	\$
Planning & Zoning Director	Date		
Building Official	Date		
Finance & Admin Director	Date		
Recreation & Cultural Affairs Director	Date	City Administrator	Date

4. 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 period 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, phone numbers and guidelines.
- Parking, Transportation, and Accessibility Plan. 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 and 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, schedule and noise abatement measures.
- Food, Beverages, and Concessions Plan, including 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.)

5. 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 Coordinator at (251) 968-1120 to verify.**

Charitable Organization (Copy of 501(c) Required) Tax Exempt (Exemption Certificate Required)
Partnership with the Dolphin Foundation for Education and Arts - Tax ID 83-2512307

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

If yes please provide amounts: **\$20-\$35 per person to race/ride**

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:

\$5,000 +/- gross receipts will vary depending on how many people participate.

Estimated expenses for this event: **\$4,000**

What is the projected distribution or net dollar amount the Host Organization will receive from this event?
\$4,000-\$5,500

6. 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: **Gulf Shores Fire/Rescue**

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 applicant's own expense: security personnel as 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 Support Services at (251) 968-1194 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 and venue safety, number and certification levels of security personnel.

7. 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 on the event site (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.

Plan attached. Race related injuries to be treated by EMT's on-site.

8. 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.

Parking will be in beach public parking lot

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

Parking to be directed to main beach and west beach public parking lots.

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

**Police will be used to stop traffic so racers can cross West Beach Blvd.
*indicated on map**

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

We will use cones to block off the north west bound lane and the south east bound lane on West Beach Blvd.

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 use existing beach handicap accessible parking spaces.

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.

We will print out a map for racers. Maps also to be posted around site.

Transportation Company

Name:

Address:

Phone #:

Fax #:

Email :

9. UTILITIES*

A utility Plan showing the locations of existing and proposed utilities (electric, water, 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

We will need power for our race timers equipment at the start/finish line

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

Yes No Will your event require lighting after dark? If yes, please describe
We need our start/finish line lit.

Electrical Contractor

Name: _____ Address: _____
Phone #: _____ Fax #: _____ Email: _____

10. GARBAGE, RECYCLING AND SANITATION*

The applicant shall demonstrate to the satisfaction of the City 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) 968-1962 for specific disposal and recycling policies.**

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

Trash Cans **10 at start/finish** 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

Port-a-let Company

Name:

Name:

Address:

Address:

Phone #:

Fax #:

Phone #:

Fax #:

Email :

Email

11. 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.

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

small pop up tents to be placed as indicated on site map

Number

Type

Sizes

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

barricades needed and road cones as indicated on map.

Date of Installation 10/16/21

Date of Removal 10/16/21

Temporary Structure Company

Fence Company

Name:

Name:

Address:

Address:

Phone #:

Fax #:

Phone #:

Fax #:

Email :

Email :

12. 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 2 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.

13. ENTERTAINMENT*

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

DJ on stage

Include an attachment listing all bands/performers and performance time 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 **4pm** Finish time **8:30pm**

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

music from a speaker and announcements will be made when awards are given.

Will inflatables, slides, bounce houses, 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

**We will have banners and signs throughout the race route and around the town green.
Will be removed at conclusion of event.**

14. MARKETING AND PROMOTION

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

If yes, please describe

City of Gulf Shores marketing staff

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



SMALL TOWN, BIG BEACH™

Haunted Hustle and Witches on Wheels
5K, 1 Mile Fun Run, Bicycle Ride
Emergency Plan – October 16th, 2021

Emergency Contact/s On-Site:

Nicole Ard, Recreation Manager (Main Contact)
Holly Howell, Fitness Coordinator
Randall Carlson, Customer Service Supervisor

On-Site Communication Methods:

Cell Phones
Radios
Loudspeaker/DJ on Stage
Megaphones throughout course

Our Commitment:

We will set in place the necessary protocols for a safe race environment and will act responsibly by following recommended guidelines for social distancing. We are asking each participant, whether athlete, volunteer or spectator, to do their part by respecting and following the guidelines that are specifically designed to protect the health and well-being of all participants and the community.

Emergency Plans:

- In the event of inclement weather (including, but not limited to: thunderstorms, extreme heat, extreme cold, excessive rainfall, flooding, lightning, or any other weather conditions deemed hazardous or unsafe) on a race day, the decision to proceed will be made by the COGS, in consultation with Emergency Management. The decision is within the sole discretion of COGS Administrators.
- If evacuation is needed, evacuation map will be posted and race personnel will work with Gulf Shores Police to safely guide participants to their vehicles and exit the area.

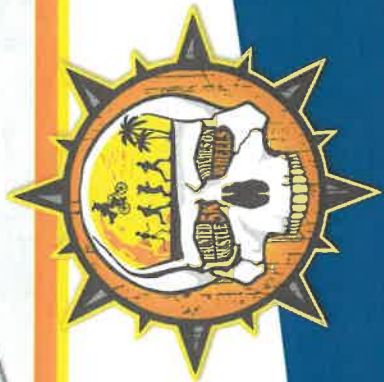


- ↔ Race Route
- 👤 Witches on Wheels Turnaround
- 👤 Fun Run Turnaround



CITY OF
GULF SHORES[™]
ALABAMA

Haunted Hustle 5K / Fun Run
Witches on Wheels Route



Haunted Hustle 5K
Site Map

Tobi Waters

From: Tobi Waters
Sent: Wednesday, August 11, 2021 1:07 PM
To: Mark Acreman; Mark Sealy; Edward J. Delmore; Brandan Franklin; Noel Hand; George Surry; Grant Brown; Lee W. Jones
Subject: FW: Assembly Permit - Haunted Hustle 5K
Attachments: Haunted Hustle 5K 2021 - Assembly Permit Application.pdf

Importance: High

Tracking:

Recipient

Response

Mark Acreman

Approve: 8/11/2021 1:19 PM

Mark Sealy

Approve: 8/11/2021 1:33 PM

Edward J. Delmore

Brandan Franklin

Approve: 8/11/2021 1:49 PM

Noel Hand

Approve: 8/11/2021 2:09 PM

George Surry

Approve: 8/11/2021 1:52 PM

Grant Brown

Approve: 8/12/2021 12:50 PM

Lee W. Jones

Approve: 8/11/2021 3:21 PM

From: Matt Young
Sent: Wednesday, August 11, 2021 1:03 PM
To: Tobi Waters <twaters@gulfshoresal.gov>
Cc: Wanda Parris <wparris@gulfshoresal.gov>; Grant Brown <gbrown@gulfshoresal.gov>; George Surry <gsurry@gulfshoresal.gov>
Subject: Assembly Permit - Haunted Hustle 5K
Importance: High

Hi Tobi.

Please circulate among departments for inclusion in the next COW agenda.

George – please see Nicole’s emergency plan within the application.

Thanks!

Matt Young, MS CPRE

Assistant Director of Recreation & Cultural Affairs

PO Box 299

1905 West 1st Street

Gulf Shores, AL 36542

www.gulfshoresal.gov

(251) 968-9826 desk

Tobi Waters

From: Edward J. Delmore
Sent: Wednesday, August 11, 2021 2:50 PM
To: Tobi Waters
Subject: Re: Assembly Permit - Haunted Hustle 5K

Approved

> On Aug 11, 2021, at 1:07 PM, Tobi Waters <twaters@gulfshoresal.gov> wrote:

>
>
>
> From: Matt Young
> Sent: Wednesday, August 11, 2021 1:03 PM
> To: Tobi Waters <twaters@gulfshoresal.gov>
> Cc: Wanda Parris <wparris@gulfshoresal.gov>; Grant Brown
> <gbrown@gulfshoresal.gov>; George Surry <gsurry@gulfshoresal.gov>
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> Thanks!

>
> Matt Young, MS CPRE
> Assistant Director of Recreation & Cultural Affairs PO Box 299
> 1905 West 1st Street
> Gulf Shores, AL 36542
> www.gulfshoresal.gov<<http://www.gulfshoresal.gov>>

>
> (251) 968-9826 desk
> (251) 284-5765 cell/text
> (251) 968-1470 fax

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Description: Twitter - Round - Grey] <http://www.twitter.com/City_GulfShores> [Description: Description:
Instagram - Round - Grey] <http://www.instagram.com/City_GulfShores>

>
> From: Nicole Ard
> Sent: Wednesday, August 11, 2021 10:50 AM