



**Re-Imagine
OPEN AIR PERMIT APPLICATION**

GENERAL EVENT INFORMATION

THIS APPLICATION MUST BE COMPLETED & SUBMITTED **30** CALENDAR DAYS PRIOR TO EVENT, INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

\$55.00 FEE FOR APPLICATION/\$155.00 for Marches, Parades, or Walks

Contact Name: _____ Contact Phone: _____

Sponsoring Organization: _____

Email: _____

SPECIAL EVENT DETAILS

Applicant Address: _____

Event Location (Please specify): _____

Event Date: _____

Event Hours: _____ to _____

First time event? Yes__or No__

Describe Event (Please specify):

Block Party _____

Parade _____ (complete attached page/route Mapping)

Church Revival _____

Carnival _____ (complete attached page)

Car Show/Motorcycle Show _____

Other _____

Estimated Attendance: _____

Last Year's Actual Attendance: _____

Name of Carnival Company (If Applicable)

(Must obtain required permits from Building Dept.)

STREET CLOSURE INFORMATION

Street: _____

From: _____

To: _____

Date(s) _____

Time(s) _____

* If this is an athletic event, please attach a course map and a written description of route. *



CITY OF GARY

OPEN AIR PERMIT C HECKLIST

APPLICANT INFORMATION:

NAME: _____

PHONE: _____

Applications must be completed in full and submitted **thirty (30)** business days prior to event date. Before submitting application, please make sure the following steps have been completed:

GENERAL APPLICATION - Have you?

- Completed all general information?
- Signed and dated application?
- Attached a site plan (if applicable)?
- Attached proof of insurance (**INSURANCE REQUIRED IF EVENT IS HELD ON CITY PROPERTY**)?
- Signed Hold Harmless Agreement?
-

BLOCK CLUB PARTY - Have you?

1. Notified neighbors of the event?
2. Provided a list of signatures from neighbors agreeing to the event and attached list to the application?

PARADE-Have you?

1. Contacted INDOT (<http://www.in.gov/indot>) for Parades on Broadway

AMUSEMENT AND ENTERTAINMENT PERMITS-Have you?

1. Reviewed the attached forms to ensure that you will not need a state-required Amusement & Entertainment permit? **Please only apply for Amusement & Entertainment license if you are holding events such as (festivals, carnivals, movie, nightclub events, car or motorcycle shows, events with a large stage or tents), Please see attached list for examples.**
2. Have you applied for an Amusement and Entertainment permit?
 - Carnival
 - Amusement (Concert)
 - Filming



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**CITY OF GARY, INDIANA SPECIAL EVENTS PERMIT
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Permittee is encouraged to purchase comprehensive general liability insurance as it deems necessary. Regardless of insurance coverage, permittee shall indemnify, defend, save and hold harmless, the City of Gary, Indiana and its departments, agencies, boards, commissions, officers, officials, agents, and employees (hereafter referred to as "City") from and against any and all claims, actions, liabilities, damages, losses expenses, cost, attorney' fees, and charges (hereafter referred to as "Claims") for bodily injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Permittee or any of its owners, officers, directors, agents, employees, subcontractors, guests, participants, or associates while performing activities within the scope of the permit. This indemnity includes any Claims arising of the failure of Permittee to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the City shall be indemnified by Permittee from and against any and all Claims, except for Claims arising solely from the negligent or willful acts or omissions of the City.

Permittee further agrees to the extent any losses or damages to public property caused by any negligent or willful acts or omissions of the Permittee or associates, guest, employees, subcontractors, participates, and other agents while performing activities within the scope of the permit, which is not covered by insurance, such property will be repaired or replaced at the sole cost and expense of Permittee. This shall be done to the satisfaction of City within fourteen (14) calendar days after special event activities have ceased. Permittee shall reimburse City for all costs and expenses (including but not limited to attorneys' fees and court costs) incurred by the City in enforcing the provisions of this Agreement. This Agreement shall apply whether or not such insurance policies have been determined to be applicable to any of such damages or claims for damages.

Please indicate your acceptance of the foregoing by signing and printing your name in the space provided below.

Name of Event: _____

Date(s) of Event: _____

Permittee Name(Print): _____

Permittee Signature: _____

Date Signed: _____



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Event Site Plan

INSERT EVENT MAPPING

If applicable, the following must be included:

- **Location of food/alcohol vendors**
- **Location of garbage and recycling receptacles**
- **Show walk, run and bike routes if athletic**
- **Location and number of barricades**
- **Location of fire lane**
- **Public entrances and exits**
- **Location of residential streets surrounding event**



**Re-Imagine
Event Clean Up Plan**

Please use this space to describe the EVENT cleanup plan.



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GARY HEALTH DEPARTMENT TEMPORARY FOOD ESTABLISHMENT APPLICATION

Name of Event: _____

Date(s) of Event: _____

Name of Temporary Food Establishment: _____

Mailing Address: _____

Telephone #: _____

Certified Food Employee/Certificate#: _____

List Workers and Health Card Numbers: _____

(Attach separate sheet if necessary. (Note: any changes to the Menu must be submitted to and approved by GHD at least a week prior to the event)

Will all foods be prepared at the temporary food establishment site? Yes No

If no, the other operator must provide a copy of the current license for the permanent food establishment where the food will be prepared.

Describe how frozen, cold and hot foods will be transported to the Temporary Food Establishment (be specific). _____

How will food temperatures be monitored during the event? _____

Identify the sources of each meat, poultry, seafood and shellfish item. Include the source of the ice. Attach separate sheet if necessary _____

Applications must be received one week prior to the event to allow for Health Department review.

Return to: **Gary Health Department**
Environmental Health Division
1145 West 5th Avenue
Gary, Indiana 46402
Phone:(219)882-5565



GARY HEALTH DEPARTMENT FOOD ESTABLISHMENT LICENSING PROCEDURES

REQUIREMENTS

One employee must be a certified food handler. ISDH Rule 410 IAC 7-22(effective January 01, 2005)
(Pre-packaged sales and other limited preparation operations are exempted)

All employees are required to possess a valid health cards by the City of Gary. Appointments can be made at (219)882-8445.

Any Required plans and applications must be submitted at least Thirty (30) days prior to opening. Pre-operational consultations may be scheduled during this time.

A Retail Food Sanitation Requirements manual may be viewed or downloaded at: <http://www.in.gov/isdh/files/410iac7-24.pdf>. The manual gives detailed requirements for business operations.

A GBL (General Business License) is required for all business types operating within the City of Gary, Contact the City of Gary Zoning Department at (219)881-1332.

LICENSE FEES

New Business	\$300.00
Renewal	\$250.00
Late Fee	\$ 50.00
Seasonal	\$150.00(farmers market vendors, Mobile trucks, carts/stand, etc.)
Temporary Food Permits	\$ 50.00(operation not exceed 2 weeks)



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PUBLIC SAFETY INFORMATION

Residents must obtain private security if needed for an event. City of Gary Public Safety personnel costs \$50.00/hr

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact:

Phone Number:

Applicant Signature: _____

Office Use Only

Fire Chief	Approved _____	Denied _____	Signature _____	Date _____
Police Chief	Approved _____	Denied _____	Signature _____	Date _____
Traffic Foreman	Approved _____	Denied _____	Signature _____	Date _____
Public Works Director	Approved _____	Denied _____	Signature _____	Date _____
Health Department	Approved _____	Denied _____	Signature _____	Date _____