

SUBMIT FORM (don't forget to add attachments)



SPECIAL EVENT PERMIT APPLICATION

Submit application at least **30 days prior to the event**.
 The approval process can take up to thirty (30) days. Please plan with this time in mind when making commitments, advertising, etc.
Please read PAGE 3 before completing this application.

EVENT INFORMATION

NAME OF EVENT: 2nd Fridays

DATE(S) OF EVENT: June 9, July 14, August 11

TIME(S) OF EVENT: 5:30-10:00

EVENT TYPE:

5K/10K Run → Must call City Hall at 256-775-7104 re: route.

Parade/Procession

Race/Ride

Festival/Concert

Protest/Picket/Rally → Must call CPD (256-734-1434) for rules.

Block Party

Other _____

DESCRIPTION OF EVENT: _____

SIZE OF EVENT (Expected Maximum Attendance)

Small Event (<500 persons)

Medium Event (500-5000 persons)

Large Event (5000+ persons)

! For large events, event safety and operational plans **MUST** be submitted with this application.

TYPE OF PROPERTY TO BE USED: (Check all that apply.)

Public Street and/or Sidewalk

City Park/Recreational Facility

! Parks/Recreational Facilities **MUST** be reserved through **CPRST BEFORE** submitting this application (see page 6).

Name of Park or Facility: _____

Name of CPRST employee who authorized use: _____

Property Owned by Someone Else

! Property Owner/Manager **MUST** authorize use of property. Page 8 is provided for this purpose, if needed.

Name of Owner/Manager: _____

Is the Owner/Manager's written authorization attached?
 ___ YES ___ NO

- EVENT ORGANIZER -

Name: Paige Clabo

Title: Director of Programs

Organization: Cullman Chamber of Commerce

Address: 301 2nd Ave NW
Cullman, AL 35055

Phone Number(s): 256-734-0454

Email Address(es): pclabo@cullmanchamber.org

- FOR ADMINISTRATIVE USE ONLY -

DATE SUBMITTED: 5/1/2023/plb

DEPARTMENTAL INITIAL REVIEWS

MAYOR'S OFFICE

Approved ___ Conditionally Approved ___ Denied

Comments/Concerns: _____

DocuSigned by: Woody Jacobs 5/8/2023
51889FC624042A
 Mayor Date

POLICE DEPARTMENT

Approved ___ Conditionally Approved ___ Denied

Comments/Concerns: _____

DocuSigned by: Dave Masetta 5/6/2023
51889FC624042A
 Police Chief or Designee Date

FIRE DEPARTMENT

___ Approved Conditionally Approved ___ Denied

Comments/Concerns: _____

DocuSigned by: Brian Bradberry 5/8/2023
51889FC624042A
 Fire Chief or Designee Date

CPRST

Approved ___ Conditionally Approved ___ Denied

Comments/Concerns: _____

DocuSigned by: Nathan Anderson 5/8/2023
51889FC624042A
 CPRST Director or Designee Date

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.
 City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

WHAT IS A SPECIAL EVENT PERMIT AND WHAT IS CONSIDERED A SPECIAL EVENT?

Special Event Permits are issued to individuals or organizations planning to hold special events within the Cullman city limits. A special event is an event involving: The closing and/or use of public roads, sidewalks, parks & recreational facilities, or other public property within the Cullman city limits or that involve amplified speaking/music or other types of excessive noise within the Cullman city limits, whether on public or private property. Other events may also fall under the category of "special event." If you are unsure whether your event qualifies as a "special event," contact the City Clerk's Office (see page 6).

PROCEDURE FOR OBTAINING A SPECIAL EVENT PERMIT

1. Completed, signed applications should be submitted to the City Clerk's office at least thirty (30) days prior to the event.
2. Your application will be reviewed by the City Clerk's office to verify that the application is valid and complete.
3. Your application will then undergo initial review by the Police Department, Fire/Rescue Department, CPRST, and Mayor.
4. Your application will then be added to an upcoming City Council meeting agenda. (Contact the City Clerk's office for the date and time of the City Council meeting at which your application will be considered – see page 6 for contact info.)
5. Once your application is approved by the City Council, the Special Event Permit will be issued by the Mayor.

RULES & REGULATIONS REGARDING SPECIAL EVENTS



Applicant shall provide to the City detailed plans as required per City Ordinance to allow the City to evaluate and assure that the proposed event will not pose an unreasonable danger to public health and safety and will not excessively burden municipal resources without adequate planning so as to create such a danger. A site map for the event illustrating the location of any tents, stages, viewing platforms, port-a-lets, parking, waste receptacles, etc., shall also be provided.

- Use of city parks & recreational facilities MUST be authorized by CPRST (see page 6) prior to submitting this application.
- Events involving the sale and/or consumption of alcohol beverages require additional permits and/or licenses. You MUST contact CPRST (256-734-9157) prior to submitting this application.
- If you use property belonging to a third party, written authorization from property owner/manager is required (see page 8).
- If streets are closed for the event, you MUST attach written consent from all affected property owners/managers (see page 7) and ensure that adequate ingress & egress paths for fire, medical, & police emergency response is maintained.
- If your event is a race, run, or walk, you MUST contact the City Clerk's Office for the preferred route (see page 6).
- Events involving the use of vendors require additional permits and/or licenses from the City Clerk's Office (see page 6).
- If food trucks are used, food truck vendors MUST have a current inspection on file with the Fire Marshal (see page 6).
- Events involving loud noise or amplified music MUST conclude at 10PM, unless another time is approved by the City Council.
- Events involving pyrotechnics must be submitted 30 days prior to the event and you MUST contact the Fire Marshal for additional city and state requirements (see page 6).
- If assistance is needed from a city department, you MUST contact the department to coordinate said assistance (see page 6).
- You must contact local public safety officials and follow all local and state rules, regulations, ordinances, and adopted codes.
- You are responsible for costs incurred for city assistance (police/fire/EMT services, barricades, etc.), unless otherwise noted.

RIGHTS RESERVED BY THE CITY OF CULLMAN

The City of Cullman reserves the right to:

- Approve any event subject to requirements and ordinances of the City of Cullman concerning public safety.
- Intervene if the application and/or planning of the event presents potential and significant traffic issues, public safety issues and/or excessive noise complaints, or any other issues/disturbances which have a high likelihood to occur based on the totality of the circumstances surrounding the event, or which do occur, and take appropriate measures to resolve these issues up to and including the revocation of any Special Event Permit issued.
- Revoke the Special Event Permit should the event organizer (or agents thereof) fail to abide by any of the special event rules, regulations, or agreements.
- Suspend or revoke any Special Event Permit should circumstances beyond either party's control change significantly enough to warrant said suspension or revocation.



SPECIAL EVENTS ARE NOT AUTHORIZED UNTIL: (1) THE CITY COUNCIL GRANTS APPROVAL; (2) THE EVENT ORGANIZER OBTAINS/SUBMITS ALL REQUIRED PERMITS/LICENSES/AUTHORIZATIONS; (3) EVENT ORGANIZER PAYS ALL REQUIRED FEES/COSTS; (4) THE SPECIAL EVENT PERMIT IS SIGNED BY THE EVENT ORGANIZER AND THE MAYOR.

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.
City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

EVENT LOCATION & ADDRESS (attach map or diagram): Warehouse District - Cullman
(Map attached)

1. IS THIS A 501(c)(3) CHARITY EVENT? YES NO
 If YES: _____ Entity Name _____ 501(c)(3) Number _____

2. ARE YOU REQUESTING THE CLOSING OF PUBLIC STREETS OR SIDEWALKS? YES NO

! If event involves closing streets or sidewalks, you **MUST** have written approval of all property owners/managers or residents affected by the closing. Page 7 is provided for this purpose, if needed.

! You **MUST** ensure that adequate ingress and egress paths for fire, medical, and police emergency response is maintained at all times; coordinate closely with local public safety officials; and follow all rules, regulations, ordinances, and adopted codes of the City of Cullman and the State of Alabama.

If YES, list streets/sidewalks to be closed (attach map or diagram). _____

(Map attached)

3. WILL YOU REQUIRE THE USE OF CITY-OWNED BARRICADES? YES NO
 Event organizer shall be responsible for arranging use of city barricades and paying applicable costs (see page 6).

4. WILL YOUR EVENT INCLUDE AMPLIFIED MUSIC/SPEAKING OR OTHER EXCESSIVE NOISE? YES NO

! Events involving amplified music, speaking, or other excessive noise as defined by the City's noise ordinance shall conclude by 10PM, unless otherwise noted. Complaints will be investigated by the Cullman Police Department.

If YES, describe: _____

5. WILL ALCOHOL BE SERVED DURING THIS EVENT? YES NO

! If YES, you **MUST CONTACT CPRST (256-734-9157) BEFORE SUBMITTING THIS APPLICATION!** Also, any event involving alcohol require a **minimum of two (2) police officers** on site at the expense of the event organizer.

? Have you contacted CPRST concerning serving alcohol at your event? YES NO

6. WILL YOUR EVENT INCLUDE FOOD OR DRINK VENDORS? YES NO
 Event organizer shall be responsible for obtaining all necessary permits, licenses, and permissions. (See page 6.)

7. WILL ANY VENDORS BE USING FOOD TRUCKS AT THE EVENT? N/A YES NO
 Food truck vendors are required to have a current inspection on file with the Fire Marshal's office (See page 6.)

8. WILL YOUR EVENT INCLUDE VENDORS OF CRAFTS OR OTHER ITEMS? YES NO
 Event organizer shall be responsible for obtaining all necessary permits, licenses, and permissions. (See page 6.)

9. WILL YOUR EVENT INVOLVE PYROTECHNICS (fireworks, etc.)? YES NO
 Per City Ordinance, this application must be submitted to the City Council for approval 30 days prior to the date of the event and the event planner is required to contact the Fire Marshal's office regarding additional city and state requirements. (See page 6.)

10. ARE YOU REQUESTING POLICE SERVICES OR ARE POLICE SERVICES REQUIRED? YES NO
 If YES, how many are you requesting? 4

! A minimum of two (2) officers on site is required at events involving alcohol, at the event organizer's expense. Police Chief has final discretion on what police services, and how many officers, are required. (CPD contact info on Page 6.)

OFF DUTY POLICE RATES PER HOUR	
\$35.00	NORMAL RATE
\$40.00	RATE IF ALCOHOL SERVED
- MINIMUM 4 HOURS -	

11. ARE YOU REQUESTING FIRE AND/OR EMT SERVICES? YES NO
 If YES, how many are you requesting? 1

! Fire/EMT personnel are provided at event organizer's expense. Fire Chief has final discretion on what services and personnel are required. **AMBULANCE TRANSPORT IS NOT INCLUDED.** (CFR contact info on Page 6.)

OFF DUTY FIRE/EMT RATES PER HOUR	
\$35.00	NORMAL RATE
\$40.00	RATE IF ALCOHOL SERVED
- MINIMUM 4 HOURS -	

12. WILL YOUR EVENT INVOLVE THE USE OF PORTABLE TOILETS? YES NO
 Event organizer shall be responsible for obtaining all necessary permits, licenses, and permissions. (See page 6.)

13. ANY ADDITIONAL COMMENTS, INFORMATION, OR REQUESTS? YES NO

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.
 City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056

If YES, please use this space:

please see event Map & Schedule attached.

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: 1st Ave SE,
Arnold St - 5th Street

Event Organizer: Cullman Area Chamber of Commerce Phone: 256-734-0154
 Address: 301 2nd Ave, NW Cullman, AL 35055 Email: palaba@cullmanchamber.org
 Date(s) of Street Closing: June 9, July 14, August 11 Time(s) of Street Closing: 3:30 - 10:00 pm
 Name/Description of Event: 2nd Frieda's Cullman

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, or your own form):

 Signature Printed Name Title

 Business Name (if applicable) Business Address

 Phone Number Email Address APPROVE CLOSING? YES NO

 Signature Printed Name Title

 Business Name (if applicable) Business Address

 Phone Number Email Address APPROVE CLOSING? YES NO

 Signature Printed Name Title

 Business Name (if applicable) Business Address

 Phone Number Email Address APPROVE CLOSING? YES NO

 Signature Printed Name Title

 Business Name (if applicable) Business Address

 Phone Number Email Address APPROVE CLOSING? YES NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

THIRD-PARTY PROPERTY OWNER APPROVAL - See Attached

Event Organizer: _____ 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 EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

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 EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

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 EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

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 EVENT ORGANIZER TO USE SAID PROPERTY FOR THE ABOVE-REFERENCED EVENT.

Signature _____ Printed Name _____

Address _____

Phone Number _____ Email Address _____

You may be required to contact a department or agency regarding your permit. It is your responsibility to ensure that all applicable permits and licenses are obtained and to coordinate assistance through the appropriate department(s).

COSTS MAY BE INCURRED FOR SOME SERVICES FOR WHICH EVENT ORGANIZER SHALL BE RESPONSIBLE.

IF YOU'RE UNSURE ABOUT WHAT PERMITS/LICENSES/PERMISSIONS ARE REQUIRED, CONTACT THE CITY CLERK'S OFFICE.

CULLMAN CITY HALL

Phone: (256) 775-7109

Email: cityhall@cullmanal.gov

CITY CLERK'S OFFICE

For general permit procedure information; to obtain preferred race/walk/parade routes; to obtain permits/licenses for vendors; to submit payment for applicable fees and/or costs for services.

Location: Cullman City Hall
204 2nd Avenue NE
Cullman, AL 35055
Phone: (256) 775-7109
Email: pleslie@cullmanal.gov
Web: cullmanal.gov/depts/admin

MAYOR'S OFFICE

To obtain the official Special Event Permit after City Council authorization and after all other requirements have been met.

Location: Cullman City Hall
204 2nd Avenue NE
Cullman, AL 35055
Phone: (256) 775-7102
Email: lwest@cullmanal.gov
Web: cullmanal.gov/government/mayor

CPRST (PARKS, RECREATION, & SPORTS TOURISM)

To check availability of and reserve parks or recreational facilities; to obtain applicable permits for events involving alcohol consumption and/or sales.

Location: 703 2nd Avenue NE
Cullman, AL 35055
Phone: 256-734-9157
Email: info@cullmanrecreation.org
Web: www.cullmanrecreation.org

CULLMAN POLICE DEPARTMENT

To request police and/or traffic control services; to coordinate safety and traffic control; to be advised of applicable rules and laws concerning protests, rallies, etc.

Location: 601 2nd Avenue NE
Cullman, AL 35055
Phone: (256) 734-1434
Email: cullmanpd@cullmanal.gov
Web: cullmanal.gov/depts/cpd/

CULLMAN FIRE RESCUE | FIRE MARSHAL

For inspection of food trucks; to obtain applicable permits for pyrotechnics, fires, etc.; to request fire/paramedic services; to coordinate ingress/egress for fire/medical emergencies.

Location: 1920 Butler Street NW
Cullman, AL 35055
Phone: (256) 775-7186
Web: cullmanal.gov/depts/fire/
Email: hgriffith@cullmanal.gov (general)
Email: cchaffin@cullmanal.gov (Fire Marshal)

CITY STREET DEPARTMENT

To coordinate the use of city-owned barricades for street and/or sidewalk closures.

Location: 69 Mitchell Road NE
Cullman, AL 35055
Phone: (256) 775-8441
Web: cullmanal.gov/depts/streetdept

CULLMAN COUNTY HEALTH DEPARTMENT

To obtain applicable permits for the preparation and sale of food; to obtain applicable permits for the use of portable toilets.

Location: 601 Logan Avenue SW
Cullman, AL 35055
(256) 734-1030
Web: www.alabamapublichealth.gov/cullman

LEGAL OFFICE

For questions regarding permit rules & regulations or questions of a legal nature.

Location: Cullman City Hall
204 2nd Avenue NE
Cullman, AL 35055
Phone: (256) 775-7105
Email: lsatterfield@cullmanal.gov

COUNCIL MEETING INFORMATION

City Council meetings are normally held on the 2nd & 4th Monday of each month at 7PM in the City Hall auditorium (unless otherwise announced). Meeting notices, agendas, & minutes are online at cullmanal.gov/government/city-council/council-minutes.

www.CullmanAL.gov

EVENT ORGANIZER ACKNOWLEDGEMENT & SIGNATURE

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT:

1. I have read and completely understand the procedure for requesting a Special Event Permit, the rules and regulations regarding special events, and the rights reserved by the City of Cullman.
2. I understand and agree to abide by the afore-mentioned procedures, rules, and regulations as well as all other local, state, or federal rules, regulations, and laws that are applicable to my event.
3. I understand that it is my responsibility to contact the appropriate department(s) to coordinate any assistance that may be needed and that I shall be responsible for any costs that may be associated with any departmental assistance that is either requested by me or required by the City of Cullman.
4. I understand that it is my responsibility to contact the appropriate department(s) to ensure that any other applicable permits, licenses, or permissions are obtained; and that failure to do so will result in the revocation of any Special Event Permit issued.
5. I understand that submitting this application is not a guarantee that my special event will be approved; and I understand that my event is not fully approved until the City Council authorizes it, all requirements are met, all fees/costs are paid, and the Special Event Permit is signed and issued by the Mayor.
6. This application is complete and the information contained herein is true and correct to the best of my knowledge.

George H. Clabo
 Signature of Event Organizer _____ Date 5/1/23

Raige H. Clabo
 Printed Name _____ Title (if applicable) Director of Programs

Cullman Area Chamber of Commerce
 Business or Organization Name (if applicable) _____

APPLICATION CHECKLIST

- | | | | |
|--|---|-----------------------------|---|
| ✓ I HAVE CONTACTED THE CITY CLERK'S OFFICE REGARDING RACE/RUN ROUTE. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| ✓ I HAVE CONTACTED CPRST TO RESERVE A PARK OR FACILITY. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| ✓ I HAVE CONTACTED CPRST REGARDING ALCOHOL AT THIS EVENT (Q. 5). | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE ATTACHED A DETAILED SAFETY PLAN AND SITE MAP. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE INCLUDED A MAP OF STREET CLOSINGS AND/OR RACE ROUTES. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE INCLUDED SIGNATURES OF PROPERTY/BUSINESS OWNERS/MANAGERS APPROVING STREET/SIDEWALK CLOSURES. (Q. 2) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE CONTACTED THE FIRE MARSHAL ABOUT THE USE OF FOOD TRUCKS (Q.7). | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE CONTACTED THE FIRE MARSHAL ABOUT THE USE OF PYROTECHNICS (Q.9). | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| ✓ I HAVE INCLUDED WRITTEN AUTHORIZATION BY THE PROPERTY OWNER/MANAGER TO USE PROPERTY NOT BELONGING TO ME FOR MY EVENT. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE CONTACTED THE CPD FOR RULES REGARDING PROTESTS, RALLIES, ETC. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| ✓ I HAVE READ AND UNDERSTAND THE PROCEDURES, RULES, & REGULATIONS FOR APPLYING FOR AND CARRYING OUT A SPECIAL EVENT IN CULLMAN (PAGE 4). | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| ✓ I HAVE READ AND UNDERSTAND THE RIGHTS RESERVED BY THE CITY OF CULLMAN AS OUTLINED ON PAGE 4. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED, SO PLEASE MAKE SURE THAT ALL QUESTIONS ARE ANSWERED AND ALL REQUIRED DOCUMENTATION IS ATTACHED BEFORE SUBMITTING.





CULLMAN CHAMBER

OPENING DOORS TO OPPORTUNITY

Severe Weather Plan for 2nd Friday's

In the event of Severe weather, the Cullman Area Chamber of Commerce will cancel our 2nd Fridays Event. We will then discuss with our Board of Directors the possibility of rescheduling. We will make this call at 1:00 pm the day of the event.

- Cullman Area Chamber of Commerce

301 2nd Avenue SW
Cullman, AL 35055

Info@cullmanchamber.org
Phone: 256-734-0454
Fax: 256-531-9434

CULLMANCHAMBER.ORG



2nd Fridays | June 9, 2023 | 5:00 – 10:00 pm

Time	Activity	Location	Contact
2:00 – 4:30 pm	Vendors arrive for set up	RE Garrison and Warehouse Medical Parking Lots	Paige Clabo 256-339-8876
2:00 – 4:30	Kidz Zone Deliveries	1 st Street (Moe's Parking Lot)	Morgan Dingler 256 – 736 – 4676
3:00 pm	Roads Close to Thru Traffic	Arnold St. – 5 th Ave.	Street Department 256-796-1336
3:00 pm	Stage Set up (Backstage Productions)	1 st Ave (Festhalle and Moe's Parking Lot)	Brad Brooks 256-734-4883
3:00 – 5:00 pm	Cars arrive for Cruise In	4 th Street	Katie Dansby 256-590-6235
4:00 – 5:30	Bands arrive for set up	1 st Ave (Festhalle and Moe's Parking Lot)	Brad Brooks 256-734-4883
6:00 – 10:00	Bands play with breaks throughout	1 st Ave	Brad Brooks 256-734-4883
10:00 pm	Tear down/ Clean up	Arnold Street	Paige Clabo 256-339-8876

June Entertainment:

- **Lamont Landers – Festhalle Stage 6:00 – 10:00**
 - **Justin and Tab – Moe's Stage 6:00 – 10:00**
 - **Joe Showers (Juggler) – Roving 6:00 – 10:00**

EVENT SAFETY & PLANNING CHECKLIST

PLANNING AND PREPARATION

The success of an event is measured in many ways –but events must also be measured in terms of safety. Event organizers have a duty of care to provide a safe working environment and to ensure that people are not exposed to risks to their health and safety.

These checklists will provide a guide to many of the issues to be considered when organizing your event. Depending on the nature of your event some of these issues may require more detailed assessment and provision of information prior to going ahead.

CONSULTATION WITH STAKEHOLDERS

Stakeholders in any event include: event organizers; public safety officers, volunteers; service and service providers e.g.: *catering, amusement device owners /operators*; emergency services; facilities management (*re: services, maintenance, rubbish/waste removal and cleaning, space bookings, parking and vehicle movements*); security.

Proactive planning by event organizers means nothing should be left to chance. Using a systematic process of identification, assessment and control, relevant safety risks can eliminate or minimize the risk of untoward outcome for the event and the organizer.

When planning your event, it is important to remember that each event is different; from the type and number of people attending, to the nature of the event. Good planning means being prepared well in advance and ensuring that safety is a priority throughout the event, including initial pre-event set up and dismantle.

Event Details

Event Name	2nd Fridays	
Event Description		
Venue	Warehouse district - Cullman	
Proposed Venue or Location (description)	(map attached)	
Location Address		
Proposed Event Dates	From: June 9, July 14, Aug. 11	To:
Estimated Attendance (per day)	8,000 - 10,000	
Total Attendance (multi-day event)	(3 days total)	

Event Organizer Details

Group	Cullman Area Chamber of Commerce		
Address	301 2nd Ave SW Cullman, AL 35055		
Main Contact Person	Paige H. Clabo		
Position	Director of programs		
Phone	256-734-0454	Fax	n/A
Mobile	256-339-8876	Email	pclabo@cullmanchamber.org

Key Event

Complete with all relevant contacts - internal and external

Contacts

Name	Role	Responsibility	Contact details
Paige Clabo	Event Manager (if different from above)	safety, vendors, entertainment	pclabo@cullmanchamber.org
Katie Dansby	Dir. of Membership	Food Trucks, Car show, Jeeps	kdansby@cullmanchamber.org
Morgan Dinger	Assistant	Kids Area	mdinger@cullmanchamber.org

Jamie Crook	Dir. of Finance	Event assistant	jcrook@willmarchamber.org
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Other Key Contacts

Suppliers

E.g.: equipment, catering, etc.

Organization	Contact name	Service	Contact details	Notes
CPRST	Christy Turner	Alcohol	256-339-7361	

Authorities (fire, police, first aid, etc.)

Organization	Contact name	Service	Contact details	Notes
Fire Dept	Brian Bradberry	EMT/Fire		(256) 775-7186

Artists / Entertainment

Organization	Contact name	Service	Contact details	Notes
Backstage Productions	Brad Brooks	Audio/visual	256-734-7883	

Venue Contact Details -Internal and External Venues

Name:	n/A	Email:	n/A
Phone:		Mobile:	
Venue Contact Date:		Venue Contact Method:	
Venue Paperwork Sent:		Venue Response:	
Additional requirements/negotiations:			

Event Task List -n/A

Production Schedule event: **PRIOR TO EVENT DAY**

Date	Task	Start	Finish	Resources/ who	Notes	In Hand	Complete
	See attached						

Production Schedule event – **EVENT DAY**

Task	Start	Finish	Resources/ who	Notes	In Hand	Complete

Production Schedule event – **POST EVENT**

Date	Task	Start	Finish	Resources/ who	Notes	In Hand	Complete

Event Run Sheet -n/A

Stage and arena program for event

Time								
		n/A	See attached					

Safety Checklist for Events:

Hazards/ Issues or Tasks	Applies/ Checked	Additional Actions required
1. EVENT ACCESS AND EGRESS		
Entry / Exit areas are clear and accessible for staff and expected attendees	✓	will keep roads accessible & unblocked in case of emergency
Entry / Exit area are adequate for emergency exit and emergency services	✓	will ensure safety vehicles can get through entire event area
Thoroughfares are well defined and clearly marked	✓	will have signage displayed

2. TRAFFIC FLOW	Applies/ Checked	Additional Actions required
n/a		

Clearly defined areas/paths for traffic – separated from pedestrian thoroughfare		(see map attached) n/a
Provision for safe passage of emergency / other vehicles through pedestrian traffic		n/a
Controlled traffic flow and adequate signage for traffic erected		n/a
Traffic management staff wear appropriate high visibility protection and carry communication devices		n/a
Adequate parking areas to cater for the expected vehicle numbers attending the event		n/a
Adequate parking supervision		n/a
Adequate training of traffic management staff, and are traffic management staff are positioned in the correct location as planned		n/a
		n/a

3. AMENITIES	Applies/Checked	Additional Actions required
Adequate provision /location of toilets and hand washing facilities -	✓	Will Provide Portable Toilets
Availability of drinking water for staff and attendees	✓	Will have water stations throughout
Adequate facilities for food catering preparation and clean up	✓	Food Trucks
Adequate shade from sun / availability of sunscreen as required for staff or attendees	✓	Will be available at Chamber Tent

4. EVENT SIGNAGE	Applies/Checked	Additional Actions required
Adequate signage for entries, exits, water, toilet facilities, waste or recycling bins etc.	✓	All signs must be illuminated during hours of darkness. Will provide Signage
Adequate signage for any hazardous /restricted areas	n/A	n/A
Clearly signed First Aid services and fire extinguisher locations	✓	Will provide 1st Aid area & signage

5. EVENT EMERGENCY PROCEDURES	Applies/Checked	Additional Actions required
Emergency Response Plan documented and in place	✓	
Emergency Response personnel trained to carry out plan for event emergency	✓	
Current site maps available to all staff, emergency services and other relevant parties	✓	Site Maps attached

6. FIRE PREVENTION	Applies/Checked	Additional Actions required
Suitable fire extinguishers are in appropriate areas, tested and in date.	✓	
Event personnel are trained in extinguisher use where appropriate.	✓	
All staff and volunteers are aware of the emergency evacuation procedures relevant to the planned event.	✓	

7. FIRST AID	Applies/Checked	Additional Actions required
First Aid Stations suitably located, clearly signed and accessible .	✓	
First Aid facilities suitable for type of event.	✓	will include cooling stations
Effective means of communication provided between event personnel and First Aid facilities or personnel.	✓	use of Cell phones/walkies

8. ELECTRICAL POWER/ GENERATORS						
Power access required?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>				
Details of power required	Generator	no	Phase		240V	
Contact details for power:						
Cullman Electric Cooperative	Name:		Phone			
Cullman Power Board	Name:	Allison Bright		Phone	256-734-2343	
Generator Hire	Name:		Phone			
Power site plan attached	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				

9. UTILITIES / SITE SERVICES	Applies/Checked	Additional Actions required
Location of all site underground services (power/gas/electrical services /mains etc.) and overhead power lines have been identified		
Relevant personnel have maps or information identifying site underground and overhead services	<input checked="" type="checkbox"/>	
Any unsafe or restricted areas are communicated to the Event Coordinator	<input checked="" type="checkbox"/>	
Additional or alternate waste removal services have been arranged with Facilities.	<input checked="" type="checkbox"/>	
Adequate number of recycling and general waste have been organized and located.	<input checked="" type="checkbox"/>	

10. PERMITS, LICENSING AND REGISTRATIONS	Applies/Checked	Additional Actions required
1. Mobile plant (forklifts, cranes, etc.) are only operated by licensed or certified operators.	n/A	
2. Event LPG/dangerous goods storage meets legal requirements.	n/A	
3. Alcohol consumption for events: An alcohol permit is required or existing facility licenses are extended for the event.		
Alcohol will be provided for this event:	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
If yes, has an application for a Liquor License been made?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
		Attach a copy of the application. Date of application.

Liquor Management Plan - Responsible Service of Alcohol practices in place - Cullman City Parks & Recreation				
4. Provision of Food				
1. Name:		Food License /Permit	Yes	No
Contact person:	Kelli Polliam	Phone	256-338-5133	
Mobile		Email		
2. Name:		Holds Food License /Permit	Yes	No
Contact person:		Phone		
Mobile		Email		
If group <u>does not</u> hold a food license – what food safety control measures will be used to ensure the health of people attending the event?				
Food Safety Plan to be implemented:				
Approved: (Name) _____		Yes:	No:	
Additional food safety measures required.				
6. Special event road closure authorized				

11. STAGING AND PLATFORMS, MARQUEES, STALLS, VANS OR OTHER TEMPORARY STRUCTURES	Applies/Checked	Additional Actions required
All stages are signed off by a City of Cullman building inspector and are erected by personnel with appropriate training and certifications (as required)	✓	Backstage Productions will provide
Platforms are continuously monitored, particularly in extreme weather conditions	✓	
Adequate access and egress around all staging and platforms for event patrons and emergency services	✓	
Marquees, tents, food vans or other structures are erected or sited securely and do not encroach on thoroughfares/ clear paths.	✓	
12. NOISE	Applies/Checked	Additional Actions required
The event will include amplified music, speeches etc.	Yes X	No
Details of expected event noise: 2 Bands, 1 Large Band, 1 Small group. Crowd noise		

Noise control measures to be used to minimize disruption to City of Cullman activity and adjoining neighborhood:

13. WORK AT HEIGHTS – Banner, flags or signs erection	Applies/Checked	Additional Actions required
Permission is obtained from Facilities Management for erection of banners or other large display items.	n/A	
Ladders are well maintained and suitable for work undertaken & weight – (industrial rated)	n/A	
No work done from ladders unless 3 points of contact able to be maintained always e.g.: 2 feet and 1 hand.	n/A	
Assistance of a second person is provided where required e.g.: holding ladder for stability, carrying and erecting.	n/A	
Right type of equipment is used for the height access job (i.e. ladder, cherry picker, etc.)	n/A	
Boom lifts (cherry pickers) operators use appropriate safety body harnesses attached to bucket.	n/A	
14. MANUAL HANDLING/LIFTING	Applies/Checked	Additional Actions required
All staff and volunteers are trained to assess each task and use safe technique when lifting or carrying	✓	
Loads can be delivered as close as possible to area using vehicle or mechanical aids (e.g. trolley)	✓	

15. WEATHER CONDITIONS	Applies/Checked	Additional Actions required
Current National Weather Service information is checked for adverse weather conditions http://www.weather.gov		
Weather conditions are planned for and monitored.		
Wind speeds are monitored		
16. PERSONAL PROTECTIVE EQUIPMENT (PPE)	Applies/Checked	Additional Actions required
All tasks to be undertaken by staff and volunteers are checked for the right PPE required and PPE is provided if needed (e.g. gloves, aprons, earplugs, closed toe shoes, waterproof jacket, etc.) – Separate risk assessments may be required for high-risk tasks.	✓	Will provide gloves, & sunscreen.
Personnel are trained in using, maintaining and storing the PPE.	✓	
High visibility safety clothing must be worn by event staff always when it is important for a person in a situation to be easily seen.	✓	
17. SECURITY		

Appropriate security levels have been arranged with Cullman City Police or organized externally for the event:		✓	contact:
Number of security personnel required:		Provide copy of schedule: (attached)	
Name of external security company at event		License No:	
Security company contact name:		Phone:	
Email address		Fax	
Crowd control measures to be used:			
Cash handling safety procedures or arrangements have been made and will be implemented			

18. ACCESSIBILITY	Applies/Checked	Additional Actions required
Ramps are in place to provide access into buildings	✓	
Handicapped Parking is available close to the event	✓	
The event itself is easily accessible (e.g. for patrons in wheelchairs, with prams, using walking aids, etc.)	✓	
Entry / Exit area is easily accessible (e.g. for patrons in wheelchairs, with prams, using walking aids, etc.)	✓	

Additional Information

See Map Attached

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

STREET(S)/SIDEWALK(S) REQUESTING TO CLOSE FOR EVENT: 1st Ave SE, Arnold St - 5th Street

Event Organizer: Cullman Area Chamber of Commerce Phone: 256-734-0154

Address: 301 2nd Ave. NW Cullman, AL 35055 Email: pcalbo@cullmanchamber.org

Date(s) of Street Closing: June 9, July 14, August 11 Time(s) of Street Closing: 3:30 - 10:00 pm

Name/Description of Event: 2nd Fridays Cullman

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, or your own form):

Jessica Fralic Signature Printed Name Jessica Fralic Title Owner/manager

Moe's Business Name (if applicable) 318 1st Ave SE Cullman AL 35055 Business Address

256-841-5324 Phone Number jfralic@moesoriginals.com Email Address APPROVE CLOSING? YES NO

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Signature _____ Printed Name _____ Title _____

Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

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

Event Organizer: _____ Phone _____

Address: 1st Ave NE _____ Email _____

Date(s) of Street Closing _____ Time(s) of Street Closing _____

Name/Description of Ev _____

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, or your own form):

WEDNESDAY

Signature: *[Handwritten Signature]* Printed Name: Alyssa Jackson Title: Manager

Business Name (if applicable): Lavish Business Address: _____

Phone Number: _____ Email Address: _____ APPROVE CLOSING? YES NO

Signature: *[Handwritten Signature]* Printed Name: Megan Fallin Title: Employee

Business Name (if applicable): Ashley Mercantile Business Address: _____

Phone Number: _____ Email Address: _____ APPROVE CLOSING? YES NO

Signature: *[Handwritten Signature]* Printed Name: Katie Fine Title: Owner

Business Name (if applicable): Karma Business Address: _____

Phone Number: _____ Email Address: _____ APPROVE CLOSING? YES NO

Signature: *[Handwritten Signature]* Printed Name: Taylor McLain Title: Employee

Business Name (if applicable): Tre Bellere Business Address: _____

Phone Number: _____ Email Address: _____ APPROVE CLOSING? YES NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

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STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

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

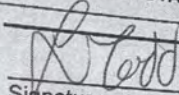
Event Organizer: _____ Phone: _____

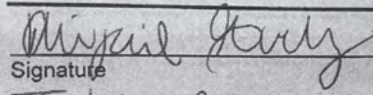
Address: _____ Email: _____

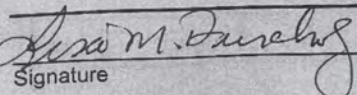
Date(s) of Street Closing: _____ Time(s) of Street Closing: _____

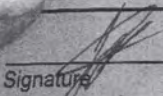
Name/Description of Event: _____

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, or your own form):

 _____ Linsay Todd _____ Owner _____
 Signature Printed Name Title
Monogram Plus _____
 Business Name (if applicable) Business Address
786 739 0631 _____ **APPROVE CLOSING?** YES NO
 Phone Number Email Address

 _____ Abigail Gurley _____ Employee _____
 Signature Printed Name Title
Taylor + Co _____
 Business Name (if applicable) Business Address
 _____ **APPROVE CLOSING?** YES NO
 Phone Number Email Address

 _____ Lisa Durcholz _____ Owner _____
 Signature Printed Name Title
Flavors _____
 Business Name (if applicable) Business Address
 _____ **APPROVE CLOSING?** YES NO
 Phone Number Email Address

 _____ Jose Campos _____ Owner _____
 Signature Printed Name Title
Bento's 3 Shaws _____
 Business Name (if applicable) Business Address
 _____ **APPROVE CLOSING?** YES NO
 Phone Number Email Address

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

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

Event Organizer: _____ Phone: _____
Address: _____ Email: _____
Date(s) of Street Closing: _____
Name/Description of Event: _____ Time(s) of Street Closing: _____

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, or your own form):

Raymond Harvey Signature Abigail Gurley Printed Name Employee Title
Platform Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Leldon M Signature Leldon Marcy Printed Name owner Title
Leldons Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Sara Beth Norrell Signature Sara Beth Norrell Printed Name Owner Title
If The Shoe Fits Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

Signature Leta Printed Name _____ Title _____
Business Name (if applicable) _____ Business Address _____

Phone Number _____ Email Address _____ APPROVE CLOSING? YES NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

STREET CLOSING APPROVAL FOR SPECIAL EVENT

(Complete only if you are requesting the CLOSING of a street or streets for your event.)

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

Event Organizer: _____ Phone: _____
Address: _____ Email: _____
Date(s) of Street Closing: _____ Time(s) of Street Closing: _____
Name/Description of Event: _____

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, or your own form):

Signature: [Handwritten Signature] Printed Name: Andra Van Title: Owner
Business Name (if applicable): Domestic Threads Business Address:
Phone Number: _____ Email Address: _____ APPROVE CLOSING? [X] YES NO

Signature: [Handwritten Signature] Printed Name: Emily Bussman Title: Owner
Business Name (if applicable): Sips N Strokes Business Address:
Phone Number: _____ Email Address: _____ APPROVE CLOSING? YES NO

Signature: [Handwritten Signature] Printed Name: Josie Stallings Title: YES
Business Name (if applicable): O Baby Business Address:
Phone Number: _____ Email Address: _____ APPROVE CLOSING? [X] YES NO

Signature: [Handwritten Signature] Printed Name: Neal A McLean Title: owner
Business Name (if applicable): Kernel Kullman Business Address:
Phone Number: _____ Email Address: _____ APPROVE CLOSING? [X] YES NO

- PRINT ADDITIONAL COPIES, AS NEEDED -

Event organizer is responsible for coordinating and paying costs associated with any assistance needed from city departments upon event approval.
City of Cullman | CullmanAL.gov | 256-775-7109 | cityhall@cullmanal.gov | 204 2nd Avenue NE | P.O. Box 278 | Cullman, AL 35056