



HOCKING COUNTY



SPECIAL EVENT PERMIT APPLICATION

Under authority of the Hocking County Commissioners and
Issued by the Hocking County Emergency Management Agency

52 E. Second Street

Logan, Ohio 43138

emadirector@hocking.oh.gov

***** Please read the Special Event Permit Policy before completing this application*****

Please submit completed applications by mail or in person to: Hocking County EMA, 52 E. Second Street, Logan, Ohio 43138.

This application as well as the related policy are available online at www.hocking.oh.gov/EMA

Completed applications are due 90 days prior to the proposed event. Incomplete applications will not be considered submitted or reviewed by staff until all requested documents have been provided.

Type of Event- Please check all that apply in regard to needs:

☐ Parade/Block Party	☐ Festival/Concert/Public Performance
☐ Bicycle Race	☐ March/Walk/Foot Race
☐ Parking Lot Gathering	☐ Park Facility Gathering
☐ Private Party/Wedding	☐ Other: _____

Applicant/ Organization Information *(Please print clearly)*

Name of Applicant/Point of Contact: _____

Name of Organization (if applicable): _____

Street Address: _____

Phone Number: _____ **Email Address:** _____

Non-Profit Number or Tax ID (if applicable): _____

Event Information *(Please print clearly)*

Name of the Event: _____

Location of Event: _____

Date of Event: _____ **Expected Attendance:** _____

Event Start/End Time: _____ / _____ **Event Set-Up/Tear Down Times:** _____ / _____

Will there be a charge for admission or participation fees? Yes No
If “Yes”, please explain: _____

Event Description:

The following may have fees necessary to offset costs for time of items. Please complete the questions below by circling “yes” or “no”. Final determinations will be discussed at the application review meeting.

Are “special duty” law enforcement officers being requested for this event? Yes No

Will there be an on-site provider for first aid for the event? Yes No

Do you plan on having food trucks or prepared foods at the event? Yes No

Will additional water and/or electric be needed? Yes No

If “yes”, please explain how you will obtain: _____

Sanitation: Any event with approximately 250 people or more will require a trash collection plan be submitted with the event permit application prior to the event.

Event Site Map: A map indicating any proposed routes, street or road closures, ingress and egress routes, reserved parking spaces, entertainment areas, food areas, etc. must be included with the event permit application.

This application is considered complete upon the submittal of the follow: *(Check all that apply)*

____ Completed and signed the Special Event Permit Application

____ Completed and signed Hold-Harmless Agreement

____ Proof of Insurance Certificate that lists Hocking County, Ohio as additional insured (not required for block parties)

____ Submission of an Event Map

____ Submission of a Sanitation Plan

____ Submit \$50.00 fee (In **check** form only)

I have read and agree to adhere to the provisions of the Hocking County Special Event Permit Regulations. I understand that failure to follow these provisions may result in the denial of future applications. I hereby attest to the truth and exactness of all information supplied on and with this application.

Signature of Applicant: _____ **Date:** _____

For Office Use Only

____ Approved

____ Denied

Application Details:

Are Special Duty Officers required for this event? _____ Yes _____ No

If "Yes": Quantity: _____ Fee: _____

Will this event require temporary No Parking signs? _____ Yes _____ No

If "Yes": Quantity: _____ Fee: _____

Will this event require Road Closed barricades? _____ Yes _____ No

If "Yes": Quantity: _____ Fee: _____

Will traffic control be necessary? _____ Yes _____ No

If "Yes": Quantity: _____ Fee: _____

Will Medical personnel be required at the event? _____ Yes _____ No

If "Yes": Quantity: _____ Fee: _____

Will Fire personnel be required at the event? _____ Yes _____ No

If "Yes": Quantity: _____ Fee: _____

Director, Hocking County Emergency Management Agency/ Date