

City of Milford
Application for Public Event

Name of Event _____

Date of Event _____ **Hours of Event** _____

I. Name of Applicant: _____

Applicant Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Cell _____ Business _____

Date and time of event set-up _____

Location Proposed: _____

Brief description of event including purpose: _____

II. Additional Services Requested

Please indicate whether any city services are requested. The applicant shall reimburse the City at actual cost. *A deposit of \$50 shall be required at time of receiving approval.

_____ Police Presence (additional Police Services Contract may be required)

_____ EMS Presence

_____ Additional trash/recycling receptacles including pick-up and removal

_____ *Port-a-lets (additional fees may apply)

_____ *Park Restrooms

_____ Temporary fencing

_____ Barricades (Attach map of intended placement)

_____ Other _____

III. If not City crews, who will be collecting trash? _____

How often will it be collected? _____

Where will it be deposited? _____

IV. What will be the estimated attendance? _____

V. Will tents/temporary structures be used? _____ *Yes _____ No

*Tents over 200 sq. ft. must be fire proof and will require a permit.

Size(s) _____ Location(s) _____

VI. Will food or alcohol be served? _____ Yes _____ No

If yes, please contact the Clermont County Health District at 732-7499 (www.clermonthealthdistrict.org) or the Ohio Division of Liquor Control at 614-644-2360 (www.com.state.ohio.us)

VII. Will you be using any of the following?

Extension cords _____ Existing Electric _____ Generators _____

VIII. HMA Board Approval (if sponsored by HMA) _____

IX. Please list the name(s) of the person(s) who will be in charge during the event:

Name	_____	_____	_____
Addresses	_____	_____	_____
Addresses	_____	_____	_____
Day Phone	_____	_____	_____

X. Acknowledgements and Release of Liability

The applicant, on behalf of any organization he/she is representing, agrees to hold harmless the City of Milford and its representative employees, agents and assignees from any and all liabilities, whether to persons or property, as the result of negligence on the part of said individual or organization, or the acts of any of its agents or anyone visiting the park or fields upon the invitation of said applicant

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

(Office Use Only)

Date Received: _____ Reviewed by: _____

Approval: _____ Yes _____ No Approved by: _____

Date: _____ Title: _____

Comments: _____

Fee for additional services: _____ Deposit returned (if applicable): _____