



City of Grants Pass  
Administration Department  
101 N.W. A Street, Grants Pass, Oregon 97526  
Telephone: (541) 450-6000 Fax: (541) 479-0812

**Dear Applicant:**

We put together this information sheet to help get your parade underway.

**Getting Started**

Be sure to plan early – the City will need your completed applications at least 30 days prior to the proposed parade (60 days preferred). This packet includes the Parade Permit Application form (100-h). Please fill it out, attach a map and describe the area to be closed. Make sure you clearly identify major cross streets and indicate the exact route of your parade. You will also need to complete the Special Event Application (100-a) and provide a Certificate of Liability Insurance naming the City of Grants Pass as an additional insured (see example 100-f).

**Additional Approvals May Be Required**

Closures on federal highways, state highways or county roads may require additional permits through ODOT or Josephine County and proof of Certificate of Liability insurance. Allow more than 60 days if you need additional approval from other jurisdictions. The City of Grants Pass requires proof of permit before proceeding (e.g., closing of 6<sup>th</sup> or 7<sup>th</sup> streets will require permit approval by ODOT).

**Applicant Instructions & Checklist**

- \_\_\_\_\_ Application must be filled out 30 days prior to proposed date of the parade (60 days preferred). (Parade Permit Application Form 100-h).
- \_\_\_\_\_ Applicant submits permit approval from ODOT and Certificate of Liability Insurance naming ODOT as an additional insured, if parade is on 6<sup>th</sup> or 7<sup>th</sup> Street (100-f).
- \_\_\_\_\_ Applicant submits Certificate of Liability Insurance naming City of Grants Pass as an additional insurer (100-f).
- \_\_\_\_\_ Applicant pays \$800 parade fee, if this is a full-street parade. Payment is made upstairs in the Administration Department.
- \_\_\_\_\_ Will applicant request to use city-supplied barricades to close the street? If yes, contact the Streets Department Superintendent at 541-450-6125 to arrange for availability of barricades.
- \_\_\_\_\_ Applicant will be responsible for all trash collection and removal along the parade route.

City Administration will contact you once the City Manager approves the street closure and signs the parade permit (form 100-I). Administration will also notice the event and street closure.

**Mail or deliver to:**

Administration  
City of Grants Pass  
101 N.W. A Street  
Grants Pass, OR 97526

**Forms needed:**

Parade Permit Application Form 100-h  
Special Event Application Form 100-a  
Certificate of Liability Insurance  
ODOT approval & Insurance



City of Grants Pass  
Parade Permit Application

**Parade Information**

Organization \_\_\_\_\_

Purpose of the Event \_\_\_\_\_

Date of Parade \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Route \_\_\_\_\_ (attach map)

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License Number \_\_\_\_\_

**A copy of ODOT's approval if on 6<sup>th</sup> or 7<sup>th</sup> Street**

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

.....  
Department Use Only

Routing: Public Safety \_\_\_\_\_ Streets Department \_\_\_\_\_

Full Street Closure \_\_\_\_\_ (\$800)

Half-Street Closure \_\_\_\_\_ (\$0)

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Public Safety Director Authorized Signature \_\_\_\_\_

# Temporary Business License Special Event Application and Instructions

## **PERMIT PROCESS**

This Temporary Business License/Special Events Application serves a dual purpose. First, it is intended to provide the City of Grants Pass with information it needs to evaluate your application especially as it relates to public health and safety. The second and equally important purpose is to help you in planning and organizing your event. As you complete the application, you may feel that not all of the questions apply to your event. If so, simply indicate so by writing **“not applicable.”**

The permit application process begins when you submit this completed application to the City of Grants Pass. Keep in mind that acceptance of your application should in no way be construed as final approval or confirmation of your request. The application will be reviewed in accordance with Chapters 4.04 and 4.07 of the Grants Pass Municipal Code. The applicant is responsible for compliance with all applicable federal, state and local laws and regulations. Applications shall be submitted no later than 30 days prior to the scheduled event. Applicants are encouraged to submit their applications as soon as possible to allow time for review and to allow you the time to gather any necessary supporting documentation. Applicants who submit applications less than 30 days prior to the scheduled event waive all time periods and appeal rights described in City’s Special Events Ordinance.

A special event is any activity that occurs upon public property that will affect the ordinary use of public property, public streets, rights of way or sidewalks, or will require the City to incur extraordinary costs for personnel, materials, and services. If your event will generate impacts greater than the impacts generated from the normal and customary use of City property, parks, streets, rights of way or sidewalks you need a temporary business license/special events license. Impacts include such things as an increased volume of vehicular or pedestrian traffic, trash, noise and refuse and as a result may generate the need for traffic control, security, trash disposal, sanitation, sewage disposal, fire protection or other services. A special event includes, but is not limited to, fairs, art shows, hobby shows, flea markets, and educational or cultural events, festivals, and block parties. Demonstrations and other lawful assemblies, including but not limited to private social gatherings that will make no use of City streets, parks or rights of way other than for lawful parking, are not included.

Copies of the application and required supporting documents are forwarded and reviewed by all affected City departments and/or public agencies. Throughout the review process you will be notified if your event requires any additional information, permits, licenses or certificates. The City must receive these items before issuing a Temporary Business License/Special Event License. (Contact: City Administration, 101 NW A Street, Ste. 205, Grants Pass, OR 97526, 541-450-6000)

## **PARK EVENTS**

**Complete this form only if your event in a City Park is a multi-day use, serving alcohol, or request for overnight camping.** Otherwise, please contact Recreation Northwest at 1750 NW Hawthorne Avenue, Grants Pass, OR 97526, 541-471-6435 in order to coordinate the scheduling and permitting of your event and to complete a City Park Event Permit Application.

## Large Special Events Temporary Business License Checklist

- Completed Application, supplemental documentation (if applicable)
  - Host organization authorization (p.4)
  - Site Plan/Route Map (p.5)
  - Description/Timeline (p.3)
  - List of Concessionaires (p.7)
  - Certificate of Insurance (p.8)

*(Certificates of Insurance are required from any concessionaires/vendors who will be providing food or beverage items or engaged in activities involving such things as bounce houses, climbing walls or similar activities).*

Other Documents or Permits which may be required:

- Food handler permit
- Alcohol license (OLCC temporary sales license)
- Loudspeaker permit (events held in parks)
- Sign permits
- Fireworks permit
- Written permission to use specific public property which may need to include proof of rental payment if necessary.

For single day events that will take place entirely within a City park, please complete the Park Event Permit Application and **not this Temporary Business License/Special Event Application**. Completed **Park Event Applications** should be submitted to Recreation Northwest, 1750 NW Hawthorne Avenue, Grants Pass, OR 97526. For more information, call 541-471-6435.

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### FOR CITY PERSONNEL USE ONLY: DO NOT WRITE BELOW THIS LINE

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<u>Department</u>	<u>Approved</u>	<u>Approved with Conditions</u> <small>(including extraordinary personnel, material and services charges)</small>	<u>Not Approved</u>
Administration	_____	_____	_____
Parks & Community	_____	_____	_____
Development	_____	_____	_____
Finance	_____	_____	_____
Public Works	_____	_____	_____
Public Safety	_____	_____	_____
Conditions for Approval: _____			

Reasons for Non-Approval: \_\_\_\_\_

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**SUMMARY OF EVENT  
DESCRIPTION**

Event Title \_\_\_\_\_

Detailed description of your event, including a timeline:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be an admission charge?  Yes  No

If yes, what will the admission charge be? \_\_\_\_\_

Location (be specific: parking lot, street name(s), etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Category (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art Show            | <input type="checkbox"/> Cultural              | <input type="checkbox"/> Festival/Celebration      |
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Dance                 | <input type="checkbox"/> Flea Market               |
| <input type="checkbox"/> Block Party         | <input type="checkbox"/> Educational           | <input type="checkbox"/> Live Animals              |
| <input type="checkbox"/> Carnival            | <input type="checkbox"/> Exhibits/Misc.        | <input type="checkbox"/> Museum Special Attraction |
| <input type="checkbox"/> Circus              | <input type="checkbox"/> Fair                  | <input type="checkbox"/> Parade/Procession/March   |
| <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Farmer/Outdoor Market | <input type="checkbox"/> Sidewalk event            |
|  |  | <input type="checkbox"/> Other (be specific) _____ |

Participants Estimated Total \_\_\_\_\_ Per Day \_\_\_\_\_

**DATE/TIME**

Event Starts: Date \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

Event Ends: Date \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

Close road(s) from: Date/time: \_\_\_\_\_ to Date/time: \_\_\_\_\_

Close lot from: Date/time: \_\_\_\_\_ to Date/time: \_\_\_\_\_

Request one-time permission to place "No Parking" signs on City-owned light poles before a street closure:

Yes  No (Signs must be zip-tied to poles and removed right after the event. No signs on trees or power poles)

**CONTACTS**

Host Organization: \_\_\_\_\_

Contact Name (Required): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Web Address: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Yes  No  Is this an annual event?  
Yes  No  Do you anticipate this to be an annual event?  
How many years have you been holding this event? \_\_\_\_\_  
Previous Location(s) \_\_\_\_\_  
Contact Number: \_\_\_\_\_

### ORGANIZATION STATUS/PROCEEDS/REPORTING

Yes  No  Is the Host Organization a commercial entity?  
Yes  No  Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status to your application.  
Yes  No  Will there be vendors at the event?  
If yes, what fees will you charge the vendors? \_\_\_\_\_

You will be required to provide a list with the name of each vendor and contact information for the vendor no later than 48 hours prior to the start of the event. This information shall be provided to the Administration office (Room 205).

Vendors who will be serving food or beverages will be required to provide Certificates of Insurance naming the City as an additional named insured. Likewise, vendors providing activity items such as bounce houses, climbing walls and similar activities are also required to provide the City with a Certificate of Insurance.

You are encouraged to provide the vendor list and required Certificates of Insurance as early as possible. You can update the list up to 48 hours prior to the start of your event.

### APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization: \_\_\_\_\_  
Chief Officer of Host Organization: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

### SAFETY AND SECURITY PLAN:

The safety and security of event participants, spectators and others is your paramount concern. Please provide a safety and security plan, which shall address the items described below. The plan should include specifics as to numbers and location of security personnel and traffic control.

### STREET CLOSURE INFORMATION

Will your event require closing a public street or public parking lot?  
Public parking lot? Yes  No   
Public street(s)? Yes  No

## SITE PLAN/ROUTE MAP

Your **attached** event site plan/route map should include the information requested below. If an item does not apply to your event, please indicate so.

**Yes**  **No**  An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures. Include "Free Speech" area.

**Yes**  **No**  The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access. If available, the Streets Department will loan out barricades. Pick up and drop off times should be arranged at least one week prior to your event. Contact the Streets Department Superintendent at 541-450-6125.

**Yes**  **No**  **Adequate number of garbage cans, recycle containers, parking, restroom/porta-toilet facilities, and waste stations. Indicate a legend for the above items, how many and where they are to be placed. Also indicate adequate parking provisions and provisions for the cleanup and removal of the above items.**

**Yes**  **No**  Other related event components not listed above.

## ENTERTAINMENT AND RELATED ACTIVITIES

As an event organizer, you must be certain that all event-related activities comply with the local laws applicable to noise abatement. Please be aware that loud and unreasonable noise (including music) is a violation of law [www.grantspassoregon.gov](http://www.grantspassoregon.gov). Banners, pennants, flags, signs, streamers, inflatable displays and similar devices are also regulated by local ordinance.

The City reserves the right to impose reasonable conditions and restrictions upon events using sound amplification equipment, horns, sirens, or similar noise-making equipment or devices, including, without limitation, conditions and restrictions relating to noise levels, time of day, duration, and location relative to residential zones, hospitals, schools, churches, or assisted living facilities.

**Yes**  **No**  Are there any musical entertainment features related to your event?

If yes, provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

**Yes**  **No**  Will sound amplification be used?

If yes, start time \_\_\_\_\_ Finish time \_\_\_\_\_

What is the approximate distance between the amplified sound source and nearby residences?

**Yes**  **No**  Do you plan to have a dance component to either live or recorded music at your event?

If yes, please describe: \_\_\_\_\_

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

**Yes**  **No**  Will inflatables, hot air balloons, bounce houses, climbing walls or similar devices be used at your event? If yes, please describe:

Certificates of insurance may be required for bounce houses, climbing walls, hot air balloons and similar activities.

**Yes**  **No**  Will your event be held during the evening hours?

## **ENTERTAINMENT AND RELATED ACTIVITIES (cont).**

Yes  No  Is lighting necessary? Yes  No  Is lighting provided?

Yes  No  Will you require electricity or water? If yes, describe your needs and sources for electrical power and water: \_\_\_\_\_

Yes  No  Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

If yes, please describe: \_\_\_\_\_

Please be aware that the use of these items must be under the supervision of a licensed pyrotechnic and require a permit or approval from the Oregon State Fire Marshall. For more information, contact Fire Prevention at 541-450-6200.

Yes  No  Will your event include the use of any signs, banners, decorations, or lighting?

If yes, please describe: \_\_\_\_\_

Please be aware that the use of any of these items may require additional permits.

## **SANITATION, TRASH REMOVAL AND HYGIENE PLAN.**

Please describe your plan for providing that adequate bathroom facilities, hand washing stations, and trash collection and removal will be provided during your event. \_\_\_\_\_

**Number of toilets available to the public:** Fixed: \_\_\_\_\_ Portable: \_\_\_\_\_

**Number of hand washing stations:** \_\_\_\_\_

**Number of trash cans and recycle bins:** \_\_\_\_\_

Yes  No  Do your event plans include any casino games, bingo games, drawings or lottery opportunities? If yes, please describe \_\_\_\_\_

## **MARKETING AND PUBLIC RELATIONS**

Please ensure that you have conditional approval of your event before you begin to promote market or advertise the event. If you plan to include radio, television or other product promotions within your event venue, it is important that you limit the placement and/or distribution of signs, stickers and other promotional items. Items of particular concern are those that may damage public and private property, violate city sign code ordinances, or which may be difficult to clean or remove from the venue.

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

If yes, please describe \_\_\_\_\_

Yes  No  Will there be live media coverage during the event?

If yes, please describe \_\_\_\_\_

Yes  No  Will media vehicles be parked within the event venue?

If yes, please describe safety plan \_\_\_\_\_

Yes  No  Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?



If yes, please describe

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## ALCOHOL

If you plan to sell or furnish alcoholic beverages at your event you will be required to obtain a permit from the State and City. Alcohol is permitted only under limited circumstances in City parks. For more information regarding alcohol in City parks contact: Recreation Northwest at 1750 NW Hawthorne Avenue, Grants Pass, OR 97526, 541-471-6435. For more information regarding alcohol permits and licenses, contact: City Finance Department at 541-450-6020.

Yes  No  Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- Free/Host Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled Spirits

Certificates of insurance will be required from all alcohol vendors.

Please describe your safety and security plan to ensure the safe sale or distribution of alcohol at your event.

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## FOOD CONCESSIONS OR PREPARATION

Food facilities and handling must meet state, county, and city laws and regulations. Food handler permits are provided by the county. For information regarding food handler permits, contact the Health Department at 541-474-5325.

Yes  No  Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared.

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

If yes, please specify method:

- Gas
  - Electric
  - Charcoal
  - Other (specify)
- 
- 

*Certificates of insurance will be required from all food vendors.*

## MITIGATION OF IMPACT

As an event organizer, you are required to develop mitigating measures to accommodate the negative impact your event may have on park landscapes, pedestrian and vehicular traffic, other users, adjoining property owners and neighbors that may be affected by your activities. Your plan should identify all mitigating measures which you intend to utilize to avoid or minimize the impacts your event will generate and which will provide a safe and secure environment.

The City requires that adjoining property owner, residents and businesses be notified at least one week prior to your event.

Off pavement driving is prohibited without prior written permission. Organizers will be liable for all damages caused by the event.

**Yes**  **No**  Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. This list shall be provided prior to the issuance of your permit. If no, please explain \_\_\_\_\_

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**Yes**  **No**  Do you have a sample of any notice that you propose to distribute at least one week prior to your event? If yes, please attach. If no, please explain \_\_\_\_\_

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## NEIGHBORHOOD BLOCK PARTY

Applications shall be accompanied by the signed consents of 75 percent of the neighbors located adjacent to any portion of the roadway to be closed.

## HOLD HARMLESS

Applicant agrees to defend, pay, save and hold harmless the City, its officers and employees, from any and all claims or lawsuits for personal injury or property damage arising from or in any way connected to the special event, except any claims arising solely out of the negligent acts of the City, its officers and employees.

## INSURANCE REQUIREMENTS

Most special events will be required to provide evidence of insurance coverage. Please note insurance requirements depend upon the risk level of the event. If your event will include alcohol, liquor liability coverage must be included on your certificate of insurance.

Before final permit approval, you will need commercial general liability insurance that names as Additional Insured, the "City of Grants Pass, its officers, employees, and agents" and any other public entities (e.g. County, etc.) impacted by your event. Insurance coverage must be maintained for the duration of the event including setup and dismantle dates.

An original Certificate of Insurance in the amount satisfactory to the City must be received by the City of Grants Pass prior to the issuance of your Special Event Permit. Mail to: City of Grants Pass, 101 N.W. A Street, Grants Pass, Oregon 97526. Certificates of insurance from food and beverage concessionaires/vendors and vendors providing such things as bounce houses, climbing walls and similar activities will also be required.

Name of Insurance Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

The applicant and, if applicable, the professional event organizer, must complete, sign and date this application before submitting it to:

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Grants Pass Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager’s designee. Applicant agrees to comply will all other requirements of the city, county, state, federal government and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Grants Pass.

Organization: \_\_\_\_\_

Print Name of Applicant/Host: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Print Name of Professional Event

Organizer:\_\_\_\_\_ Title:\_\_\_\_\_

Event Organizer Signature:\_\_\_\_\_ Date:\_\_\_\_\_