



Fountain Inn City Hall
200 N Main Street
Fountain Inn, SC 29644
Phone: (864) 724-8044

SPECIAL EVENT PERMIT APPLICATION

This application must be completed and submitted to the City Hall no fewer than sixty days (60) days prior to the start of the event. Any misrepresentation or deviation from the final agreed upon route and/or method of operation described herein may result in the immediate revocation of the permit. All questions must be fully answered. If a question does not apply, please write "Does not apply" in that space. Please type or print the information clearly. You may attach additional sheets as necessary.

The information requested by this form will be used to determine your eligibility for the permit requested. Completed forms may be released upon the request of any citizen as provided by the Freedom of Information Act. Completion of the form is voluntary; however, failure to do so will prevent processing of your application. Incomplete applications will be returned

Name of Event: _____

Date(s) of Event: _____

Specific Location of Event: _____

Type of Event: Public Private

Applicant (PERSON in charge of Event): _____

Best Contact Number: _____

Street Address: _____ Suite/Apt. #: _____

City: _____ State: _____ Zip: _____

Email: _____

Event Description

Describe the type and size of event (location, how much area to be used, stages, entertainment, etc.) for which you are seeking a permit. Please use the back of this application or a separate sheet to draw a simple sketch showing streets to be closed, placement of tents, stages, etc.

The event will begin at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

The event will end at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Set up will begin at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Roads will be closed at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Roads will be re-opened at _____ a.m. / p.m. on _____, 20____
Time *Date* *Year*

Organization Representing:

Is this a charity or non-profit organization? YES NO

If YES, type of non-profit: 501C-3 501 C-6 Place of Worship

Please submit a copy of the IRS letter for the non-profit organization.

Does your event carry liability insurance listing the City as co-insured? YES NO

Will your event use amplified sound? YES NO

If you answered YES, what will it be used for? _____

Will you require the use of the stage owned by the City for this event? YES NO

Do you plan to sell or serve food and beverages at the event?
(Note: All DHEC regulations must be followed) YES NO

If you answered YES, describe the types of food and beverages to be served: _____

Will there be any cooking with grease? (Note: Grease mats are required) If
you answered YES, how do you plan to dispose of the grease? _____
 YES NO

Do you anticipate serving or selling alcoholic beverages at the event? YES NO

If YES, type: Beer/Wine Liquor Drinks

Alcohol permit is required for the vendor.

Please give specific location(s) of where the alcohol will be served: _____

How will the event prevent underage drinking: _____

Will your event include pyrotechnics (fireworks)? YES NO

Event Set Up

Will tents be used for the event? (Note: Metal stakes are not permitted)

YES

NO

If YES, list the number of tents, size, type, and locations:

Will any signs or banners be erected?

YES

NO

If YES,, list the size(s) and location(s):

Will generators be used?

YES

NO

If YES, list number, size, and locations:

Have arrangements been made for restroom facilities?

YES

NO

If YES, list location(s) of facilities:

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability 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. The City of Fountain Inn recommends one (1) chemical or portable toilet for every 250 people or portion thereof who attends your event. Ten percent (10%) of these facilities should be ADA accessible. This figure is based upon the maximum number of attendees at your event during peak time. The City of Fountain Inn may determine the total number of required restroom facilities on a case-by-case basis.

Describe any revenue to be generated from admission fees, solicitation from spectators, concessions or any other source:

Will the proceeds benefit any organization?

YES

NO

If YES, list the name of organization: _____

Describe sanitation provisions (trash cans, event clean up):

Who is providing the above provisions?

City Services

Do you need the City of Fountain Inn to provide any of the following services?

Roll Carts: YES NO How many? _____ Location(s): _____

Date and time roll carts are to be emptied: _____

Date and time roll carts are to be picked up: _____

Barricades: YES NO How many? _____ Location(s): _____

Who will be responsible for placing barricades? _____

Will City personnel be responsible for street and property clean-up? YES NO

Describe any power needs and location of power source(s):

Safety and Security

What arrangements have been made for medical assistance, if needed?

The City of Fountain Inn Police Department will determine if police presence is needed on site during the event. (\$40 per officer, the number of officers is determined by estimated attendance)

Have you contracted for mechanical rides, space walks, or other attractions? YES NO

If YES, list the company and any details:

Rain Policy for Event: _____

List the name(s), location(s), and date(s) of special events you have staged over the past five years:



FOUNTAIN INN

est. 1886

FOOD VENDOR SOP

Date

OCT 10, 2022

STEP 1

Identify appropriate food vendors for event. COFI will provide a pre-approved list.

STEP 2

Turn in food vendor list 1 Month prior to event. List must include name, contact, and vended items.

STEP 3

Ensure all vendors not pre-approved receive either a full license or day pass no later than 2 weeks before event.

STEP 4

COFI will notify you if any vendors on your list are not compliant 1 week before deadline

STEP 5

Any vendors who do not meet the deadline will not be allowed at the event.
NO EXCEPTIONS.

Business License Specialist

jordyn.hill@fountaininn.org

Community Relations

awatters@fountaininn.org

ecarpenter@fountaininn.org

Applicant _____

Hold Harmless Clause

Permittee/organization hereby shall assume all risks incident to or in connection with the permitted activity shall be solely responsible for damage or injury of whatever kind or nature to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee's operation.

Permittee hereby expressly agrees to defend and save the City harmless from any penalties for violations of law, ordinance, or regulation affecting its activity and

from any and all claims, suits, losses, damages, or injuries directly or indirectly arising out of or in connection with the permitted activity of conduct of its operation or resulting from the negligence or intentional acts of omissions or its offers agents and employees.

Applicant Signature _____ Date _____

Title: _____

FOR OFFICIAL USE ONLY

Departmental Review & Approval

POLICE YES NO _____
Authorized Signature

FIRE YES NO _____
Authorized Signature

PARKS AND RECREATION YES NO _____
Authorized Signature

PUBLIC WORKS YES NO _____
Authorized Signature

SPECIAL EVENTS YES NO _____
Authorized Signature

APPLICATION: GRANTED DENIED

City Administrator

Date