

**ANACONDA-DEER LODGE COUNTY
SPECIAL EVENT PERMIT APPLICATION**

Reference: ADLC Ordinance #120, Ordinance #63-A, Resolution #10-32, MCA 7-1-4124

Special Event: An event that makes use of Anaconda-Deer Lodge County public owned property including streets, parks and/or other facilities. **All events using public property must submit an application for their special event at least 30 days before the first day of the event to guarantee time for processing and approval.**

Sponsor: _____
Event Coordinator: _____
Address: _____
Phone: _____ Email: _____
Purpose of event: _____
Event Location: _____
Event date: _____ Event time: _____
Alcohol being served: Yes _____ No _____

***** Please attach a letter detailing all pertinent information of the event including a map of the area you wish to use**

***** If the closure of any street is required, a map for traffic control must accompany the application for Law Enforcement, Fire, and Road department approval, and my include proper detour signage to the Anaconda Community Hospital.**

Basic Emergency fire lanes must be provided in coordination with the ADLC Fire Chief per International Fire Codes.

CHARLOTTE YEOMAN COMPLEX: (weekdays only)
Must coordinate with the ADLC Recreation Director for previously scheduled league events
Number of fields: _____ Hours of usage: _____

Please read and initial that you understand that you are responsible for the following:

Garbage / recycling receptacles and regular trash removal	_____
Health permits for food vendors and locations	_____
Law Enforcement (if required)	_____
Proof of responsible beverage service and sales training for individuals involved with the sale of alcohol	_____
Secure permits for business license if required by the county ordinances	_____
Proof of liability insurance in amounts required by ADLC prior to event	_____
Controls in place to prevent pets and animals, leashed and unleashed, inside the designated special event area, excluding animals participating in the event and all service animals as defined by the Americans with Disabilities Act (ADA) Standards.	_____
To allow and recognize free speech on the site, including the right of free speech.	_____
Provide port-a-potties.	_____
If tents and coverings are being used, there is NO stakes allowed. WEIGHTS ONLY!!	_____
Payment of Fee (if applicable) prior to event and payable to ADLC	_____

Violators of any ADLC Ordinance and/or Resolutions regarding Special Events and use of ADLC public parks will be cause to immediately terminate the event, and the possibility of up to \$500 fine and up to six month jail per Ordinance 63-A.

Please sign and date this application:

Applicant / Event Coordinator _____ Date _____

Please submit application at least 30 days prior to the first day of the event to guarantee time for processing and Commission Approval. Thank you.

ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) Date
PRODUCER Name and Address of Company Issuing Certificate	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Your Company/Event Name & Address Here	INSURERS AFFORDING COVERAGE	
	INSURER A: Name of Insurance Company	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC	Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
		GENERAL AGGREGATE \$ 2,000,000				
		PRODUCTS - COMP/OP AGG \$ 2,000,000				
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$	
					BODILY INJURY (Per person) \$	
					BODILY INJURY (Per accident) \$	
					PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
	EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				☐ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	OTHER				Each Occurrence \$ Aggregate \$ \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						

CERTIFICATE HOLDER Anaconda-Deer Lodge County 800 Main Street Anaconda, MT 59711	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--