

**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](http://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](mailto: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) of the City Code.*

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 615-890-5333. See [www.murfreesborotn.gov/parks](http://www.murfreesborotn.gov/parks).*

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

*If yes, a separate permit is also required; contact Parks & Recreation Department at 615-890-5333. See [www.murfreesborotn.gov/parks](http://www.murfreesborotn.gov/parks).*

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 615-893-3750. See [www.murfreesborotn.gov/codes](http://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 615-893-5219.  
See [www.murfreesborotn.gov/finance](http://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](http://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.  
*You are responsible for obtaining any necessary; contact the Legal Dept. at 615-849-2616  
Refer to Section 21-64 (G) of the City Code.*

**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 (PRINT CLEARLY)**

Name of Organization _____			
Address _____			
Web Site _____	Phone _____	Fax _____	
Name of Applicant _____	Phone _____	Fax _____	
Email Address _____	Phone _____	Fax _____	
Person in Charge during Event _____	Phone before event _____	Fax _____	
Email Address _____	Phone on day of event _____	Fax _____	
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

**ALL PARTS MUST BE COMPLETED AND APPROVED BEFORE THE EVENT CAN BE PUBLICIZED.**

**Deliver to the City Transportation Department**

City Hall, 2<sup>nd</sup> Floor, 111 West Vine Street, or fax to 615-849-2606, or email to [rbalachandran@murfreesborotn.gov](mailto:rbalachandran@murfreesborotn.gov)

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**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
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Signature	Title	Date
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**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
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Signature	Title	Date
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**City Manager:**

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

Comments
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Signature	Date
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