

# CITY OF CULLMAN

204 2nd Avenue NE  
Cullman, Alabama 35055

(256) 775-7102  
cityhall@cullmanal.gov

P.O. Box 278  
Cullman, Alabama 35056

## SPECIAL EVENT PERMIT REQUEST FORM

Applications should be submitted to the City Clerk's Office at least thirty (30) days prior to the event, or on the soonest date possible, as the application process takes several weeks to complete.

### SECTION 1 | GENERAL INFORMATION

DATE SUBMITTED: 4/19/2022  
(Today's date. Not the event date.)

REQUESTING ORGANIZATION/BUSINESS:  
Cullman Chamber

CONTACT PERSON:  
Keith Varden  
2nd Fridays

ADDRESS: 301 2nd Ave SW  
Cullman AL 35056

PHONE: 256 734-0454

FAX: \_\_\_\_\_

EMAIL: Kvarden@cullmanchamber.org

#### TYPE OF EVENT:

- 5K/10K Run/Walk       Race/Ride  
 Festival/Concert       Protest/Picket/Rally  
 Block Party       Film/Photo Session  
 Other \_\_\_\_\_

IS THIS A 501(c)(3) CHARITY EVENT?

NO

YES (Enter 501(c)(3) number below.)  
\_\_\_\_\_

**- FOR ADMINISTRATIVE USE ONLY -**

DATE RECEIVED IN OFFICE: APR 19 2022

**MAYOR'S OFFICE INITIAL REVIEW**

Approved     Conditionally Approved     Denied

COMMENTS/CONCERNS: \_\_\_\_\_

Woody Jacobson      4-22-22  
MAYOR      DATE

**POLICE DEPARTMENT'S INITIAL REVIEW**

Approved     Conditionally Approved     Denied

COMMENTS/CONCERNS: \_\_\_\_\_

Montgomery      21 Apr. 2022  
POLICE CHIEF OR DESIGNEE      DATE

**FIRE RESCUE'S INITIAL REVIEW**

Approved     Conditionally Approved     Denied

COMMENTS/CONCERNS: \_\_\_\_\_

B. J. ...      4/22/22  
FIRE CHIEF OR DESIGNEE      DATE

**CPRST INITIAL REVIEW**

Approved     Conditionally Approved     Denied

COMMENTS/CONCERNS: \_\_\_\_\_

W-A      4/21/22  
CPRST DIRECTOR OR DESIGNEE      DATE

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## SECTION 3 | CITY SERVICES REQUESTED/REQUIRED

**REQUESTING PARTY IS RESPONSIBLE FOR COORDINATING AND PAYING COSTS ASSOCIATED WITH ANY ASSISTANCE NEEDED FROM CITY DEPARTMENTS ONCE THE EVENT IS APPROVED.**

### A. ARE YOU REQUESTING THE CLOSING OF ANY PUBLIC STREET OR SIDEWALK?

- NO | Skip to Question B.  
 YES | Approval of all property owners/managers or residents affected by the street/sidewalk closing is required. **PAGE 5** of this application **MUST** be completed (**REQUIRED**).

List all streets and/or sidewalks you request to be closed below (attach map, if necessary):

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Will you require the use of city-owned barricades?  YES  NO (Requesting Party shall be responsible for contacting the Street Department upon approval of the event to reserve and arrange for the use of city-owned barricades.)

### B. WILL YOU REQUIRE, OR ARE YOU REQUESTING, POLICE SERVICES?

**- EVENTS WHICH INCLUDE THE SERVING ALCOHOL REQUIRES A MINIMUM OF 2 OFFICERS ON SITE. -**

- NO | Skip to Question C.  
 REQUIRED | How many officers?\* 4  
 REQUESTED | How many officers?\* \_\_\_\_\_  
 UNSURE | Contact the Police Department.

\*Police Chief has final discretion on whether police services are required and how many officers are necessary.

#### OFF DUTY POLICE RATES PER HOUR

\$30.00 | NORMAL RATE  
\$35.00 | RATE IF ALCOHOL SERVED

- MINIMUM 4 HOURS -

### C. ARE YOU REQUESTING FIRE/EMT SERVICES?

- NO | Skip to Question D.  
 YES | How many firefighter/EMTs?\* 1-2

\* Fire Chief has final discretion on whether fire/EMT services are required and how many personnel are necessary.  
**AMBULANCE TRANSPORT IS NOT INCLUDED.** If ambulance is required, the requesting party shall be responsible for contacting the ambulance service of choice to ensure ambulance coverage for the event.

#### OFF DUTY FIRE/EMT RATES PER HOUR

\$30.00 | NORMAL RATE  
\$35.00 | RATE IF ALCOHOL SERVED

- MINIMUM 4 HOURS -

**NOTE: IT WILL BE AT THE DISRECTION OF THE CITY TO DETERMINE WHETHER THE REQUESTING PARTY IS RESPONSIBLE FOR COSTS ASSOCIATED WITH POLICE AND/OR FIRE/EMT SERVICES AS REQUIRED BY THE CITY OR AS REQUESTED BY THE UNDERSIGNED REQUESTING PARTY.**

### D. ARE YOU REQUESTING PERMISSION FOR THE USE OF PORTABLE TOILETS? NO YES

The requesting party shall be responsible for contacting the Cullman County Health Department and the Cullman Building Inspection Department regarding the cost, placement, and use of portable toilets.

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## STREET CLOSING APPROVAL FOR SPECIAL EVENT

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT (MUST INCLUDE DETAILED MAP): \_\_\_\_\_

Requesting Party: Cullman Chamber Phone: 256-734-0454

Address: \_\_\_\_\_ Email: Kvander@CullmanChamber.org

Date(s) of Closing: 6-10 / 7-8 / 8-12 Time(s) of Closing: 6am - 10pm

Name/Description of Event: 2<sup>nd</sup> Fridays

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary):

1. \_\_\_\_\_  
*Signature* *Printed Name* *Title*

\_\_\_\_\_  
*Business Name* *Business Address* APPROVE?  YES  NO

2. \_\_\_\_\_  
*Signature* *Printed Name* *Title*

\_\_\_\_\_  
*Business Name* *Business Address* APPROVE?  YES  NO

3. \_\_\_\_\_  
*Signature* *Printed Name* *Title*

\_\_\_\_\_  
*Business Name* *Business Address* APPROVE?  YES  NO

4. \_\_\_\_\_  
*Signature* *Printed Name* *Title*

\_\_\_\_\_  
*Business Name* *Business Address* APPROVE?  YES  NO

5. \_\_\_\_\_  
*Signature* *Printed Name* *Title*

\_\_\_\_\_  
*Business Name* *Business Address* APPROVE?  YES  NO

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## THIRD-PARTY PROPERTY OWNER APPROVAL

Requesting Party: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date(s) of Closing: \_\_\_\_\_ Time(s) of Closing: \_\_\_\_\_

Name/Description of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE REQUESTING PARTY TO USE SAID PROPERTY FOR THE EVENT FOR WHICH THIS PERMIT IS BEING SUBMITTED.

\_\_\_\_\_  
*Signature* *Printed Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number* *Email Address*

I, THE UNDERSIGNED, AM THE OWNER/MANAGER/REPRESENTATIVE OF THE ABOVE-REFERENCED PROPERTY AND I AUTHORIZE THE REQUESTING PARTY TO USE SAID PROPERTY FOR THE EVENT FOR WHICH THIS PERMIT IS BEING SUBMITTED.

\_\_\_\_\_  
*Signature* *Printed Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number* *Email Address*





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## STREET CLOSING APPROVAL FOR SPECIAL EVENT

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: \_\_\_\_\_

Requesting Party: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date(s) of Closing: \_\_\_\_\_ Time(s) of Closing: \_\_\_\_\_

Name/Description of Event: 2<sup>nd</sup> Fridays

AUTHORIZED SIGNATURE(S) OF PROPERTY OR BUSINESS OWNER(S)/MANAGER(S) MUST BE COLLECTED TO SHOW APPROVAL OF STREET CLOSURE (you may use additional pages, if necessary):

1. Melissa Swann Melissa Swann Manager  
Signature Printed Name Title

Bob Wallace Appliance 224 1st Ave SE APPROVE?  
Business Name Business Address  YES  NO

2. Jordan Neal Jordan Neal owner  
Signature Printed Name Title

Duchess Bakery 222 1st Ave SE APPROVE?  
Business Name Business Address  YES  NO

3. [Signature] [Signature] \_\_\_\_\_  
Signature Printed Name Title

DRETEL'S 216 1st Ave SE APPROVE?  
Business Name Business Address  YES  NO

4. Judith Cople Judith Cople Owner  
Signature Printed Name Title

218 1st Ave SE A Touch of German APPROVE?  
Business Name Business Address  YES  NO

5. \_\_\_\_\_  
Signature Printed Name Title

\_\_\_\_\_ APPROVE?  
Business Name Business Address  YES  NO



ALABAMA FARM CREDIT



# 2ND FRIDAYS

CULLMAN, ALABAMA

ARNOLD ST NE

CLARK ST NE

1ST ST NE

2ND AVE SE

2ND ST NE

HWY 278

4TH ST SE

5TH ST SE

CARS

ECONOMIC DEVELOPMENT

WAREHOUSE DISTRICT

WAREHOUSE DISTRICT

FOOD TRUCK

FOOD TRUCK

1ST AVE SE

FOOD TRUCK

FOOD TRUCK

FOOD TRUCK

FOOD TRUCK

ROCK WALL MIND WALKER

JEEPS

DOWNTOWN MERCHANTS

DOWNTOWN MERCHANTS

DOWNTOWN MERCHANTS

DOWNTOWN MERCHANTS

STAGE

FESTHALLE

FOOD TRUCK

PRATE SHIP

WAREHOUSE DISTRICT

SWINGS LEAPS AND BOUNDS SLIDE

AXE THROW VENDOR VILLAGE

TEACUPS

STAGE

MIND WALKER

JEEPS