

City of Columbus Special Event Permit Application

APPLICANT ACKNOWLEDGMENT

I, the Event Sponsor, agree to indemnify and defend the City of Columbus, its officials, agents and employees (the "Indemnities") against any losses, costs, damages, liabilities, claims, suits, actions, causes of action and expenses resulting from, arising out of, or relating to any negligence or intentional misconduct by the applicant of the sponsoring organization, its officers, employees, or any person under its control in connection with this permit.

As applicable, I, or the organization acting as the Event Sponsor, have provided within this application, the required insurance which will cover all losses that may occur at the event, and to, by and between the Event Sponsor and the Volunteers. All Vendors have provided their own insurance, unless otherwise stated. (Per Definitions of Event Sponsor, Vendor, and Volunteer on Pg 2)

I affirm that all answers given and statements made on this application are complete and true to the best of my knowledge and beliefs. I have read and understand the terms and conditions outlined in this application. Failure to comply with the conditions \mathbf{d} f the special event application may result in revocation of current and future applications. I agree to be bound by the above terms as a condition to the issuance of the Special Event Permit.

The unders gned person, as the Applicant, does hereby agree and represent that he or she is legally capable to sign this

SIn action IZATION 25 upleted. Have you:
pleted. Have you:
pleted. Have you:

eation (if applicable):
Date
(if applicable):
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City of Columbus Special Event Packet CHECKLIST

PLEASE CHECK ALL THAT APPLY TO YOUR EVENT.

See ACKNOWLEDGEMENT OF CONTACT (Pg 10) for contact information of applicable City Departments.

NAME OF	EVENT		
☐ Fran ☐ Paw ☐ Brac ☐ Cen ☐ Ger ☐ Glu ☐ Wild ☐ Sun ☐ Oth	of a City Park for event (if Yes, check which one. Possible fees apply.) kfort Square nee Park dishaw Park tennial Park ard Park Park lerness Park set Park er small neighborhood park	YES	NO ×
Description			
Pl.	ease see attached documents		
Reservation	of a shelter within a City Park – fees apply		X
Wedding ir	a City Park – fee applies		X
Electricity	fees apply, payable at the City Clerk's office		X
	in addition to Event Sponsor: Attach LIST OF VENDORS (Pg 12). All must have the ability Insurance. See Pg 2	X	
	chandise, Food, Beverages: Sales on street or parking lot requires Vendor Permit from the rtment; Sales in City Park requires Concessionaire permit.		
Parade: Atta	ach requested route		X
	e/Closure: If the event is in the street, street barricades are required. Signatures of affected sinesses are required. Use Street Closure Request Consent Form (Pg 13)	X	
Neighborho	od Block Party		X
Parking Spa	ace(s) blocked on City streets or Lots	X	
Use of City-	Owned Parking Lot		X
Tents: Show	setup on Site Plan.		



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Alcohol served/sold: complete a Special Designated License Application (SDL). Contact City Clerk at (402) 562-4224 to learn about the required timeline of submittals. Additional fees apply, and the license must include local approval by the City Council.	YES	NO
Apply at the NE Liquor Control Commission https://lcc.nebraska.gov/special-designated-licenses		
• Fencing required. NLCC Title 237, Chapter 2, Section 013.03F requires 2 rows of fencing, placed 4'		
apart, unless waived by the Nebraska Liquor Control Commission. Orange plastic fencing is	X	
recommended.	/	
Attach copy of SDL Application to this application.		
Must check all ID and use bracelets or hand stamps during the event.		
Alcohol NOT served/sold: (Bring Your Own Beverage – BYOB)		
No glass containers allowed.		1
Personal serving size(s) only.		\ \X
 Event Sponsor responsible for monitoring underage drinking, waste pickup, providing bathroom facilities, 		/
etc.		
Fencing: Required for alcohol sales, per plan included on approved SDL.	X	
Usage of bleachers, picnic tables or trash cans from Parks Department – fees apply		X
Usage of Sound System in Frankfort Square		,
		X
Public Dance: Will require SDL if alcohol is served or sold.		X
Open Fires: Explain in detail		X
Occupation of City Park after 12:00 Midnight: Requires City Council approval		X
Bands or Amplified Music: Noise Ordinance enforced at 11:00 PM	X	, .
Advertising Promotion of event: Attach detailed plans. Encouraged not to advertise until event approval is granted.	X	
Inflatable Devices: Show setup on Site Plan. Must have required additional Liability Insurance.		X
Live animal entertainment including: petting zoos, pony rides, and horse-drawn carriage rides Show setup on Site Plan, & provide clean up and disposal plan. Must have required additional Liability Insurance.		χ
Carnival Rides: Show setup on Site Plan.		X
Powered Equipment: Attach list.	X	X
Spotlights or Lasers: Attach specifications.		X
Race or Competition: Attach detailed map. If street closure will be requested for race route, use Street		X
Closure Request Consent Form (Pg 13)		/
Booths/Structures: Show setup on Site Plan. Attach additional specs as applicable.	X	



	tainment District Commons Area – fees apply, must currently hold a liquor license within a	YES	NC
esignateu r	ublic Entertainment District. (Those businesses that are not within the boundary of the Public		
	nt District must apply for an SDL to participate in a Commons Area event.)		
	site plan below, label the boundaries of the commons area requested, within a designated public rtainment district.		
• Provide	a copy of current liquor license.		
	the NE Liquor Control Commission for a requisite entertainment district liquor license, and vide copy of application.		
	all requirements set forth in Chapter 53 of the Nebraska Revised Statues as to entertainment icts.		X
	eceipt, provide a copy of entertainment district liquor license received from the NE Liquor Control mission.		
_	ate the times, day for the sale and consumption of alcohol within the proposed commons area. required by State Statute: Food must be sold at all times which alcohol is being sold)		
• No glas	s containers allowed.		
	with any and all conditions requirements, or restrictions that the City Administration or City ncil has imposed on the Entertainment District use.		
 Must c 	leck all ID and use bracelets or hand stamps.		
 Must p 	ovide adequate restroom and waste disposal facilities.		
	pecial/unique provision or information pertaining to the event which have not been address		
Other 3	application – Please describe in detail:		
outer 3	application – Please describe in detail:		
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	application – Please describe in detail:		
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	application – Please describe in detail:		



City of Columbus Special Event Packet Acknowledgment of Contact

It is the applicant's responsibility to ensure that the details of their organized event have been communicated thoroughly with City Staff. **Prior to submittal of your special event permit application**, please coordinate with necessary City Staff in advance of the event to make sure you are able to execute your tasks during the day and time of your event. If City services are needed for an event, acknowledge below the date, point of contact and method in which you contacted applicable City department/s. This form should be included with the Special Event Permit Application.

For Services or Questions including, Street Closures; Reservation of Frankfort Square; usage of Parking
Lots; Parade Routes; Electricity; Insurance; Parking Stall Closure – Please contact Administration:
City Administrator, Tara Vasicek (email: tara.vasicek@columbusne.us) AND
Administrative Assistant, Linda Cloeter (phone: 402-562-4232, email: linda.cloeter@columbusne.us)
Date Contacted:
Who was Contacted:
Me hod of Contact: Phone Email Personal Visit Other
For Services or Questions including Reservation of City Parks (other than Frankfort Square),
Concessionaires Permits, Rental of bleachers or picnic tables, usage of extra trash receptacles, usage
of sound system in Frankfort Square – Please contact the Park and Recreation Director:
Park and Recreation Director, Betsy Eckhardt 402-562-4234 betsy.eckhardt@columbusne.us
Date Contacted:
Who was Contacted:
Method of Contact: ☐Phone ☐Email ☐Personal Visit ☐Other
For Services or Questions including Special Designated Liquor Licenses or special consideration of City
Code by the City Council – Please contact the City Clerk's Office:
402-562-4224 cclerk@columbusne.us
Date Contacted:
Who was Contacted:
Me hod of Contact: ☐Phone ☐Email ☐Personal Visit ☐Other
For Services or Questions including, Traffic Control Materials (barricades, cones) - Please contact the Street
Department: 402-562-4253
Date Contacted:
Who was Contacted:
Me hod of Contact: ☐Phone ☐Email ☐Personal Visit ☐Other
For Services or Questions including Safety, Security, Traffic Control Assistance, Vendor/Solicitors permits -
Please contact the Columbus Police Department: 402-564-3201
Date Contacted:
Who was Contacted:
Me hod of Contact: ☐Phone ☐Email ☐Personal Visit☐Other
City of Columbus

City of Columbus
Special Event Packet



SITE PLAN

Draw a detailed site map, placing all tents, stages, activities, booths, portable toilets, gates, cooking equipment & fences, including the approximate sq. ft. area to be used. Attach additional sheets if necessary.

NAME C	FEVENT: Picklefest 2025
5	ree attached
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City of Columbus Special Event Packet LIST OF VENDORS

(PER DEFINITION ON PAGE 2, for use as applicable)

*Sales on City street or parking lot will require a Vendor Permit from the Police Station
*Sales in a City Park will require a Concessionaire Permit. payable at the City Clerk's Office

NAME OF EVENT: Pic	VENT: Picklefest 2025 - See attached				
Vendor Name	Type or Description of business or organization	Selling anything? Yes or No	Vendor Permit Purchased? Yes or No	Liability Insurance attached? Yes or No	
				- I de la company	
		,			
		-			



City of Columbus Special Event Packet STREET CLOSURE REQUEST

CONSENT OF RESIDENTS/BUSINESSES AFFECTED BY EVENT

For use as applicable. City-Sponsored Events are exempt from completing the Consent Page

NAME OF	EVENT: PICKLE FEST EQUESTED TO CLOSE: 14th	2025		
STREETS F	EQUESTED TO CLOSE: 14H	1 St-Between		
	TIMES OF CLOSURE REQUEST			
The residen	s/businesses herein named have on of the special event named al	e no objection to the street or bove.	sidewalk closure in front of their resi	dence/building
Resident/Bu	siness Name (PRINT)	Address	Signature of Resident/Business	Date
		,		
-				
/				



City of Columbus Special Event Permit Application

Answer all questions completely. Inaccurate or incomplete responses may result in the denial of a permit. For the protection of the City of Columbus and its assets, and for the overall success of the event in question, the City of Columbus Special Event Committee reserves the right to make exceptions to or to impose additional requirements to the policies stated herein, based on individual circumstances.

EVENT SPONSOR/AP	PLICANT/RE	SPONSIBLE PARTY INFORMATION
1. NAME: Columbus In action	2. TO	DAY'S DATE: 4,20.25
3. ADDRESS: 2204 14th St.	4. EM	ALL: executive director/acolumbus inaction.co
5. CITY: Columbus 6. STA	1 70	7. ZIP CODE: (0860)
8. DAY PHONE: 402 - 606-1449	9. CE	LL PHONE:
10. COMPANY/ORGANIZATION NAME, IF APPLICABLE	LE: Pick	lefest 2025
11. COMPANY ADDRESS/CITY/STATE/ZIP:	•	12. COMPANY PHONE:
13. NAME OF ALTERNATE CONTACT PERSON:		14. ALTERNATE'S CELL PHONE:
EVEN	T INFORMAT	ION
15. EVENT NAME: Pickletest 20	25	
16. EVENT LOCATION: Columbus Inno	ation (center 2311 14th St. Columbus
17. ESTIMATED # OF PARTICIPANTS:	18. ESTIMA	ATED # OF SPECTATORS:
19. ACTUAL EVENT DATE(S):	20. ACTUA	LEVENT TIME(S): 11:60 am - 8: pm
21. EVENT SETUP DATE(S):	22. EVENT	SETUP TIME(S):
23. EVENT TEAR-DOWN DATE(S):	24. EVENT	TEAR-DOWN TIME(S): June 14 2025
25. ADDITIONAL DOCUMENTS ATTACHED – Check a ☐ Checklist (Pg 8 – 9) ☐ Acknowledgement of Contact (Pg 10) ☐ Site Plan (Pg 11) ☐ List of Vendors (Pg 12) ☐ Street Closure Request Consent Form (Pg 13) ☐ Certificate(s) or Proof of Liability Insurance (see		
26. Please provide a <u>detailed description</u> of the event	, using a sepa	rate sheet of paper if necessary.



City of Columbus Special Event Packet STREET CLOSURE REQUEST

CONSENT OF RESIDENTS/BUSINESSES AFFECTED BY EVENT

For use as applicable. City-Sponsored Events are exempt from completing the Consent Page Sprisadi By Columbus In NAME OF EVENT: STREETS REQUESTED TO CLOSE: DATE(S) & TIMES OF CLOSURE REQUEST: The resident /s/businesses herein named have no objection to the street or sidewalk closure in front of their residence/building for the durat on of the special event named above. Resident/Business Name (PRINT) Address Signature of Resident/Business 5-1-25

+14



City of Columbus Special Event Packet STREET CLOSURE REQUEST

DNSENT OF RESIDENTS/BUSINESSES AFFECTED BY EVENT

For use as applicable. City-Sponsored Events are exempt from completing the Consent Page

NAME OF	EVENT: Pickletest	at Columbus For	ovation Center In	tetron
STREETS R			13+24 Ave a Alley t	
DATE(S) &	TIMES OF CLOSURE REQUES	T: Saturday, June	e 14 Mam 1223	id night
The resident		e no objection to the street or s	sidewalk closure in front of their res	idence/building
Resident/Bu	siness Name (PRINT)	Address	Signature of Resident/Business	Date
Columba	s blue lox	2330 14th Sput	that the	5-5-25