



CITY OF BALTIMORE

**Office of Permits
3001 E. Drive, Baltimore MD 21217**

PRIVATE EVENT AND WEDDING APPLICATION

| | |
|------------------------|--------------------|
| Canton Waterfront Park | Mt. Vernon Park |
| Federal Hill Park | Leakin Park Chapel |

Applications for events must be submitted **no less than 2 weeks prior** to the event.
 For Private events with greater than 250 expected attendees
 \$35 application fee required for all applications
 \$500 Wedding Package (4 hour blocks) and may also require \$1000 security deposit (refundable)
 \$250 Elopement package (2 hours only) no security deposit required

GENERAL APPLICANT INFORMATION

Event organizer name: _____ Wedding Party Name: _____

Telephone: _____ Fax: _____

Email: _____ Cell phone on site during event hours: _____

Address: _____
Street City State Zip Code

Date: _____

Please check box next to location desired:

- Canton Waterfront Park
 Federal Hill Park
 Mt. Vernon Park
 Leakin Park Chapel
 Other: _____

Please list the name & address of the Park or Plaza. Also include the name of the pavilion, gazebo or specific area of this event *For Mt. Vernon Requests, please include which square is requested for use:

Expected Attendance: _____

EVENT SETUP AND BREAKDOWN DATES AND TIMES

Please fill in table below with all requested date(s) and time(s):

NO RAIN DATES

| Activities | Starting Date(s) | Ending Date(s) | Starting Time | Ending Time |
|----------------------|------------------|----------------|---------------|-------------|
| Setup Date(s) | | | | |
| Actual Event Date(s) | | | | |
| Breakdown Dates(s) | | | | |

EVENTS WITH AMUSEMENT DEVICES, MECHANICAL RIDES AND DRONES

Do you plan to have any amusement/mechanical rides or amusement devices (Moon bounce, etc.), or drones? Yes No

If yes, please explain and provide the name, address and phone number for the vendor: _____

Name of the Vendor Company: _____

Address: _____

Telephone: _____ Contact person: _____ Title: _____

****Note: Any event with amusement/mechanical rides or with children's amusement devices will be required to provide proof of liability insurance, naming the Mayor, the City Council, the Department of Recreation and Parks, and employees of the City of Baltimore as additional insured. Failure to do so will result in cancellation of your event, cancellation of space reservation and loss of application fees.**

The certificate of insurance must state the following: "The Mayor and City Council of Baltimore City, and Employees of the City of Baltimore are named as additional insured for (insert name of event) on (list event dates including starting setup date through ending breakdown date) to be held at (insert event location)". Note: Your personal or organizational homeowners/renters insurance will not cover this.

USING & ERECTING TEMPORARY STRUCTURES OR EQUIPMENT

Do you plan to bring in any temporary structures, such as arbors/arches, tables, chairs, stages, tents, displays, fences, etc.?

Yes No

Stages: _____ Size _____ Qty. _____

Other: _____ Size _____ Qty. _____

Will you have tents? Yes No If yes, size: _____ Qty. _____

Will you have tables? Yes No If yes, size: _____ Qty. _____

Will you have chairs? Yes No Qty. _____

Name of Rental Company: _____ Contractor License # _____

Address: _____ Telephone: _____

Contact person: _____ Title: _____

If fencing will be erected provide name of Fence Company: _____

Address: _____ Telephone: _____

Contact person: _____ Title: _____

List proposed dates for fencing construction and breakdown:

Construction: _____ Breakdown: _____

REQUIRED: A site plan and/or drawing indicating the location of the items listed above.

EVENTS WITH ANIMALS, NOISE, AMPLIFIED SOUND, OR ELECTRICAL NEEDS

Do you plan to have animals on site? Yes No

****NOTE: This does not apply to "service animals" which such as a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability.**

If yes, please list how many and the type of each animal: _____

For activities involving animals, in addition to the certificate of insurance, a copy of the coggins report and permit through Animal Control must be obtained before issuance of permit. You must also list provisions that have been made for animal care, containment and waste removal.

Name of the Company: _____

Address: _____

Telephone: _____ Contact person: _____ Title: _____

Do you plan to provide musical entertainment? * Noise exemption permit may be required. Yes No

If yes, please describe (big band, reggae, singer, etc.) and attach a copy of your program: _____

Do you plan to provide other entertainment? Yes No

Will any type of sound amplifying equipment or devices be used? Yes No

If yes, please list the type of equipment and wattage: _____

NOTE: You must comply with all Baltimore City ordinances regarding acceptable noise levels. Sound and/or noise levels must not disturb visitors in the area or interfere with the normal operation of businesses in the vicinity. All music/amplified sound must end at 9:00 p.m. Please complete the section below if you are requesting a temporary noise exemption.

Are you providing a generator as a power source? Yes No

Do you need the use of electricity (a fee may be assessed for this service)? Yes No

If yes, and you would like the City to provide, please complete the **Application for City Services and Equipment**. If yes, and you are providing, please list operational needs: _____

REQUIRED: Attach an electrical plan for your event.

DISTRIBUTION OF FOOD

Will gas grills, propane stoves, or similar devices be used? Yes No

****Note: You must provide appropriate safety equipment (fire extinguishers, etc.). Open burning, ground fires, and disposal of oil/grease onto Baltimore City property are prohibited. Grease/oil must be kept and disposed of in a proper manner. You are liable for damage caused by improper grease/oil dumping.**

Do you plan to serve beer or wine? Yes No * No glass bottles

If yes, please explain: _____

WASTE REMOVAL PLAN & CITY EQUIPMENT NEEDS

If you would like City Owned Equipment, please fill out the **Application for City Services & Equipment** and return it with this application. If you plan to bring non-city owned, private equipment to your event, please indicate the size, quantity, capacity, etc. of the temporary structures or equipment you are providing on event site plan.

Portable Toilets

How many portable toilets are you providing? _____ How may accessible portable toilets? _____

Where will they be set up? _____

REQUIRED: Attach a site plan showing portable toilet location and label the accessible toilets. Fines may be incurred if portable unites are not removed from site within two business days of event end.

Name of the Company: _____

Address: _____ Telephone: _____

Contact person: _____ Title: _____

Delivery Date: _____ Removal Date: _____

Garbage/Refuse

How do you plan to remove garbage/refuse? _____

List the name and phone number for the person responsible for cleanup (cleanup committee head).

Name: _____ Telephone: _____

REQUIRED: Attach a site plan for placement of trash receptacles, dumpsters, load packers and recycling bins.

****Note: Failure to properly clean site will result in loss of security deposit, may result in Park Rule violation fines and reject your organization's ability to receive future permits.**

PARKING PLAN

- Mt. Vernon Park – metered street parking and/or parking garage
- Federal hill – metered street parking and/or parking garage
- Canton Waterfront Park – parking lot next to park (open to public)
- Leakin Park Chapel – parking lot next to park (open to public)

What is your plan to provide parking for event attendees? _____

CONDITIONS OF THE APPLICATION AND SIGNATURE

Submitting this application does not provide permission to conduct your planned event. If the date(s) and/or location(s) requested is not available or if the location requested is not an approved site to conduct your proposed event, you will be contacted by the City and alternative arrangements will be suggested or made. Your confirmation will be in the form of a PERMIT, issued to the organization and/or person responsible for conducting the event.

All required fees, security deposits, and/or additional documents (e.g. site plans, proof of liability insurance, nonprofit status, etc., if required), must be paid and/or received before your permit can be issued).

Return this application and all the items you have checked to:
RALPH E. JONES BUILDING
 Office of Permits
 3001 E. Drive
 BALTIMORE, MD 21217

If your event is canceled or postponed, please notify the permit office immediately.
 410.396.7070
 Monday through Wednesday & Friday
 9:00 a.m. to 4:00 p.m.

Thank you for your permit application. We look forward to working with you to ensure your event’s success.

CANCELLATION/REFUND POLICY: Application fees are non-refundable. All cancellations must be made no later than 2 weeks before event date in order to receive a 50% refund.

PLEASE SIGN AND DATE

1. I certify that all of the information included above or submitted under separate cover is true and accurate to the best of my knowledge.
2. I read, understood, and agree to the Baltimore City Wedding Guidelines and any rules or regulations described in the documents or in my completed application.
3. By signing and submitting this application, I and/or the sponsoring organization(s) agree to abide by the rules and regulations of the City of Baltimore, especially those rules and regulations pertaining to permits.
4. By signing and submitting this application I understand that I am responsible for providing the City all required plans, documents and required payments outlined and detailed by the City and provided to me consistent with the submission.
5. I, the undersigned, agrees to indemnify, defend and hold harmless the Mayor and City Council of Baltimore, its elected/appointed officials, employees, agents and volunteers from any and all loss, claims, demands, suits, and actions whatsoever, arising as a result of, or in connection with, any willful and/or negligent act or omission of the undersigned, its employees, agents and/or representatives.

Print Applicant Name: _____

Title _____

Applicant’s Signature

Date

