



Park Reservation/Street Closure/Parade Request

Special events are important to our community. They bring excitement to our City and enhance our quality of life. The City of Dillon is happy to assist organizations and groups providing quality events. To do so, we require completion of the attached application.

Completion of this application for all street closure requests that take place on public property will assist you and the City in having a successful event.

Also, it determines if events proposed are in conformance with applicable laws and regulations and ensures activities are not detrimental to public health, safety and welfare.

Attached is some general information to assist you. You should review your plans with your insurance agent to assist you in providing the City of Dillon with insurance information necessary to approve your request.

If the City can assist you in any other way, please come into City Hall or call 683-4245.

Mayor

Director Operations

CITY OF DILLON ~ SPECIAL EVENTS APPLICATION

\$250 REFUNDABLE CLEANING DEPOSIT IS REQUIRED FOR ALL EVENTS HELD ON CITY OF DILLON STREETS AND PARKS

THE CLEANING DEPOSIT WILL ONLY BE RETURNED ONCE THE PROPERTY HAS BEEN INSPECTED AFTER THE EVENT AND MEETS ALL REQUIREMENTS

NAME/TITLE OF EVENT		
Date of Event: _____	Start Time: _____	Stop Time: _____
Person or Organization Making Application: _____		
Address: _____	City, State, Zip _____	
Phone Number _____	Email: _____	
Detailed Description of Event: _____ _____		

PARK RESERVATION:		
25 or more attendees	No <input type="checkbox"/>	If Yes <input type="checkbox"/> Non-Refundable \$25.00 Fee and <input type="checkbox"/> Insurance Required
Power needed:	No <input type="checkbox"/>	If Yes <input type="checkbox"/> Non-Refundable \$10.00 Fee Required
<input type="checkbox"/> IBEY MEMORIAL PARK	<input type="checkbox"/> VIGILANTE PARK	<input type="checkbox"/> CHILDREN'S PARK
<input type="checkbox"/> DEPOT PARK	<input type="checkbox"/> WEST SIDE PARK	<input type="checkbox"/> RAY LYNCH PARK
<input type="checkbox"/> JAYCEE PARK	<input type="checkbox"/> JAYCEE PARK AMPHITHEATRE	<input type="checkbox"/> JAYCEE PARK SHELTER
Non-Refundable \$50.00 Fee per 4 hours of use.		
<small>TABLES ARE NOT TO BE MOVED FROM THE SHELTER AREA. ANY TABLES MOVED WILL RESULT IN THE FORFEITURE OF THE ENTIRE DEPOSIT.</small>		

<input type="checkbox"/> PARADE REQUEST	PARADE ROUTE _____ _____	
<input type="checkbox"/> STREET CLOSURE REQUEST	<input type="checkbox"/> Non-Refundable \$50.00 Fee for Commercial Events per day <input type="checkbox"/> Insurance Provided for All Street Closures	
LIST STREET(S) TO BE CLOSED _____ _____		
Adjoining Businesses or Property Owner(s)	Agree to Closure	Signature
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

COMPLETE THIS SECTION FOR ALL EVENTS:

Action to be taken in the event of a disturbance, medical emergency or other type of emergency: _____ _____
ALCOHOL RELATED EVENTS: How will admission of those under the legal age to drink be handled and what will consequences be if/when underage drinking occurs? How will those under the influence of alcohol be handled? Will alternate transportation be offered? _____ _____

No more than two approvals will be issued within the downtown business district on the same date.

A **CLEAN UP AND DAMAGE DEPOSIT** in the amount of **\$250.00** must be given to the City of Dillon. After the event, city staff will inspect the area and the deposit will be returned if the area is clean of all trash and garbage and there is no damage. **To insure the park stays clean and hazard free, there will be NO stapling, taping, nailing, or attaching signs or literature of any kind within the park. The deposit will not be returned if it is found that this happened.**

Any markings (no paint allowed) to be placed on public right-of-way must be approved by the City prior to placement. Said markings must be environmentally safe and not conflict with existing markings.

Cones and barricades may be checked out from the City but must be checked out and picked up at City Hall and returned to the city the next business day after event. If lost or damaged, the City of Dillon must be reimbursed for replacement cost.

A Certification of General Liability Insurance is required for certain events consisting of twenty-five (25) or more people and provided to the City for the period of this agreement at a minimum of \$750,000.00 per claim and \$1,000,000.00 million per occurrence and the City of Dillon must be named as an Additional Insured. If liquor is served, a liquor liability certificate must be provided to the City. In consideration for permission to conduct the event as requested, applicant agrees to indemnify, defend and hold harmless the City of Dillon, its officers, agents, employees, and volunteers from damage to property and for injury to or death of any person and from all liability claims, actions or judgments which may arise from the activity. Applicants also agree to obtain valid "save or hold harmless agreements" from all participants in its activity, including damages of any kind or nature.

Upon the approval of the requested special activity, and upon signing this application, the applicant agrees to not violate any state or city codes.

APPLICANT SIGNATURE:	DATE:
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OFFICE USE					
Proof of Insurance Required:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "Yes" date received: _____
\$250.00 Deposit Paid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date received: _____ Date returned: _____
Event is Open to the Public:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Council Approval Required:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "Yes" was it approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
<i>If council approval is required obtain appropriate signatures below before presenting to the council.</i>					
Police Department:				Fire Department	
Director of Operations:	_____				
MT Dept of Transportation on State Maintained Highways	_____				

ADDITIONAL RESTRICTIONS OR SPECIAL CONDITIONS:	

Additional Page for Adjoining Businesses or Property Owners(If needed)

NAME/TITLE OF EVENT			
Date of Event:	Start Time:	Stop Time:	
LIST STREET(S) TO BE CLOSED			
List Adjoining Businesses or Property Owners			
	Agree to Closure		Signature
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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