



# Special Event Application & Indemnity Contract

Return to: City of Mauldin  
PO Box 249, Mauldin SC 29662

Date Received: \_\_\_\_\_

## FOR EVENTS ON PUBLIC PROPERTY ONLY

All Special Event applications must be turned in no later than thirty (30) days prior to the start of the event. Special Event applications are only required for events such as festivals, fairs, pickets, rallies, block parties, and other public gatherings, held on public property. All events must adhere to the City of Mauldin Special Events Ordinance and other applicable local, state and federal laws. Rental fees may apply when using public facilities or grounds for special events. Staff may impose additional restrictions based on your event, including but not limited to “buffer zones” near residential properties, curfews, noise restrictions, and event schedule adjustments.

### SECTION 1: GENERAL INFORMATION

Name of Event: \_\_\_\_\_

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

Applicant Organization: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

### SECTION 2: EVENT DETAILS

Location of Event (Name & Address): \_\_\_\_\_  
\_\_\_\_\_

What type of event is planned?

Parade/March  Festival  Run/Bike Race  Filming/Photography Event  Block Party

Description of Event: \_\_\_\_\_  
\_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Set Up Time/Date: \_\_\_\_\_

Event Time: \_\_\_\_\_

Event Dismantle Time/Date: \_\_\_\_\_

### SECTION 3: ADDITIONAL INFORMATION

Name of Sponsoring Organization (if applicable): \_\_\_\_\_

Registered Nonprofit?  Y  N

Describe any revenue to be generated by event and the method of solicitation (e.g. ticket sales, donations, sale of goods, etc.): \_\_\_\_\_  
\_\_\_\_\_

Does the event benefit a registered nonprofit or charitable cause?  Y  N

If YES, provide name and/or cause description: \_\_\_\_\_

Nature of Event:  Open to Public |  Private Event

If a PUBLIC event, will there be a price for admission?  Y  N

If YES, provide cost (admission only – not cost of goods sold): \$ \_\_\_\_\_

Expected Spectator Number: \_\_\_\_\_

Expected Staff/Volunteer Number: \_\_\_\_\_

Expected Participant (e.g. Vendor) Number: \_\_\_\_\_

TOTAL ESTIMATED ATTENDANCE: \_\_\_\_\_

### SECTION 4: FOOD & BEVERAGES

Will food or beverages be sold or served at this event?  Y  N (if NO, continue to next section)

How will food be prepared?  On-Site by Vendors |  Off-Site by Vendor/Caterer

If prepared ON-SITE, will there be water and power available to vendors?

Y (self-contained)  Y (provided at site)  N

What types of food items will be served? \_\_\_\_\_  
\_\_\_\_\_

Will there be any cooking with grease or oil on-site?  Y  N

If YES, is there a plan for recycling or disposal of grease and/or oil?  Y  N

Will there be any alcohol served at this event?  Y  N

If YES, have you read and submitted an Alcohol Request with the City?  Y  N

*(for all events serving alcohol, a Alcohol Request is required before approval of the event permit)*

What structures will food/drink be prepared and/or served in?

Tents  Mobile Units  Open Air  Other (please list): \_\_\_\_\_

Will beverages be served in:  Plastic Recyclable Cups  Plastic Souvenir Cups

Will Fire Extinguishers be present at each food vendor site?  Y  N

**SECTION 5: EVENT LOGISTICS**

Event Set Up Begins: Date \_\_\_\_\_ Time \_\_\_\_\_

Event Open to Public/Guests: Date \_\_\_\_\_ Time \_\_\_\_\_

Event Closes to Public/Guests: Date \_\_\_\_\_ Time \_\_\_\_\_

Event Dismantle Begins: Date \_\_\_\_\_ Time \_\_\_\_\_

Event Dismantle Ends: Date \_\_\_\_\_ Time \_\_\_\_\_

*\*Please provide a detailed schedule of events and attach to the application, if applicable.*

Will Tents be used? \_\_\_Y \_\_\_N

If YES, what sizes and how many? \_\_\_\_\_

Describe Power needs for the event (per vendor and overall): \_\_\_\_\_

Will any Generators be used? \_\_\_Y \_\_\_N | Power supplied by facility/site? \_\_\_Y \_\_\_N

Will you be using any Amplified Sound? \_\_\_Y \_\_\_N

If YES, describe the use and the equipment: \_\_\_\_\_

Will there be inflatable or mechanical attractions? \_\_\_Y \_\_\_N

How are you providing Restroom facilities? \_\_\_Provided On-Site \_\_\_Rental (Portable Restrooms)

If RENTING, how many units are you providing? \_\_\_\_\_

*\*Note: One (1) unit is recommended for every 100 attendees*

How many Trash Receptacles will be needed? \_\_\_\_\_ | Will Recycling be available? \_\_\_Y \_\_\_N

Are you requesting the City of Mauldin provide all or some of your stated Trash Receptacles? \_\_\_Y \_\_\_N

If YES, how many: \_\_\_\_\_

Will you or your organization be setting up and/or operating all equipment on-site (e.g. Sound, Entertainment, Vending Stations, Restrooms, etc.)? \_\_\_Y \_\_\_N

If NO, please list all outside contractors or their companies/organizations that will be on-site during the event from set up through dismantling. This includes, but is not limited to, caterers, technicians, food/beverage workers, or rental companies. Attach additional pages if necessary.

Name: \_\_\_\_\_ Service Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Service Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Service Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Service Provided: \_\_\_\_\_

Name: \_\_\_\_\_ Service Provided: \_\_\_\_\_

**EVENT LOGISTICS CONTACT:**

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 6: CITY SERVICES**

Are you requesting any Road Closures?  Y  N

If YES, which roads and during what times: Road \_\_\_\_\_ Time \_\_\_\_\_  
Road \_\_\_\_\_ Time \_\_\_\_\_

If Road Closures are requested, a letter signed by the applicant or sponsoring organization must be drafted and submitted prior to approval of application informing surrounding property owners and the Greenlink Transfer Center of the event and detail the proposed road closures. The applicant and/or organization will be solely responsible for distribution of this letter.

Are you requesting Barricades?  Y  N

If YES, how many? \_\_\_\_\_ Drop-Off Time: \_\_\_\_\_

Are you requesting Police presence for Security?  Y  N

If YES, contact Police Department to coordinate (864) 297-5200. There may be an additional fee.  
If NO, is private security being provided?  Y  N

Are you requesting Police presence for Traffic Control?  Y  N

If YES, contact Police Department to coordinate (864) 297-5200. There may be an additional fee.

Will there be any "high-profile persons" on-site?  Y  N

If YES, please list name(s): \_\_\_\_\_

If YES, will security be needed for escorting said person(s)?  Y  N

Are you requesting City Staff presence for event management, set up, clean up or other needs?  Y  N

If YES, please detail your request. You will be responsible for coordinating with appropriate department: \_\_\_\_\_  
\_\_\_\_\_

Will any flammable or hazardous materials be used such as fireworks\*, propane, butane, gasoline, diesel tanks, helium tanks or charcoal?  Y  N

If YES, please detail: \_\_\_\_\_

*\*Note: any event requesting the use of fireworks must adhere to Chapter 20, Article IV of the Mauldin City Code. Fireworks are not permitted unless expressly approved by the Mauldin Fire Department, the State of South Carolina, and Mauldin City Council.*

Will any first aid or medical services be provided by you or your organization?  Y  N

If YES, please describe: \_\_\_\_\_

If NO, contact the Fire Department to coordinate and identify needs (864) 288-5094.

*Note: this type of support will be assessed on a case-by-case basis.*



## **SECTION 7: EVENT SITE PLAN**

Please provide a detailed map of your event. Attach a map if necessary. Please include location(s) of the following, if applicable: Event Headquarters, Restroom Facilities (including number), All Power Hook Ups, All Water Hook Ups, Tents (sizes marked), Retail Vendor Locations, Food/Beverage Vendor Locations, Generators, Pedestrian Pathway, Barricade Locations, Road Closures, Parking, Traffic Pattern, Pedestrian Crosswalks, Amplified Sound Equipment, Stage, Inflatable and/or Mechanical Rides, Ticket Booths, All Entrances and Exits, any location where money is handled, and other major components. The map must be easy to read and have all elements clearly labeled.

Note that your layout may need to be adjusted to conform to the City of Mauldin Special Event ordinance(s) and applicable local, state and federal laws. No permit will be issued without an approved layout.

## SECTION 8: INSURANCE REQUIREMENTS & INDEMNITY CLAUSE

Those hosting an event on public property are required to obtain insurance indemnifying the City of Mauldin and listing the City of Mauldin as co-insured in an amount no less than \$1,000,000. The City of Mauldin offers optional liability insurance for those utilizing public property for a special event. The Tenant User Liability Insurance Program (TULIP) is a low-cost insurance policy that protects both the “tenant user” and the City of Mauldin. You may purchase this one-time, event-specific insurance online by visiting [www.cityofmauldin.org/special-events-application](http://www.cityofmauldin.org/special-events-application) and following the instructions listed. Insurance must be obtained before a special events application is approved.

Please check one of the following:

I will be purchasing insurance through the TULIP program.

I will be purchasing insurance through another means and have attached the proof of insurance to this application.

## SECTION 9: HOLD HARMLESS CLAUSE

Permittee/organization hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage, injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of permittee’s operation. Permittee hereby expressly agrees to defend and save the City of Mauldin harmless from any penalties or violation of law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omission of permittee or its officers, agents and employees.

Applicant’s Name (please print): \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION CHECKLIST

Completed Application

Detailed Event Schedule

Event Site Plan

Insurance Paperwork (if applicable)

Notification Letter to Residents & Greenlink (for road closures)

**Return application and attachments to:**

**City of Mauldin | Special Events**

**PO Box 249, Mauldin SC 29662**

**ph: (864) 288-4910**

