



**APPLICATION FOR THE USE OF:**

**Streets, Trails, and Public Grounds**

Complete application and return to:  
 Coralville Parks and Recreation  
 1506 8<sup>th</sup> Street, Coralville, IA 52241  
 319-248-1750  
 E-mail: recreation@coralville.org

**THIS APPLICATION MUST BE COMPLETED IN FULL PRIOR TO SUBMISSION**

\_\_\_\_\_

**EVENT NAME**

\_\_\_\_\_

**EVENT DATE**

<b>Office Use</b>	
Application Received	_____
Deposit of \$250 Received	_____
Indemnity/Hold Harmless Received	_____
Certificate of Insurance Received	_____
JC Public Health Sign Off	_____



Dear Community Member,

Thank you for your interest in use of streets, trails, and/or public grounds here in Coralville. We hope you'll find this application form helpful as you plan your event. A well planned event is tied directly to its success. Our application process will help you to determine logistics, safety, and cost as you move ahead and will ensure consistency of support from the city.

We are happy you are considering Coralville for a special event. Beyond this application process, we encourage you to contact the Iowa City/Coralville Convention and Visitors Bureau at 319-337-6592. The ICCCVB can help put you in touch with appropriate agencies beyond the city application process such as health, financing, overnight accommodations, marketing and publicity, and volunteers.

We hope you'll find Coralville a community eager and willing to host your special event. If you have any questions, please contact Scott Prochaska, Recreation Superintendent at 319-248-1750.

Welcome to Coralville!

**APPLICATION FOR USE OF STREETS,  
TRAILS, AND PUBLIC GROUNDS**

This application is required in any of the following circumstances:

- Your event has the potential for 150 people or more to attend.
- Your event involves security, street use, or trail use.
- Your event anticipates the need for special traffic control police presence and/or support.
- Your event requires special coordination with parks and recreation staff or the erection of any portable or temporary structures on public ground.
- Your event involves the dispensing or sale of alcoholic beverages.
- Your event involves the sale of items on public property.
- Your event involves the use of amplified sound equipment or musical instruments.
- Your event involves bringing live animals to an event for the public to interact with (excludes personal pets by individuals).

Complete in entirety and return to Coralville Parks and Recreation, 1506 8<sup>th</sup> Street, Coralville, IA 52241 a minimum of 30 days prior to the event along with a special event deposit of \$250. Check should be made to the City of Coralville. *If changes occur to your event including route or location of equipment, etc. an updated special events permit must be filed.*

1. Event Name \_\_\_\_\_

2. Organization Sponsor \_\_\_\_\_

3. Event Date \_\_\_\_\_

Time Start \_\_\_\_\_ End \_\_\_\_\_

Has event been held previously? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

4. Name, Address, Phone and Email Address of Person Responsible \_\_\_\_\_

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5. Proposed Event Location \_\_\_\_\_

**City Streets and/or Public Grounds: Outline route(s) or indicate exact location on attached City map. Parks and Recreation: Indicate name of park and shelter, ballfields, and other facility to be reserved. Call 248-1750 for prices and reservations.**

6. Description of Event and Purpose \_\_\_\_\_

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7. Expected Attendance \_\_\_\_\_

8. How many persons will carry out the event? How many organizing staff will be present during the event? \_\_\_\_\_

9. Describe admission fees/charges and any items to be sold/distributed \_\_\_\_\_

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**Revenue Policy: Groups using P&R facilities to generate an income will pay three times the established rental rate. Rental fees may be reduced or waived by the Parks & Recreation Director if all net proceeds are donated to a non-profit organization.**

10. Will extra trash receptacles be necessary? Yes \_\_\_\_\_ # \_\_\_\_\_ No \_\_\_\_\_

**Refuse Removal: City Staff will work with applicant for extra trash removal based on event. An additional fee may be applied for this service.**

11. Describe Plans for Clean-Up \_\_\_\_\_

**Applicant/Permittee acknowledges and agrees that after the event, all City Streets, Public Grounds, and/or parks affected by the use requested on this application shall be thoroughly cleaned of all rubbish and other debris. If the Applicant/Permittee fails to clean up within 24 hours after conclusions of the event, the Director of Parks and Recreation shall authorize the work to be done at the expense of the Permittee.**

\_\_\_\_\_  
Signature of Permittee

12. Describe how you propose to control parking and traffic control at the event. How many people to do you plan to provide or hire to accomplish these functions?

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13. Describe your proposal to police the event for crowd control and security.

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**If security arrangements are deemed to be inadequate by the Chief of Police, the applicant shall be required to employ additional security personnel or arrange for assigned officers through the Police Department.**

14. Will First Aid be provided? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, by whom? \_\_\_\_\_ Medical Certification Level \_\_\_\_\_

15. Method of Advertising Event (in detail) \_\_\_\_\_

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**Reminder: Special event signs may be posted 24 hours in advance and must be removed immediately following the event. No paint or stickers of any kind may be used to mark routes. Routes must be marked with stick playground chalk or with vertical style signs along the route. Fine for not removing signs is \$250 the first day, \$500 each additional day. Signs shall not be placed in the Public Right of Way.**

16. Facility Requirement

Will you utilize temporary structures? If yes, describe in detail each type and location.  
( ) stage ( ) tents ( ) scaffolding ( ) concessions stands ( ) fence

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Do you plan to provide additional portable restrooms? ( ) yes ( ) no  
If yes, how many? \_\_\_\_\_ where? \_\_\_\_\_

Are barricades going to be used? ? ( ) yes ( ) no  
If yes, what type? \_\_\_\_\_ How many? \_\_\_\_\_  
Where? \_\_\_\_\_

17. Sound generating, sound amplification, or musical equipment to be used at the event: Please check applicable box. (Payment must be submitted with the completed application.)

None. Amplified sound will not be generated.

- Yes, amplified sound will be used. Sound Permit completed and attached along with permit fee of \$25. Check payable to City of Coralville.

Describe Equipment (Band Radio, Megaphone) and Location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Will the sale of food take place at your event? ( ) yes ( ) no

**It is the responsibility of the permit holder to contact the Department of Health for safety and inspection information regarding food sales at a public event. Johnson County Department of Public Health, 356-6040. The attached form will need to be returned 7 days prior to the event.**

19. Describe all other equipment to be used \_\_\_\_\_

\_\_\_\_\_

20. Do you require water or electricity hook-up? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe \_\_\_\_\_

\_\_\_\_\_

21. If event is public entertainment, rally, demonstration, or any combination thereof, lists names and addresses of all persons who will be entertainers or speakers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Will alcoholic beverages be dispensed for free? ( ) yes ( ) no  
Organization requesting Alcohol Permit \_\_\_\_\_

**Alcohol permit fee is \$15 and can be obtained through Coralville Parks & Recreation Department. Alcohol must be free to those of legal age and may only be beer, wine coolers, or wine.**

23. Will alcoholic beverages be sold at the event? ( ) yes ( ) no

If yes, a special liquor permit is needed. Whose name will be on the license?

Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Is the vendor a licensed liquor establishment? ( ) yes ( ) no

Contact Person \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

How will the liquor be dispensed? \_\_\_\_\_

Where? \_\_\_\_\_

\_\_\_\_\_

How will admission to the beer/liquor area be controlled by age?

\_\_\_\_\_

\_\_\_\_\_

It is the responsibility of the Permit Holder to obtain a Liquor License for events where beer/wine/or liquor will be sold and provide a copy with this application. More information can be obtained from the Coralville City Clerk, 319-248-1700. Beer or wine which is complimentary given to persons of legal age is permitted in the parks in Coralville.

24. Will a tent or overhead canopy larger than 10' x 10' be erected for this event?  
( ) yes ( ) no

A temporary membrane, tent, or canopy larger than 10' x 10' requires a permit from the Coralville Fire Department. Complete the attached form and return with this application.

25. Insurance Information

**MINIMUM REQUIREMENTS: ATTACH CERTIFICATE OF LIABILITY INSURANCE TO THIS FORM.** City of Coralville must be listed as the Certificate Holder. Event should carry \$1,000,000 general liability coverage. Other use requests should direct insurance requirement questions or general questions should be directed to the Human Resource/Risk Manager, City of Coralville, at 319-248-1700.

I, \_\_\_\_\_, am responsible of \_\_\_\_\_, the entity known as "the Applicant" herein. I am authorized to sign this Indemnity and Hold Harmless Agreement. In consideration of the grant of a temporary right to use Streets, Trails, Public Grounds, and/or parks of the City of Coralville, in connection with the activity noted herein, the Applicant agrees to indemnify, defend, and hold harmless the City, its officers, agents, and employees, from and against any and all claims, losses, liabilities or damages of whatever nature, including payment of reasonable attorney's fees, which may arise from the activity described herein, or which may be caused in whole or in part by any act or omission of the Applicant, or by any agent or employ of the Applicant.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Representative's Title (if applicable)

\_\_\_\_\_  
Date

26. Bond/or Additional Insurance Information

The City Administrator or his designee will inform you if a bond or additional insurance is necessary. If necessary, the bond amount will be based on the use and expected size of the event to insure against damage.

- Bond in the amount of \$ \_\_\_\_\_ necessary.       Bond requirement waived.

**APPLICANT DO NOT WRITE ON THIS PAGE – CITY STAFF ONLY**

Copies of Application to:

Police Chief _____	Fire Chief _____
Public Works _____	Risk Manager _____
City Attorney _____	Parks Superintendent _____
Director of Parks & Recreation _____	Transit Director _____

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Comments of Needs/Concerns

Police \_\_\_\_\_  
\_\_\_\_\_

Fire \_\_\_\_\_  
\_\_\_\_\_

Director of Parks and Recreation \_\_\_\_\_  
\_\_\_\_\_

Parks Superintendent \_\_\_\_\_  
\_\_\_\_\_

Public Works \_\_\_\_\_  
\_\_\_\_\_

Risk Manager \_\_\_\_\_  
\_\_\_\_\_

City Attorney \_\_\_\_\_  
\_\_\_\_\_

**Please return comments to Scott Prochaska, Recreation Superintendent, City of Coralville.**

## Release from Johnson County Department of Public Health

The following event/organization \_\_\_\_\_

has applied for a special event application with the City of Coralville.

As part of the event, it has been indicated that food will be sold.

The City of Coralville does not act as the licensing or inspection body for food served at events. It is the responsibility of the special events applicant to inform the Johnson County Dept. of Public Health of intentions to sell food and to follow appropriate guidelines.

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I \_\_\_\_\_, have been informed of the event to be held in the City of  
(Public Health Official)

Coralville on \_\_\_\_\_ and have provided the appropriate guidelines and  
(date)  
inspection requirements.

Signature of Public Health Official \_\_\_\_\_ Date \_\_\_\_\_

Return form to:

Coralville Parks and Recreation  
Attn. Recreation Superintendent  
1506 8<sup>th</sup> Street  
Coralville, IA 52241

Form must be returned a minimum of 7 days in advance of the event.



# Coralville Fire Department

1501 5<sup>th</sup> Street Coralville, IA 52241 Phone (319) 248-1835 Fax (319) 248-1892

## PERMIT APPLICATION FORM

**Permit Type:** Temporary membrane structures or tents.

**Application Fee:** \$50.00      **Application Date:** \_\_\_\_\_

**NOTE:** Permit will not be granted until payment is received

**The Permit is requested for the following time period:**

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location where permitted activity will take place: \_\_\_\_\_

### **Applicant Information**

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

### **Building Information**

Building Owner: \_\_\_\_\_

Building Owner Phone #: \_\_\_\_\_

Building Owner Address: \_\_\_\_\_

### **The following Information Shall Be Attached:**

**Plans and specifications along with a site plan including any buildings and parking areas**

**Certificate of flame resistive treatment**

**Tent plan showing all exits, seating, mechanical, and electrical equipment**

**Membrane structure, tent, or canopy dimensions:**

1. \_\_\_\_\_ X \_\_\_\_\_

2. \_\_\_\_\_ X \_\_\_\_\_

3. \_\_\_\_\_ X \_\_\_\_\_

4. \_\_\_\_\_ X \_\_\_\_\_

Have you previously applied for this type of permit?  Yes       No

Date of previous application: \_\_\_\_\_

Upon approval of this application, I agree to abide the requirements set forth in the currently adopted edition of the International Fire Code and the authority having jurisdiction, that being the Coralville Fire Department. I understand that the location must pass an inspection prior to issuance of the requested Permit. I do hereby grant permission for that inspection. Responsible Party:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Return Completed Application to: Coralville Fire Department, 1501 5<sup>th</sup> Street, Coralville, IA 52241**

# CITY OF CORALVILLE



## Application for Sound Equipment Permit

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

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

Phone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Email: \_\_\_\_\_

Purpose: \_\_\_\_\_

Location: \_\_\_\_\_

Date Permit Required: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

General Description of Equipment: \_\_\_\_\_

\_\_\_\_\_

License Number of Vehicle (If Applicable) \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\$25.00 Fee Paid: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Signature of City Clerk: \_\_\_\_\_

Signature of Building Official: \_\_\_\_\_

Signature of Chief of Police: \_\_\_\_\_