

Name of organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Website address: \_\_\_\_\_ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

1. Total number of events: \_\_\_\_\_

2. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

<b>Provide the following information:</b>	<b>EVENT 1</b>	<b>EVENT 2</b>	<b>EVENT 3</b>
Name of event:			
Date, time and location of event:			
Total estimated attendance:			
Gross sales from admissions:	\$	\$	\$
Gross sales from food or non-alcoholic beverages:	\$	\$	\$
Gross sales from alcohol:	\$	\$	\$
Other gross sales:	\$	\$	\$
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities at event (use all applicable activity codes from list below):			

**Activity Codes** (for use above)

- |                           |  |   |
|---------------------------|--|---|
| A. Golf outing            | H. Aircraft (motorized or not)                               | O. Parade (only entry of float into a parade)     |
| B. Wine tasting           | I. Animals   | P. Parade – participation in a parade (no floats) |
| C. Dinner, gala or picnic | J. Athletic participation                                    | Q. Parade – sponsorship of a parade               |
| D. Auction                | K. Fireworks sales or show                                   | R. Use of any motorized vehicle(s)                |
| E. House tour             | L. Haunted house or trail                                    | S. Concert – describe type of music               |
| F. Fashion or Art Show    | M. Mechanical rides  | T. Other – describe in space above                |
| G. Bingo                  | N. Non-mechanical entertainment devices (e.g. bounce houses) |   |

3. Do you sponsor or co-sponsor any parades? YES  NO

**If yes,** a. Number of: floats \_\_\_\_\_ horses \_\_\_\_\_ participants \_\_\_\_\_

b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES  NO

4. a. Describe all mechanical or non-mechanical devices used at special events: \_\_\_\_\_  
\_\_\_\_\_

b. Are devices indicated provided and operated by a contractor? YES  NO

**If yes,** do you obtain or require a certificate of insurance from the contractor? YES  NO

5. If alcohol sales are indicated above, provide the following information:

a. Is any employee or volunteer of your organization responsible for serving alcohol? YES  NO

b. What alcohol dispensing controls are in place? \_\_\_\_\_  
\_\_\_\_\_

c. Type of license you have for sale of alcohol:  Permit for event only  Annual liquor license  Alcohol served by caterer

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_