

## Event Details

Event Title: Kiwanis International Kids Day Service Project

Purpose:

☐ Athletic/Recreation

☐ Outdoor Market

☐ Parade\*

☐ Concert/Performance

☐ Festival/Fair

☒ Social

☐ Demonstration\*

☐ Road Closure\*

\*Additional paperwork is required to be submitted directly to Foley PD. Please See Appendix A

Provide a clear statement of the specific reason(s) you believe the event will significantly contribute to and benefit the City of Foley.

The Foley Kiwanis International Kids Day service project will significantly benefit the City of Foley by fostering a sense of community, supporting local families, and promoting child development. By providing a day of fun, educational activities, and essential resources, the event will enhance the well-being of children and families, reinforcing Foley's reputation as a family-friendly city. Additionally, this initiative will encourage civic engagement, strengthen partnerships between local businesses and organizations, and contribute to the overall social and economic vitality of the community.

Provide a clear statement of the opportunity for City-wide citizen participation in the event.

By inviting individuals, families, businesses, and community organizations to engage in a meaningful event that supports local children. Volunteers can contribute through event setup, activity coordination, and mentorship, while local businesses and organizations can provide sponsorships, resources, or in-kind donations. This inclusive event encourages all residents to come together in support of Foley's youth, fostering a stronger sense of community, civic pride, and collective investment in the city's future.

Are there any potential negative impacts to the local business community or surrounding areas?

Not that we can anticipate.

The City reserves the right to request an Event Application Presentation to staff if they deem the event to have an impact on the surrounding community.

## Event Details Continued

Setup Date & Time: Sunday, June 8, 8:00 am - 11:00 am

Event Start Date: June 8, 2025

Event Start Time: 11:00 am

Event End Date: June 8, 2025

Event End Time: 3:00 pm

Clean-up Date & Time: Sunday, June 8, 3:00 - 5:00 pm

*Outdoor entertainment may take place from 8 am – 10 pm, Sunday – Thursday and 8 am – 11 pm on Friday and Saturday.*

Main Contact Name: Rachel Spear

Phone Number: 251-233-9470

Backup Phone Number: \_\_\_\_\_

Email Address: kiwaniscluboffoley@gmail.com

Where will the event take place?

☐ Public Property

☒ Park Property

Estimated Attendance: 200

Estimated Attendance Previous Year: NA

Estimated Attendance During Peak: 50

Event Website/Facebook Page: www.facebook.com/profile.php?id=100064649714232

Event Promoter (if other): \_\_\_\_\_

Is this a repeat event for the City? No but we hope to make it one

Will the event include any of the following?

☐ Fireworks

☐ Mobile Food Vendors

☐ Generators

☐ Street Closure

☐ Live Entertainment

☐ Parade

☒ Tents

☐ Tents over 400 sq. ft.

☐ Alcohol

☐ Other \_\_\_\_\_

☒ Petting Zoo, Carnival, Circus, Inflatables (if yes additional insurance will be required)

☐ Open Flames of Any Type

## Required Documents (continued)

### Waste Management Plan

- Consideration must be given at all times to how waste generated by event will be managed by Event Organizer. Depending on the details of your event, you may be required to develop a Waste Management Plan. Please note, if waste is left at City venues following an event the cost of removal and clean-up will be passed on to the Event Organizer.

### Noise Control Plan

- Please describe the sound equipment that you will use \_\_\_\_\_  
\_\_\_\_\_
- Will you be using amplification? ☒ Yes ☐ No
- What noise sources are anticipated from the event?
  - ☐ Pre-recorded
  - ☐ Live music/band
  - ☐ Acoustics
  - ☒ PA System
  - ☐ Other \_\_\_\_\_
- Please provide a list of performers, performance type, music genre, performance times and duration. The complete performance list is required 7 days prior to the event.

### Road Closures

- Parades and Road Closures must be approved by City of Foley PD. All events must give substantial notice (60 days) to minimize the risk to your event.

### Additional Service Providers

- Provide a complete list of all event service providers 7 days prior to event including EMS, Carnival Operators, Portable Toilets, Tables/Tents, Barricades/Traffic, etc. This must also include all food vendors so Foley FD can check for adherence to fire code.

### Marketing Materials

- Any signage must comply with the City's Temporary Advertising Signs Policy. Signage must be robust and of good quality. Additional signage may require a permit,
  - Do you wish to erect signage or banners within the City to promote your event?  
☒ Yes ☐ No
  - Type of signage or banners: Temporary banners advertising the event in front of the Foley Kids Park.



## Required Documents Continued

### Certificates of Insurance

- Any amusements rides or inflatables required additional insurance with the City listed as an additional insured. In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Foley (City of Foley, Alabama, Attn: Special Events Division, P.O. Box 1750, Foley, AL 36535) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Proof of insurance, acceptable to the City, shall be furnished no later than five (5) days preceding the date of the assembly. Failure to provide proof of insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Foley at least twenty-one (21) days' prior written notice of cancellation and termination of the applicant's coverage there under.

Events run for profit and commercial purposes will be subject to an application fee. Please contact the City of Foley for current fees and charges. Processing Fee TBD due 21 days prior. **Applications will not be accepted less than 21 days before an Event Date. All vendors participating in events must have a business license or special event license.**

Fire Department Representative: \_\_\_\_\_

Police Department Representative: \_\_\_\_\_

Public Works Department Representative: \_\_\_\_\_

Leisure Services Department Representative: \_\_\_\_\_

Department	Estimated Cost
Fire Department	
Police Department	
Public Works	
Leisure Services	
<b>TOTAL</b>	

City Council Approval Date: \_\_\_\_\_

## Self-Certification Form

I/We, Rachel Spear, as the event organizer seeking approval to host an event within the City of Foley, acknowledge that the information submitted in this application is true and correct.

I/We accept full responsibility for any damages incurred to City of Foley premises including irrigation lines, electrical lines, water mains, electricity, toilets, pavilion, and other permanent structures as a result of our activities during the specified contract period.

I/We indemnify the City of Foley against any action, suit or proceeding caused by my failure to observe all statutory and or other requirements or as a result of my negligence or willful actions.

I/We will ensure the appropriate liability and other insurances are in place for the activities to be conducted.

I/We understand that I am responsible for obtaining approval from all applicable agencies.

I/We will keep a copy of the completed form on-site during the event to present upon request to any police officer prior to or during the event.

I/We will provide a post event letter to the Mayor and Council to identify the contributions made to the local community.

Signature: Rachel Spear  
Print Name: Rachel Spear

Date: 3/13/2025