

# ***CITY OF HARTFORD*** ***APPLICATION FOR A SPECIAL PERMIT***

A special permit is required for any event held on City property, City buildings and/or Private Property that requires specific City or State permits or authorizations, as well as the use of City services and assets. The special permit is required to ensure the health, safety and welfare of event participants, residents and visitors, and to minimize the financial and legal risks to the Event Organizers and the City. Special events include parades, sport events, concerts, theater productions, celebrations, outings, weddings, ceremonies and fairs, among others.

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## **Application Submission**

**This application may be submitted via mail or FAX.**

### **Mailing Address:**

**CITY OF HARTFORD  
DEPARTMENT OF LICENSES AND INSPECTIONS  
260 CONSTITUTION PLAZA  
HARTFORD, CONNECTICUT 06103-2913  
PHONE # 860 -757-9200  
Courtney Dunstan**

**Fax number: (860)-722-6374      Hours for all City Departments: 8:30 am – 4:30 pm**

**Please complete and submit all the sections that pertain to your event.**

**Applications for a Special Permit shall be filed not less than 60 days or more than 180 days before the date of the event.**

**Applications filed less than 60 days in advance will be subject to a late fee of \$50. The late fee must accompany the application (Checks to be made payable to the City of Hartford).**

**Applications must be completed in full either printed or typed. Incomplete applications will be returned.**

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**If the use of Riverfront Plaza, Riverside Park or Charter Oak Landing is desired, please also contact Riverfront Recapture at (860) 713-3131 x 13    Prior signoff is required.**

**For wedding ceremonies in Elizabeth Park this special permit is not needed. Instead, please contact the Department of Public Works/Parks Division at (860) 722-6514 for application requirements.**

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**For Questions: Contact Kejuan Dillard, Special Events Coordinator at  
(860) 522-4888 x 7510**

# Application Sections

**This application for a Special Permit is structured in seven sections that request specific information about your organization, group and planned event. The sections are designed to gather as much pertinent information as possible so that you as an event organizer will have a better understanding of the requirements for conducting a special event, and the City will have a better understanding of your event. In addition this will make it possible for the City departments to help provide you the necessary approvals and support to conduct a successful event. Not all sections are applicable to every event. Please complete all the sections that apply to your event.**

## **Section A Permit and Applicant Information**

- Type of permit requested
- Event description
- Special considerations
- Hold harmless agreement

## **Section B Park Events**

- Park requested
- Type of event
- Specific details

## **Section C Parades & Street Closures**

- Parade/Street Closures
- Participants
- Staging, assembly, and parade speeds

## **Section D Concerts**

- Type of concert or performance
- Specific Details

## **Section E Equipment & Facility Requests**

- Bushnell Park Pavilion
- Showmobile
- Equipment and rates
- Clean up rates

## **Section F Fee Waiver Requests**

- Fee waiver requests

**Costs for the use of City property and buildings, as well as for City Services and equipment are the responsibility of the event sponsor and are payable prior to the event.**

**Section A: Permit and Applicant Information**  
**(To be completed by all applicants)**

**Type of Permit Requested** (More than one may apply)

**Park Permit (Complete section B)**

Fair/festival       Concert\*      Other \_\_\_\_\_

(\*Complete section D also)

**Parade & Street Closure Permit (Complete section C)**

Run/walk      Parade      Procession       Block party       Other \_\_\_\_\_

Name of Organization Sponsor: \_\_\_\_\_

Organization's full address: \_\_\_\_\_

Provide mailing address if different: \_\_\_\_\_

Organization's phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Primary contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary contact e-mail: \_\_\_\_\_

Primary contact on-site on event day: \_\_\_\_\_ Pager/Cellular: \_\_\_\_\_

Is the benefiting organization a for-profit or not-for-profit organization?

For-profit       Not-for-profit

Name of person\organization applying for the permit if different than the organization sponsor:

Relationship to Sponsor: \_\_\_\_\_

**EVENT DESCRIPTION**

Estimated attendance: \_\_\_\_\_

Please provide a realistic estimate so we may accurately gauge the number of police and other city services that will be required.

Title of event: \_\_\_\_\_

Location(s) of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Rain date: \_\_\_\_\_ Rain location: \_\_\_\_\_

Actual hours of event: \_\_\_\_\_ AM    PM \_\_\_\_\_ AM    PM

Set-up times: \_\_\_\_\_ AM    PM \_\_\_\_\_ AM    PM

Take-down times: \_\_\_\_\_ AM    PM \_\_\_\_\_ AM    PM

Will you be charging fees or selling tickets? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the event being held on private property? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this event be held before? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide details including previous name, date, and if there are significant change for this year's event. \_\_\_\_\_

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## Special Considerations

### Parking

a. What arrangements have been made for participant parking?

b. What arrangements have been made for volunteer staff parking?

c. Is handicapped parking needed? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, provide details

d. Do parking meters need to be "bagged" for parking? Yes\_\_\_\_\_ NO\_\_\_\_\_

### Fireworks, Pyrotechnics, Amusement Rides and Animals

Will there be fireworks, pyrotechnic special effects and/or amusement rides and/or animals planned as part of the Event?

Yes\_\_\_\_\_ No\_\_\_\_\_

**If yes**, the City's Special Events Coordinator will provide additional requirements.

### Food, Beverage, and Alcohol Requirements

Will there be food and/or beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes**, temporary permits will be required. Failure to do so will result in the exclusion of unlicensed food and/or beverage vendors from your event. The Special Events Coordinator will provide additional requirements.

Will food and/or beverages be **sold**? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Centralizing money exchange locations will greatly reduce police costs.**

List the name, address and the telephone number(s) of the contact person (**food service coordinator**) who will coordinate food for your event.

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**The food service event coordinator** must contact The City of Hartford Health Department at (860) 543-8815. State and City Public Health Code requirements must be met for all food service operations. A health inspection may be conducted prior to the event.

**Food service vendors** must contact The City of Hartford Division of Licenses & Inspection at (860) 757-9200 for a Temporary Food License permit *APPLICATION* **10 business days** before the event. Applicant must apply in person. Fee is \$50.00 per vending station payable cash or check only.

**There shall be no home cooking or home preparation of food offered at temporary food service events. All foods must be obtained from a licensed and permitted retail or wholesale food distributor.**

**Definitions:**

- **“Participant” is the food vendor and its employees/staff.**
- **“Audience” is the public who will take part in the event.**
- **“Temporary Food Service” is any food service establishment that operates at a fixed location for a temporary period of time, in connection with a fair, carnival, circus, public exhibition, or similar transitory gathering.**

**Are your temporary food event participants any of the following, check all that apply:**

- 1.) Professional events caterer \_\_\_\_\_
- 2.) Restaurateur or licensed food service facility \_\_\_\_\_
- 3.) Current permitted mobile food vendor \_\_\_\_\_
- 4.) Social or civic organization/group \_\_\_\_\_
- 5.) Volunteer \_\_\_\_\_
- 6.) Other \_\_\_\_\_

**b. Food to be served**

<b>Hot food</b>	Yes _____	No _____
<b>Cold food</b>	Yes _____	No _____
<b>Hot beverage</b>	Yes _____	No _____
<b>Cold beverage</b>	Yes _____	No _____
<b>Prepackaged food</b>	Yes _____	No _____
<b>Food processed on-site</b>	Yes _____	No _____

**Alcohol**

Will any alcohol beverages be sold or dispensed for free? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes,** the City’s Special Events Coordinator will explain any additional permit and insurance requirements. Temporary event permits will be required. Failure to do so will result in exclusion of selling and/or serving alcohol beverages.

**Sanitation**

**Portable Sanitary Facilities:** Sanitary facilities are required for all events in the park with 50 or more persons. ADA facilities are required at all events. (Guidelines: 500 participants = 2 regular and 1 ADA portable sanitary facility.)

List the company providing sanitation service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hand Washing Stations:** Hand washing stations or antibacterial soap is required for the public. Each vendor site must have a hand wash station with running water for food service participants.

List the company providing sanitation service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drinking Water:** Drinking water must be available to all participants at no cost. What arrangements have been made for drinking water?

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## **Structures**

Will any structures, such as booths, tents, stages or bleachers, need to be built or erected for use during the event? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide details\_\_\_\_\_

## **Police, Safety and Security Considerations**

a. **Will money be exchanged?** Yes\_\_\_\_\_ No\_\_\_\_\_

b. **Will you be making bank deposits?** Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, will you need a police escort? Yes\_\_\_\_\_ No\_\_\_\_\_

c. **Will you need police overnight security before, during or after the event?**

Yes\_\_\_\_ No\_\_\_\_

If yes, please provide details including hours needed \_\_\_\_\_

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d. **Do you have any special police needs?** Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide details

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e. **What arrangements are you planning for emergency medical and ambulance services?**

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f. **Do you have any special events or effects planned (e.g., canon firings, confetti canons, flyovers, etc.)?** Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide details.

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## **Adherence to Event Schedule**

**The Event Sponsor is responsible for adhering to the approved event schedule, including the set-up and breakdown schedule. The Event Sponsor may incur substantial, additional costs if the event schedule is changed or not followed.**













