



## CITY OF MARION SPECIAL EVENTS/ACTIVITIES APPLICATION & HOLD HARMLESS AGREEMENT

This application must be submitted for special events held on city property or required city services. This application is also available at the city's website [www.cityofmarion.org](http://www.cityofmarion.org). Please complete all applicable sections of this application. An incomplete application will be returned to applicant.

**PLEASE RETURN TO:** City Clerk's Office, Attn: Rachel Bolender, 1225 6<sup>th</sup> Avenue, Suite 110, Marion, IA 52302. Phone: 319-743-6327. Email: [rbolender@cityofmarion.org](mailto:rbolender@cityofmarion.org).

### 1. APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### 2. EVENT/ACTIVITY INFORMATION

Name of Event/Activity: \_\_\_\_\_  
Day & Date of Event/Activity: \_\_\_\_\_  
Event/Activity Location: \_\_\_\_\_  
**If using a City Park or Uptown Artway, it MUST be reserved through the Parks at 319-447-3580.**  
Beginning Time of Event/Activity: \_\_\_\_\_  
Ending Time of Event/Activity: \_\_\_\_\_  
Set Up Date & Time: \_\_\_\_\_  
Tear Down Date & Time: \_\_\_\_\_  
Number of Participants Expected: \_\_\_\_\_ Number of Spectators expected: \_\_\_\_\_  
Number of Adult Volunteers Expected: \_\_\_\_\_  
If Tent(s) to be used: Number of tents: \_\_\_\_\_

**Tents over 400 sq. ft. or canopies over 1,000 sq. ft. require a permit. Please contact the  
Fire Department at 319-377-8237.**

3. **REQUEST INFORMATION (Check All Applicable Lines)**

**If you are requesting to close a city street, a lane MUST be maintained for emergency vehicles at all times and driveway access for adjoining property owners.**

\_\_\_\_\_ **Temporarily park in a “No Parking” area**

**Specify location:** \_\_\_\_\_

\_\_\_\_\_ **Temporarily close a street for a block party**

**Specify street:** \_\_\_\_\_

\_\_\_\_\_ **Temporarily or Partially close a street or sidewalk for BUILDING CONSTRUCTION**

**Specific Street or sidewalk:** \_\_\_\_\_

If your construction activity includes a street or sidewalk closure, you **MUST** hire an insured traffic control contractor to provide a traffic and/or pedestrian control plan, barricades and traffic control signage. The City of Marion does NOT provide traffic control signs. If you are closing a street for more than 24 hours, the applicant must notify affected residents.

**Traffic Control Contractor Company:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_ **Oversized Load:** Contact the Engineering Department at 319-743-6340 with any questions.

**Load Size:** \_\_\_\_\_

**Has the IA DOT been informed?** \_\_\_\_\_

**Attach Route Map:** \_\_\_\_\_

\_\_\_\_\_ **Temporarily install a structure in city right-of-way**

The City reserves the right to remove any structure within 48 hours, with notice at the applicants' expense, if the structure is not removed after the ending time of the event/activity given on this application.

**Specific Location:** \_\_\_\_\_

**Type of structure:** \_\_\_\_\_

\_\_\_\_\_ **Permanently install a structure in city right-of-way.**

May require Zoning Approval and/or an Encroachment Agreement. Call the Planning Department at 319-743-6320 for more information.

**Specific Location:** \_\_\_\_\_

**Type of structure:** \_\_\_\_\_

\_\_\_\_\_ **Parade:** Must attach map of route and indicate streets to be closed

\_\_\_\_\_ **Walk/Run:** Must attach map of route and indicate streets to be closed

\_\_\_\_\_ **Banner:** Applicant is responsible for an associated fee – contact Parks at 319-447-3580

**Specific Location:** \_\_\_\_\_

\_\_\_\_\_ **Fireworks:** Fireworks require an additional application to be completed with the City Clerk's office at 319-743-6350. Approval may take up to two to four weeks.

\_\_\_\_\_ **Food:** Food and Beverage vendors must apply for a temporary food establishment license in advance of the event. Applications are available at the [www.linncounty.org/health](http://www.linncounty.org/health) or by calling 319-892-6000. The event organizer shall obtain copies of submitted temporary food service applications from vendors prior to the event. Vendors who have not applied in advance may not be allowed to vend.

\_\_\_\_\_ **Alcohol:** The sale of alcohol requires an additional application be completed with the City Clerk's Office at 319-743-6350. If you are serving alcohol in a public park, contact the Parks & Recreation Department at 319-447-3580 for requirements.

\_\_\_\_\_ **Other:** (please specify:) \_\_\_\_\_

4. **ITEMS NEEDED FROM THE CITY OF MARION**

\_\_\_\_\_ **Street Barricades:** If available, a \$25 refundable deposit is required. Contact the Public Services Department at 319-377-6367.

\_\_\_\_\_ **Emergency “No Parking” Signs:** Can be obtained at the Public Services Department, 195 35<sup>th</sup> Street, 319-377-6367. Not available for traffic control or construction projects.

\_\_\_\_\_ **Other** (please specify:) \_\_\_\_\_

5. **SOUND SYSTEMS**

**NOTE: You must comply with the City of Marion Noise Ordinance. Upon request, City Council may authorize time extensions or sound levels up to 75 decibels.**

Noise Ordinance is available on the city website at [www.cityofmarion.org](http://www.cityofmarion.org).

Please indicate if the following will be used:

\_\_\_\_\_ Amplified Sound/Speaker System

\_\_\_\_\_ Live Music

\_\_\_\_\_ Recorded Music

\_\_\_\_\_ Public Address System

6. **SANITATION/TRASH**

**Applicant is responsible for the clean-up of the event area immediately following the event, including trash removal from the site.**

Please name the individual, organization, or contractor responsible for clean-up and trash removal:

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

Organization/Contractor: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Will additional restrooms be brought to the site?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **If yes, how many?:** \_\_\_\_\_

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

Organization/Contractor: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**7. SECURITY/MEDICAL PERSONNEL**

**Security personnel may be required by the Chief of Police at the applicant's expense. Please contact the Police Department at 319-377-1511. Medical personnel may be required by the Fire Chief at the applicant's expense. Please contact the Fire Department at 319-377-8237.**

\_\_\_\_\_ Off Duty Marion Police Officers and/or Medical Personnel

Number of Officers Requested: \_\_\_\_\_

Number of Medical Personnel Requested: \_\_\_\_\_

\_\_\_\_\_ Private Firm – Name of Security Firm: \_\_\_\_\_

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

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

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

**8. AGREEMENT**

In consideration of the City of Marion, Iowa, granting permission for the activity described above, the undersigned indemnifies and holds harmless the City of Marion, Iowa, its employees, representatives and agents against all claims, liabilities, losses or damage for personal injury and/or property damage or any other damage whatsoever on account of the activity described above and/or deviation from normal City regulations in the area. The undersigned further agrees to indemnify and hold harmless the City of Marion, Iowa, its employees, representatives and agents against any loss, injury, death or damage to person or property and against all claims, demands, fines, suits, actions, proceedings, orders, decrees and judgments of any kind or nature and from and against any and all costs and expenses including reasonable attorney fees which at any time may be suffered or sustained by the undersigned or by any person who may, at any time, be using or occupying or visiting the premises of the undersigned or the above-referenced public property or be in, on or about the same, when such loss, injury, death or damage shall be caused by or in any way result from or rising out of any act, omission or negligence of any of the undersigned or any occupant, visitor, or user of any portion of the premises or shall result from or be caused by any other matters or things whether the same kind, as, or of a different kind that the matters or things above set forth. The undersigned hereby waives all claims against the city for damages to the building or improvements that are now adjacent to said public property or hereafter built or placed on the premises adjacent to said property or in, on or about the premises and for injuries to persons or property in or about the premises, from any cause arising at any time during the activity described above. The undersigned further agrees to comply with all the rules, regulations, terms and conditions established by the City of Marion, Iowa.

**THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS DOCUMENT, INCLUDING THE FACT IT IS RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREES TO THE TERMS AND CONDITIONS AS SET FORTH HEREIN.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_



**PARKS DEPARTMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BUILDING**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLANNING**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CITY CLERK**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **CONTACTS AT THE CITY OF MARION**

Please contact any of the following individuals regarding your event/activity.

<b>GENERAL INFORMATION:</b>	Rachel Bolender, City Clerk's Office 1225 6 <sup>th</sup> Avenue, Suite 110 743-6327
<b>PARKING/BARRICADES:</b>	Ryan Miller, Public Services Department 195 35 <sup>th</sup> Street 377-6367
<b>FIRE CODES/TENTS: FIREWORKS</b>	Fire Prevention Bureau, Fire Department 3933 Katz Drive 377-8237
<b>POLICE:</b> Traffic Control, Security, Public Safety	Chief Joe McHale, Police Department 6315 Highway 151 377-1511
<b>FOOD PERMITS:</b>	Linn County Public Health Department 501 13 <sup>th</sup> Street NW, Cedar Rapids, IA 52405 <a href="mailto:foodsafety@linncounty.org">foodsafety@linncounty.org</a> 892-6000
<b>PARKS:</b>	Mike Carolan, Parks Department 343 Marion Blvd 447-3580
<b>LIQUOR LICENSES:</b>	Rachel Bolender, City Clerk's Office 1225 6 <sup>th</sup> Avenue, Suite 110 743-6327
<b>ENGINEERING:</b> Street Closures Traffic Contractor Information	Mike Barkalow, Engineering Department 1225 6 <sup>th</sup> Avenue, Suite 220 743-6340
<b>PLANNING DEPARTMENT:</b> Zoning Approval Encroachment Agreement	Tom Treharne, Planning Department 1225 6 <sup>th</sup> Avenue, Suite 210 743-6320
<b>BUILDING DEPARTMENT:</b> Construction Permits	Gary Hansen, Building Department 1225 6 <sup>th</sup> Avenue, Suite 220 743-6330