



# PARK EVENT APPLICATION

[ 11/2020 ]

Village of Chagrin Falls

21 West Washington St

Chagrin Falls, OH 44022

440-247-5050

**ORGANIZATION** \_\_\_\_\_

**EVENT NAME** \_\_\_\_\_

**EVENT DATE** \_\_\_\_\_

Attached is an **application for a Park Event** in the Village of Chagrin Falls.

Upon receipt of the completed application, it will be presented to the Parks Commission for review.

## GENERAL INFORMATION

1. **APPLICATION:** A sponsoring group or person interested in planning an event in a Village Park shall complete an application to be approved by the Parks Commission and Village Council at a public meeting.
2. **INSURANCE:** The sponsoring group or person will be required to provide a certificate of insurance showing general liability coverage of \$1,000,000 during the event and naming the Village of Chagrin Falls as additionally insured.
3. **INFORMATION:** The application shall include all needed information and the Council, Police Chief, Fire Marshal or the Chief Administrator may set terms and conditions regarding these subjects:
  - type and name of event and proposed activity
  - estimate of attendance
  - day(s) and times of event
  - map showing set-up of event
  - electrical requirements and plans
  - plans for parking and traffic control
  - proposed advertising and directional signage
  - plans for waste collection and cleanup
  - noise to be generated, including music
  - fire prevention, emergency calling and access
  - rest room facilities
4. **DEPOSIT:** A minimum deposit of \$500 must be submitted before the event to cover the cost of any possible damage to the Village park resulting from the event. The deposit will be returned once it is established that no damage has occurred. If the cost of any damage repair exceeds the minimum deposit, the sponsoring group or person will be held responsible for the additional required expense. Excessive use of utilities, electricity and/or water, will be charged as necessary at the discretion of the Village.
5. **DAMAGE:** Vehicles are prohibited from driving on the grass in all Village parks without the express consent of the Village Administration. Damage to the parks, including tire ruts, will be charged at cost to the sponsoring group or person. No event activity should attach to, lean against or cause damage to any Village trees. The Village Shade Tree Commission will have authority in permitting activities near trees.
6. **UTILITIES:** Applicant will use electrical connections as prescribed by the Chagrin Falls Service Department and water connections as prescribed by the Chagrin Falls Utilities Department.
7. **SAFETY:** So as not to disrupt underground utilities, nothing may be inserted into the ground in the park grass, landscape beds or surrounding areas unless express consent is granted (i.e. tent stakes, signs, etc.). Alcohol is not permitted in Village parks.

## 2-STEP APPROVAL PROCESS

### PARKS COMMISSION REVIEW

Event applications are reviewed by the Parks Commission on the **1st Wednesday monthly**.

Upon review, they vote to disapprove or approve and recommend to Council for final consideration.

### COUNCIL CONSIDERATION

Event applications are considered by Council for final approval at the meeting held on the **2nd Monday monthly**.

# PARK EVENT APPLICATION

[ COMPLETED BY SPONSORING ORGANIZATION OR PERSON ]

## CONTACT INFORMATION

### SPONSORING ORGANIZATION

ORGANIZATION	
STREET	
CITY, STATE, ZIP	

### CONTACT PERSON

NAME	
EMAIL	
PHONE	

## EVENT INFORMATION

### VILLAGE PARK

- 1 – Riverside (Downtown)       4 – Bell Street       Other \_\_\_\_\_  
 2 – Triangle       5 – Franklin  
 3 – River Run (Solon Rd.)       6 – Founders Field

### WHO

ATTENDANCE ESTIMATE	
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### WHAT

EVENT NAME	
EVENT ACTIVITIES (describe)	

### WHEN

DATE(S)	
TIME(S)	

### OTHER

WILL ANY FUNDS BE RAISED?	
IF SO, HOW WILL THEY BE USED?	

**EVENT LOGISTICS & PLANS**

**ELECTRICAL REQUIREMENTS**

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**SET-UP PLANS**

- ❖ Describe the items being set-up in the park (i.e. tents, chairs, signs)
- ❖ So as not to disrupt underground utilities, nothing may be inserted into the ground without prior permission.
- ❖ Vehicles are prohibited from driving on the grass without the express consent of the Village Administration.

**PARKING & TRAFFIC PLANS**

- ❖ How will you handle parking needs and traffic?

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**PUBLIC RESTROOM PLAN**

- ❖ Required for events 100+ | 4 hours+ | serving food + beverage

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**WASTE COLLECTION & CLEAN-UP PLAN**

- ❖ If your event will generate waste, provide a detailed clean-up plan

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**TYPE OF NOISE BE GENERATED**

\_\_\_\_ None    \_\_\_\_ Description \_\_\_\_\_

**WILL YOU USE SIGNAGE?**

\_\_\_\_ No    \_\_\_\_ Yes (advertising or directional) \_\_\_\_\_

**CERTIFICATE OF INSURANCE**

\_\_\_\_ No    \_\_\_\_ Yes (attached) \_\_\_\_\_

**WILL OTHER VENDORS OR CONCESSIONAIRES BE PRESENT?**

\_\_\_\_ No    \_\_\_\_ Yes (describe) \_\_\_\_\_

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**IF AVAILABLE, PROVIDE A MAP OR LAYOUT SHOWING EVENT SET-UP AND SIGNAGE**

\_\_\_\_ No    \_\_\_\_ Yes (attached)





VILLAGE OF CHAGRIN FALLS

CERTIFICATE OF LIABILITY INSURANCE EXPLAINED

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
11/11/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ABC Insurance Brokers, Inc. 123 Main Street Anytown, OH 12345 <span style="color: red; font-size: 24px; border: 1px solid red; border-radius: 50%; padding: 2px 10px;">1</span>	<b>CONTACT NAME:</b> Bob Johnson <b>PHONE (A/C No., Ext):</b> (222) 222-2222 <b>FAX (A/C No.):</b> (333) 333-3333 <b>E-MAIL ADDRESS:</b> bob@abcinsurance.com <b>INSURER(S) AFFORDING COVERAGE</b> <span style="float: right;"><b>NAIC #</b></span> <b>INSURER A:</b> XYZ Insurance Company <span style="float: right;"><b>12345</b></span> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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<b>INSURED</b> John Smith 123 Main Street Anytown, OH 12345 <span style="color: red; font-size: 24px; border: 1px solid red; border-radius: 50%; padding: 2px 10px;">2</span>	
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**COVERAGES** **CERTIFICATE NUMBER:** XYZ12345 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			4	5	6	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <span style="color: red; font-size: 24px; border: 1px solid red; border-radius: 50%; padding: 2px 10px;">7</span>
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	OTHER:						PRODUCTS - COMPIOP AGG \$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: Village of Chagrin Falls 8  
 Event Name: \_\_\_\_\_  
 Event Dates: \_\_\_\_\_

<b>CERTIFICATE HOLDER</b> BBB Organization 123 Main Street Anytown, OH 12345 <span style="color: red; font-size: 24px; border: 1px solid red; border-radius: 50%; padding: 2px 10px;">9</span>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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- (1) PRODUCER**  
Your insurance agent
- (2) INSURED**  
Your name and address
- (3) INSURANCE CARRIER**
- (4) POLICY #**
- (5) CERTIFICATE #**
- (6) EFFECTIVE DATES**  
Coverage term
- (7) LIABILITY INSURANCE LIMITS**  
Limits (max) purchased for each coverage
- (8) ADDITIONAL INSURED**  
Required by the Village of Chagrin Falls
- (9) CERTIFICATE HOLDER**  
Name and address of entity or person requesting a certificate

**What is a Certificate of Insurance?**  
 A document detailing the type of insurance coverage, the dates and limits of coverage.

**What is an Additional Insured?**  
 An additional Insured is a person or entity, other than the named insured, that is also provided insurance under the policy.