

**APPLICANT INFORMATION**

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

**Organization Name:** \_\_\_\_\_

**Address / City / State / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Day of Event Contact:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Is the organization For Profit      Non-Profit      Tax ID:

KY Sales Tax-Exempt? Yes      No      If yes, please submit copy of certificate with application.

I would like to request a meeting with City staff to discuss my event. Yes      No

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**GENERAL EVENT INFORMATION**

**Event Name:** \_\_\_\_\_

**Event Type (Select All That Apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fair/Festival              | <input type="checkbox"/> Run/Walk/Triathlon         | <input type="checkbox"/> Car Show/Truck Pull |
| <input type="checkbox"/> Parade/Motorcycle Ride     | <input type="checkbox"/> Bicycle Ride               | <input type="checkbox"/> Tournament          |
| <input type="checkbox"/> Service/Memorial           | <input type="checkbox"/> Holiday Celebration        | <input type="checkbox"/> Walking Tour        |
| <input type="checkbox"/> Block Party/Picnic/Reunion | <input type="checkbox"/> Rally/Peaceful Protest     | <input type="checkbox"/> Wedding/Reception   |
| <input type="checkbox"/> Concert/Live Music/Show    | <input type="checkbox"/> Farmer's or Holiday Market | <input type="checkbox"/> Water/Boating Event |
| <input type="checkbox"/> Other (Describe): _____    |   |  |

**Start Date:** \_\_\_\_\_ **Set Up Time:** \_\_\_\_\_ **Event Start Time:** \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Tear Down Time(s):** \_\_\_\_\_ **to** \_\_\_\_\_

**Is this an annual event?** ☐ Yes ☐ No      **How many years have you hosted this event?** \_\_\_\_\_

**Number of event participants/attendees:** \_\_\_\_\_ **Number of volunteers:** \_\_\_\_\_

**Event Description** (describe in detail the activities planned):

**Please Describe Your Event Location:**

**EVENT ROUTE – MOVING EVENTS**  
**(Walks, Runs, Parades, Bicycle Rides)**

**Start Location:** \_\_\_\_\_ **Staging Area:** \_\_\_\_\_  
**End Location:** \_\_\_\_\_ **Awards Area (if any):** \_\_\_\_\_

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**WALKS/RUNS/MARCHES**

**Select from one of the following routes for Walks/Runs:**

- |  |   |
|--|---|
| <input type="checkbox"/> <a href="#">Noble Park Outer Loop 5K Course</a>     | <input type="checkbox"/> <a href="#">Downtown/Riverfront Route</a>            |
| <input type="checkbox"/> <a href="#">Noble Park Inner Loop</a>               | <input type="checkbox"/> <a href="#">Jefferson Route (Turkey Trot 5k/10k)</a> |
| <input type="checkbox"/> <a href="#">Noble Park Turnaround Trail</a>         | <input type="checkbox"/> Park Avenue (MLK Jr. Day March)                      |
| <input type="checkbox"/> <a href="#">Greenway 5K from Shultz Park</a>        | <input type="checkbox"/> Other – Requires application 120 days                |
| <input type="checkbox"/> <a href="#">Greenway 5K toward Brookport Bridge</a> | in advance, printed map/site plan, turn-by-turn                               |
| <input type="checkbox"/> <a href="#">Greenway 5K from County Park Road</a>   | description, special meeting with staff, and                                  |
| <input type="checkbox"/> <a href="#">Half Marathon Route (Iron Mom)</a>      | approval from the special event permit  |
|  | committee.  |

If you selected a pre-set route above, but will have small deviations, a combination of routes, or will make multiple loops please describe below:

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**PARADES**

**Select from one of the following routes for Parades:**

- ☐ [City Plaza Route 6th Street to Expo Center \(Veteran's Day\)](#)
- ☐ [2nd to Fountain Ave on Broadway](#)
- ☐ [Fountain Ave to 2<sup>nd</sup> on Broadway](#)
- ☐ [Walter Jetton Route - Kentucky to Coleman Park \(August 8th\)](#)
- ☐ [Broad – 6th – Park – Bob Noble Park \(Biker's Toy Run\)](#)
- ☐ Other – Requires application 120 days in advance, printed map/site plan, turn-by-turn description, special meeting with staff, and approval from the special event permit committee.

**List the number of each type of parade entry expected for your event:**

# \_\_\_\_\_ Bands                      # \_\_\_\_\_ Cars                      # \_\_\_\_\_ Floats                      # \_\_\_\_\_ Motorcycles  
# \_\_\_\_\_ People (Walking)                      # \_\_\_\_\_ Animals                      # \_\_\_\_\_ Other Describe: \_\_\_\_\_

**Describe any parade throws being utilized (candy, confetti, etc.):** \_\_\_\_\_

**Name of clean-up company assisting post-event, if applicable:** \_\_\_\_\_

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Submit form to [customerexp@paducahky.gov](mailto:customerexp@paducahky.gov) or Paducah City Hall 300 South 5<sup>th</sup> Street, Paducah, KY 42003. Call the Paducah Customer Experience Office at (270) 444-8800 with questions.

**BICYCLE RIDES, TRIATHLONS & OTHER MOVING EVENTS**

Attach a **MAP** of the moving event & supply a **TURN-BY-TURN DESCRIPTION** of the route.

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**ROAD CLOSURES & TRAFFIC CONTROL**

Please describe any streets/lanes/intersections/sidewalks that you are requesting to be closed:

Street/Lane Closings Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM  
Street/Lane Closing End Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Select All Traffic Services you are requesting for your event:

- ☐ Off Duty Police Officer Contractual Assistance ([More Information](#))
- ☐ Police Department or Emergency Management Assistance with State Road Intersection Closure (Subject to availability)
- ☐ Extra Police Department Patrol in the area (Subject to availability)

**Please Explain Your Traffic Control Plan:**

**List any other organizations that are assisting with traffic control:**

**Please describe where you anticipate participants will park for the event:**

**Describe any shuttle plan you will utilize for the event:**

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**SAFETY & MEDICAL PLAN**

**Please describe your event Safety Plan** This includes security resources, medical resources, disaster communications plan, crowd control plan, evacuation procedures and first aid resources, if applicable.

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**CITY SERVICES REQUEST**

**Please select all equipment that you are requesting to be provided by the City of Paducah:**

(All items in this section must be paid a minimum of (3) days before the event for items to be reserved and delivery scheduled.)

- ☐ **Dumpsters**  
(**\$75.00/per unit including one collection, plus \$75 for each additional collection**)  
Number Requested: \_\_\_\_\_ Drop Off Date/Time: \_\_\_\_\_ Pick-up Date/Time: \_\_\_\_\_  
Specific Location for drop-off: \_\_\_\_\_  
Do you need trash collection more than once, post-event? ☐ Yes ☐ No
- ☐ **Roll-outs**  
(**\$25.00 for up to 6 OR \$45 for 7 to 10 – includes one-time collection**)  
Number Requested: \_\_\_\_\_ Drop Off Date/Time: \_\_\_\_\_ Pick-up Date/Time: \_\_\_\_\_  
Specific Location for drop-off: \_\_\_\_\_  
Do you need refuse collection more than once for this event? ☐ Yes ☐ No
- ☐ **Water Connection**  
(**\$15 per spigot/per day**)  
Number of Water Connections Required: \_\_\_\_\_  
Describe Specific Locations where water is needed: \_\_\_\_\_
- ☐ **Power Connection**  
(**\$30/box/day**)  
Number of Power Connections Required: \_\_\_\_\_  
Special Amp/Voltage Requirements: \_\_\_\_\_  
Describe Specific Locations where Power is Needed: \_\_\_\_\_  
\_\_\_\_\_

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**FACILITY RENTALS**

**Select All City Facilities that you need to reserve for your event:**

- ☐ [Anna Baumer Community Center](#)
- ☐ [Arts & Crafts Building \(Noble Park\)](#)
- ☐ [Noble Park Pool](#)
- ☐ Noble Park Amphitheatre
- ☐ [Noble Park Shelter\(s\)](#) – List shelter numbers to be reserved: \_\_\_\_\_
- ☐ [Keiler Park Shelter\(s\)](#) - List shelters number(s) to be reserved: \_\_\_\_\_
- ☐ [Stuart Nelson Park Shelter\(s\)](#) - List shelters number(s) to be reserved: \_\_\_\_\_
- ☐ [Kolb Park Shelter](#)
- ☐ Wilson Stage at Paducah Riverfront
- ☐ [Robert Coleman Park Shelter](#)
- ☐ I am requesting that an entire park be closed to the public for this event (Please Describe):  
\_\_\_\_\_ (Fees may apply)
- ☐ Other (Please Describe): \_\_\_\_\_

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**OTHER INFORMATION**

- ☐ Yes ☐ No Will your event include food vendors?
- ☐ Yes ☐ No Will your event include mobile food vehicle vendors?
- ☐ Yes ☐ No Will your event include merchant (non-food) vendors?
- ☐ Yes ☐ No Will your event include live music or excess noise?  
Dates & Times of Live Music/Noise: \_\_\_\_\_
- ☐ Yes ☐ No Will your event will utilize City-Owned Restrooms. Specify Locations and time you need the restrooms unlocked: \_\_\_\_\_
- ☐ Yes ☐ No Will your event utilize rented portable restrooms? Rental Company: \_\_\_\_\_
- ☐ Yes ☐ No Will your event include alcohol sales? Select all that apply:  
☐ A licensed caterer will serve alcohol. Name of catering business: \_\_\_\_\_  
☐ Applying for Special Temporary Alcohol License  
☐ Small Farm Wineries/Microbreweries/Distilleries are being invited to participate  
☐ This is a private invitation-only event and alcohol will be given away at no cost  
☐ I would like to have the following [EDC Participating Businesses](#) provide outside “pop-up” bars: \_\_\_\_\_  
☐ I would like to speak with someone about my options for alcohol sales
- ☐ Yes ☐ No Event organizers have considered and planned for ADA requirements related to this event. (parking, accessible routes of travel, special evacuation requirements, etc.)
- ☐ Yes ☐ No This event is by invitation only and will not be advertised to the public (including no advertisement on social media).
- ☐ Yes ☐ No Is this is a ticketed event? Admission will be: \$ \_\_\_\_\_
- ☐ Yes ☐ No Will your event allow animals (other than service animals)?  
Describe: \_\_\_\_\_
- ☐ Yes ☐ No Will your event include tents over 400 square foot?  
Number of tents over 400 square feet: \_\_\_\_\_
- ☐ Yes ☐ No Will your event include temporary stages for performances?  
Stage Set-up Date/Time: \_\_\_\_\_
- ☐ Yes ☐ No Will your event include fire pits, propane tanks, fog machine, pyrotechnics or open flame of any kind? Describe: \_\_\_\_\_
- ☐ Yes ☐ No Do you plan to hire a professional security company to develop and manage your event’s security plan? Security Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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## ACKNOWLEDGEMENT

By submitting this application, I acknowledge that:

- All information provided in this application is true and accurate to the best of my knowledge.
- I have reviewed the [Special Event Policy](#) and [Safety Guidelines for Special Events & Mobile Food Vehicles](#).
- If approved, I must obtain a **certificate of liability insurance in the minimum amount of \$1,000,000** with the City of Paducah listed as additional insured. The certificate must be on file with the City of Paducah before I can host my event.
- Stakes may not be used to anchor or secure tents or canopies.
- If I choose to market this event before receiving a final approved permit, I do so at my own risk. Advertising the event, accepting registrations, collecting fees, or issuing tickets does not guarantee permit approval. If I am not granted a permit, I will not be able to hold the event.
- Alcoholic beverage licensing is issued separately from the public assembly permit and I am responsible for contacting the local alcoholic beverage control office for more information (270-444-8506).
- I may be required to attend a pre-event meeting with City staff to discuss the event or provide any additional information requested.
- No physical changes can be made to any Park Facility or City Right-of-Way. No paint or other permanent/semi-permanent material may be used to mark routes or designate locations.
- I must pay all fees associated with any city facilities, services, and equipment before the permit will be issued.
- All City of Paducah business license requirements must be met before hosting the event.
- If approved, I am responsible for leaving the area in the same condition that it was prior to the event. Failure to do so will result in damages in an amount equal to the amount required to make necessary repairs and clean-up, including labor costs.
- State roads **CANNOT** be closed for events. State Intersections can only be closed temporarily with assistance from the Paducah Police Department and/or McCracken County Emergency Management. I may be required to obtain a Highway Department Encroachment Permit from the Transportation Cabinet for partial use of state highways.
- Fire lanes of 20' must be maintained at all times to allow for emergency vehicles to access the area if an emergency situation arises.
- It is my duty to inform vendors that they must be in compliance with the local Health Department, Fire Prevention Division, and Business Licensing requirements in order to participate in the event.
- I may be required to notify surrounding businesses and neighbors who may be impacted by the event.
- The City Manager, Assistant City Manager, Risk Manager, Fire Chief, and Police Chief have the authority to revoke or suspend a Special Event permit if the conditions of the permit are not being met or if it is deemed that the public health, safety, or welfare would be better served if the event was suspended or canceled.

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

\_\_\_\_\_  
Date

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