

City of Murfreesboro Application and Permit for Special Event



Any person or organization desiring to conduct a special event (parade, fair, foot race, bicycle race, or other activity) affecting the ordinary use of City streets, right-of-ways, sidewalks, or other infrastructure must apply for a permit authorizing the activity. **The application must be received at City Hall at least thirty (30) days before the scheduled special event and must be approved by the City Manager.** Please refer to City Ordinance 13-0-14, at www.murfreesborotn.gov/adm.

I. Event Information

Event Name/Description _____

Event Web Site _____ *Estimated Attendance/Participants _____

Event Date _____ If multiple days, start date _____ and end date _____

Start Time _____ End Time _____ Set-Up Time _____ Tear-Down Time _____

** Final registration counts must be sent to rbalachandran@murfreesborotn.gov within three days of event.*

What type of event are you planning? (Check all that apply.)

<input type="checkbox"/> Athletic event	<input type="checkbox"/> Bicycle race	<input type="checkbox"/> Block party	<input type="checkbox"/> Carnival	<input type="checkbox"/> Concert
<input type="checkbox"/> Fair	<input type="checkbox"/> Festival	<input type="checkbox"/> Foot race	<input type="checkbox"/> Parade	<input type="checkbox"/> Other

Yes No **Does the event require any City streets to be closed?**

If yes, what streets? _____

How will you notify the public about street closures? _____

Applicant is responsible for providing all barricades and traffic warning devices for street closures as deemed necessary and acceptable to the City.

See Section 21-64 (C).

Yes No **Will the event be held in a Murfreesboro park or use any park facilities?**

If yes, which park or park facility? _____

*If yes, a separate permit is also required; contact Parks & Recreation Dept. at 890-5333.
See www.murfreesborotn.gov/parks.*

Yes No **Will the event be held at the Civic Plaza?**

*If yes, a separate permit is also required; contact Urban Environment Dept. at 895-8059.
See www.murfreesborotn.gov/ued.*

Yes No **Will any tents or temporary structures be used?**

If yes, how many? _____ Where? _____

*If yes, a separate permit is also required; contact Building & Codes Dept. at 893-3750.
See www.murfreesborotn.gov/codes.*

Yes No **Will the event be held indoors?**
If yes, what is the name and address of the building?

Yes No **Will sanitary facilities and solid waste receptacles be available to participants?**
If yes, describe sanitary and solid waste facilities that will be provided including locations and number of units.

Yes No **Will signs be posted?**
*If yes, approved signs may only be posted three days prior to the day of the event.
Signs may **only** include type of event along with date and time of event.*

Yes No **Will alcoholic beverages be sold and/or served?**
*If yes, a separate permit is also required; contact Finance and Tax Dept. at 893-5219.
See www.murfreesborotn.gov/finance.*

Yes No **Will food be prepared and/or served?**
If yes, you are responsible for obtaining any necessary licenses and/or permits.

Yes No **Will there be merchandise vendor booths?**
If yes, you are responsible for obtaining any necessary licenses and/or permits.

Yes No **Will there be a band or amplified music?**
*If yes, refer to City ordinance on sound amplification.
See www.murfreesborotn.gov/legal.*

Yes No **Do you have the correct level of insurance for the special event?**
Submit a copy of the insurance certificate listing the City of Murfreesboro as an additional insured.
See Section 21-64 (G).

Event Detailed Description (Use additional sheets if necessary).

Beginning:
Ending

ENCLOSE A DETAILED MAP of event site, detailing any temporary or permanent structures, street closures, parking, etc. If applicable, list the location, blocks, streets, and/or intersections in which such event will occur. Also, please indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. *For large-scale events, map should be obtained from the City's GIS division.*

II. Sponsor/Applicant Information

Name of Organization			
Full Mailing Address			Zip:
Web Site	Phone	Fax	
Name of Applicant			Phone
Email Address			Fax
Person in Charge during Event			Phone before event
Email Address			Phone on day of event
Type of Organization	<input type="checkbox"/> Nonprofit <input type="checkbox"/> Government <input type="checkbox"/> For-profit <input type="checkbox"/> Other (Specify)		
Annual Event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If annual, has the event/route changed from the previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

III. Signature of Applicant

I, the undersigned, certify that the information contained in this application is correct to the best of my knowledge and belief. I have read, understand, and agree to abide by the City's ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations governing this proposed Special Event. I also agree to comply with all other local, state, and/or federal laws that are applicable to this Event. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge that I have received, read, and understand the special event ordinance and agree to be bound by all requirements as stated in the ordinance and incorporated by reference into the signed agreement. If the event plans change, I will submit a revised application or additional information accordingly.

Signature	Printed Name	Title	Date
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ALL PARTS MUST BE COMPLETED AND APPROVED BEFORE THE EVENT CAN BE PUBLICIZED.

Deliver to the City Transportation Department (including this page with your form)
City Hall, 2nd Floor, 111 West Vine Street, or fax to 849-2606, or email to rbalachandran@murfreesborotn.gov

For Official Use Only

Transportation Department:

I have examined information provided within this Special Event application. The starting and ending points are deemed proper in consideration of minimum interruption of traffic flow, safety, and traffic control as proposed and existing.

Comments

Signature

Title

Date

Police Department:

I have examined the information provided within this Special Event Application. The information is deemed proper in consideration of minimum interruption of traffic flow.

Comments

Signature

Title

Date

City Manager:

This application is approved and permission is granted based on the information stated in the application.

Comments

Signature

Date