



# TOWN OF FOUNTAIN HILLS SPECIAL EVENT APPLICATION

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Date of Application: \_\_\_\_\_ Permit Application# \_\_\_\_\_

# (For office use only)

Application Fee (Non Refundable) are due when submitting the application

For Profit 60 Days Prior to Event \$100 59 Days or less prior to the event \$300

Non-Profit 60 Days Prior to Event \$50 59 Days or less prior to the event \$200

*\*A Non-Profit status letter from the Arizona Corporation Commission is required if applying for the non-profit rate.*

**Please complete and return to:**

Town of Fountain Hills  
Community Services Department  
16705 E. Avenue of the Fountains  
Fountain Hills, Arizona 85268  
Email to [layres@fh.az.gov](mailto:layres@fh.az.gov)

Available online at <http://www.fh.az.gov/284/Special-Events>

## SUBMITTING YOUR EVENT APPLICATION

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Thank you for your interest in hosting a special event in Fountain Hills. With gorgeous weather, scenic views, and easily accessible event venues, Fountain Hills is the perfect location for your next event!

Before you submit your application, there are a few things to remember:

- Applications must be submitted a minimum of 60 days before the proposed start date of the event.
- Submission of your special events application does not guarantee approval for your special event.
- Special event permits are emailed to the event organizer upon approval of the application.
- If you are seeking co-sponsorship with the Town, please do so in writing attached to this form. Clearly state what kind of co-sponsorship you are seeking such as: goods, services, waivers, etc.
- The event organizer is responsible for all aspects of the event including but not limited to; set-up, tear-down, trash/debris removal, possible damages, permit and application fees, and event contact information.

*This COMPLETED application MUST be submitted to the Town of Fountain Hills no less than 60 days prior to the proposed event date. The permit application fee is due at the time of submission. An incomplete Special Event Application packet will not be accepted or reviewed. Town staff has the right to refuse to review and/or reject the application.*

# ATTACHMENTS CHECKLIST

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Refer to the Town Code excerpts in this document as to whether or not you must submit the following. For a full listing of all attachments, visit <http://www.fh.az.gov/284/Special-Events>

When applicable, attach copies of:

- Proof of Insurance **(REQUIRED)**
- Event site map **(REQUIRED)**
- Business/Vendor License(s) **(See Appendix A)**
- Alcohol Application (Town issued) **(See Appendix B)**
- Proposed Road Detours/Traffic Control Plan **(See Appendix C) \* A traffic plan must be submitted 90 days in advance. Review the [Town Code](#) for regulations.**
- MCSO Insurance Agreement **(If Applicable) (See Appendix D)**
- Event Parking Use Application **(If Applicable) (See Appendix F)**
- Parade Questionnaire **(If Applicable) (See Appendix G)**
- State Liquor Application (Completed)
- Route map **(If Applicable)**
- Sign Map **(If Applicable)**
- If you are a non-profit or affiliate (including donation of proceeds), please attach a copy of your 501c3

# APPLICANT INFORMATION

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**Instructions:** Please carefully read the cover page of this document, page 1, before completing this application.

**Name of Applicant Representative:** \_\_\_\_\_

**Corporation/Organization Name of D.B.A:** \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Tax ID# \_\_\_\_\_ 501(c)3 \_\_\_\_\_ Town Sales Tax ID # \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# EVENT INFORMATION

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Event Name: \_\_\_\_\_ Anticipated Daily Attendance \_\_\_\_\_

Event Date(s): \_\_\_\_\_ to \_\_\_\_\_

List Event Location and Check all that apply: \_\_\_\_\_

Events located on Avenue of the Fountains requires a Special Event Parking Lot Use Permit (Appendix F)

Town Property       I own the property       The Owner of the property is: \_\_\_\_\_

Event Hours: (includes registration time): \_\_\_\_\_ to \_\_\_\_\_

Set Up Date(s): \_\_\_\_\_ to \_\_\_\_\_      Set Up Time(s): \_\_\_\_\_ to \_\_\_\_\_

Break Down Date(s): \_\_\_\_\_ to \_\_\_\_\_      Break Down Time(s): \_\_\_\_\_ to \_\_\_\_\_

Proposed Rain Date (s): \_\_\_\_\_

Has this event been produced before?     Yes       No      If yes, where \_\_\_\_\_

Additional Documentation Required: Please attached a copy of your overall event layout as well as any fenced areas and/or a route map for parades, runs, walks, marches, etc. Maps must include location of stages, bleachers, inflatables, rides, tents, canopies, booths or other temporary structures and waste and recycling receptacles/dumpsters. If your event includes property that neither you nor the Town owns, you must attach a letter from the property owner granting permission for the proposed date(s) and time(s) of event.

Type of Event (Check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Run/Walk      | <input type="checkbox"/> Park Festival          | <input type="checkbox"/> Farmers Market     |
| <input type="checkbox"/> Concert       | <input type="checkbox"/> Street Festival        | <input type="checkbox"/> Parade/Procession  |
| <input type="checkbox"/> Fundraiser    | <input type="checkbox"/> Fireworks/Pyrotechnics | <input type="checkbox"/> Open to the Public |
| <input type="checkbox"/> Private Event | <input type="checkbox"/> Other _____            |   |

Point of Contact for Public Information \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Event Description (Please provide a brief description of your event. Attach additional pages or materials as needed.):

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## EVENT FEATURES

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All features listed must be identified on the site plan

**Alcohol- Will you have alcohol at the event?**  Yes  No

If YES, you must submit an Alcohol Application, Alcohol Management Plan and State Liquor Application (Appendix B and information on page 17-19 in the Special Events Planning Guide)

**Will there be an admission fee?**  Yes  No

If yes, Fee per Adult: \_\_\_\_\_ Fee per Child: \_\_\_\_\_ (Include age brackets)

**Selling food or merchandise?**  Yes  No (If yes, please attach a complete list of vendors using Appendix A)

### Amplified Sound and Entertainment

*A complete list of entertainments will be required for final approval. Once approved, no changes are permitted unless authorized.*

Amplified sound shall be permitted through an approved event application permit. Approved times will be based on the proposed times below.

Will your event include amplified sound?  Yes  No

Will sound checks be conducted prior to start time?  Yes  No

What times are you requesting amplified sound? Start: \_\_\_\_\_ End: \_\_\_\_\_

Describe the kind of sound equipment that will be used at the event:

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Are there any musical entertainment features related to your event?  Yes  No

Please list all entertainment acts and/or schedule of times for events/performances using the form on page 5.

	Performer/Entertainment	Location	Time
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3			
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## Marketing/Advertising Promotions

Please explain how you will market, advertise or promote this event or invite attendees to the event (Include event website, and social media sites if applicable):

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List any hashtags that will be used on social media: \_\_\_\_\_

Facebook Yes No Facebook Name: \_\_\_\_\_ You Tube Yes No Channel: \_\_\_\_\_

Twitter Yes No Twitter Handle: \_\_\_\_\_ Instagram Yes No IG Handle: \_\_\_\_\_

Please attach or your event's official logo/insignia if applicable:

**Is any other promoter/producer assisting you with your event?** Yes No

Name & Address of Promoter and Promotion Company: \_\_\_\_\_

**Tent or Canopies** Yes No (If yes, indicate on site map)

How many tents? \_\_\_\_\_ What are the dimensions? \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name & Phone: \_\_\_\_\_

*Tents over 400 square feet and canopies open on all sides over 700 square feet require a permit. Inspections will be done prior to the start of the event.*

**Fireworks** Yes No (Fireworks require permits from the Town of Fountain Hills Fire Department)

**Open Flames and Cooking** Yes No

## Stages & Platforms

Will your event include the installation of stages or platforms? Yes No (If yes, indicate on site map)

How many stages? \_\_\_\_\_ What are the dimensions? \_\_\_\_\_ (Inspections will be required)

**Port-O-Johns** Yes No If yes, how many? \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name & Phone: \_\_\_\_\_

**Electrical Services/Generators** Yes No

*Generators must be separated from tents by a minimum of 20' and shall be isolated from contact by fencing or other approved means.*

**Carnival/Amusement Rides** Yes No (A separate permit from the Fire Dept may be required)

**Temporary Fencing** Yes No

If yes, indicate the placement on site map and explain the type of fencing being used:

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Please explain how your fencing will be attached to the turf area?

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**Parade/Event Route**      Yes      No

Number of Participants (Units and floats for parades): \_\_\_\_\_

Step-Off Time (applicable only for events with a route) \_\_\_\_\_ to \_\_\_\_\_

Start Area: \_\_\_\_\_ Finish Area: \_\_\_\_\_

Additional Documentation Required: If parade, race, run or walk, etc. please indicate route and attach a proposed route map using the for in Appendix G

**Event Signage/Banners**      Yes      No

Company Name \_\_\_\_\_ Contact Name & Phone Number \_\_\_\_\_

Please provide a description and tentative location of all signage you are requesting to use for your event, this includes any and all signage that may be placed both inside and outside of your event boundaries.

Additional Documentation Required: Please attach a map marking the placement and sign type of all requested event signage.

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**Inflatables**      Yes      No      (If yes, please indicate location on site map)

How will the inflatable(s) be anchored? The Town of Fountain Hills specifically prohibits the use of stakes in all Town event spaces. Acceptable anchoring tools include: water barrels, sand bags, concrete blocks. Staking may only be permitted under extraneous circumstances, granted by special permission from the Community Services Director or designee. (Inspections may be required) All inflatable must be listed on the Vendor List- Appendix A

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## STREET CLOSURES & TRAFFIC CONTROL

Does this event require a street closure?      Yes      No

If YES, a Traffic Control plan must be submitted Road Closure applications must be submitted a minimum of 60 days before the proposed start date of the event. The Traffic Control plan is found in Appendix C.

Submit your traffic control plan to [EPermits@fh.az.gov](mailto:EPermits@fh.az.gov) at least 60 days prior to your event. Check out [Town Code](#) for traffic control regulations.

The application will either be approved or rejected by the Town. If rejected the plan may be revised and resubmitted

# PARKING/DELIVERIES

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The Town of Fountain Hills does not allow for personal or non-essential vehicles to remain on the lawn of any of our parks or street medians during the running times of any event. Vehicles may be on the premises, except for the Avenue of the Fountains Plaza, for the purposes of loading and unloading only. A member of the organizers staff/volunteer must be present for any and all deliveries made to the event location. All vehicles MUST be removed from the lawn/turf or street/median area and into designated parking at least 30 minutes prior to the start of the event.

## Special Event Equipment/Delivery List

EVENT NAME: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_

List all event components associated with your event including, but not limited to, those mentioned below.  
**Complete as applicable.**

SERVICE(S) OR COMMITTEE	NAME of BUSINESS	PERSON RESPONSIBLE	PHONE NUMBER W - WORK C - 24 HOUR	Delivery/Pick up Dates
Production Company			(w) (c)	
Fireworks Company			(w) (c)	
Portable Restrooms			(w) (c)	
Tents/Chairs/ Tables			(w) (c)	
Generated Power			(w) (c)	
Fencing			(w) (c)	
Traffic Barricades			(w) (c)	
Stage			(w) (c)	
Sounds/ Lighting			(w) (c)	
Security			(w) (c)	
Golf Carts			(w) (c)	
Alcohol			(w) (c)	
Sanitation			(w) (c)	
Carnival Rides and Inflatable/Activities			(w) (c)	
Medical Services			(w) (c)	
Beverage Provider			(w) (c)	
Cleaning Crews			(w) (c)	

# PUBLIC SAFETY PLAN

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You may be required by the Town of Fountain Hills to have security and/or medical services present at your event. You may hire your own licensed outside Security Company or you may hire Maricopa County Sheriff Office (MCSO) and/or Rural Metro Fire Department.

- Will security be on site?  Yes  No
- If yes, has security been contracted/scheduled?  Yes  No
- If yes, which company/service provider?  MCSO Deputy  Private Security

How many security personnel will be hired? \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe your security plan:

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- Has the Rural Metro Fire Department (FHFD) been notified of the event?  Yes  No
- Will Rural Metro, or other safety agency, be on-site?  Yes  No
- Have you made provisions for on-site medical services?  Yes  No

If yes, please describe your medical plan:

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# WASTE MANAGEMENT/RECYCLING

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You are responsible for properly disposing of all waste and garbage throughout the term of your event. Immediately upon conclusion of the event, the area must be returned to its original condition. Should you fail to perform adequate clean up or damage occurs to Town property, you will be billed at full recovery rates.

What is your plan for disposing of grease, charcoal and/or waster?

How many trash receptacles will you be providing for proper food waste disposal?

# INSURANCE

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A certificate of insurance is required for all events in the amount of not less than \$1 million for each occurrence and or \$2 million aggregate. The Town of Fountain Hills must be named additionally insured under the above special event's insurance policy for the dates of the event.

All event promoters, vendors selling products, vendors offering an onsite service and/or having animals as part of their booth/event, and all companies delivering equipment to the event site (on Town-owned property), will be required to attach an original copy of a Certificate of Insurance to this Application. Commercial General Liability Insurance in the amount of \$1 million each occurrence combined single limit for bodily injury and property damage liabilities and \$2 million aggregate is required.

**The certificate must show:**

The Town of Fountain Hills, its agents, representatives, officers, directors, officials, employees, and volunteers are named as "Additional Insured". All insurance policies required hereunder must reflect this, except for workers' compensation insurance.

Address information should read: ***Town of Fountain Hills, 16705 E Avenue of the Fountains, Fountain Hills, AZ 85268.***

The insurance certificate needs to be received by the Community Services Office **at least 60 days prior to the event.**

The Town of Fountain Hills shall be notified at least 30 days prior to cancellation or alteration of any insurance coverage. A 10-day notice of cancellation for non-payment of premium.

Workers Compensation Policies shall contain a Waiver of Subrogation clause in favor of the Town of Fountain Hills.

General Liability Including:

Bodily Injury	Contractual	Independent Contractors
Comprehensive Form	Product/Completed Operations	Hazard
Premises Operation	Personal injury	Broad Form Property Damage

**In addition, specific date(s) and locations(s) of the event, to include set up and take down, must be stated clearly on the certificate. Certificates must be received no less than fifteen (15) working days prior to the event.**

**OTHER INSURANCE OR RISKS for events using fireworks, carnival and/or amusement rides**

**Fireworks Production**

General Liability - \$10,000,000 each occurrence  
Auto Liability - \$1,000,000 combined single limit (each accident)  
Workers Compensation – Arizona Statutory Requirements

**Carnival/Amusement Rides**

\$2,000,000 General Liability  
\$1,000,000 Auto Liability

Workers Compensation – Arizona Statutory Requirements

# IMPORTANT INFORMATION

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All applicants are advised that events, whether gated or non-gated, whether charging admission or not, and which are held in Town parks, streets and/or sidewalks next to streets, are held on traditional public forums within which the exercise of U.S. Constitutional First Amendment rights have been and are traditionally conducted. The Town cannot and will not tolerate any restriction of such rights by applicants and/or their promoters, employees, agents, subcontractors, assigns, volunteers, security personnel or others associated with applicants (collectively "Event Personnel") in the holding of events. By signing this Permit Application, all applicants acknowledge and agree that the Insurance and Indemnification provisions contained respectively on Permit Application apply to alleged violations by Event Personnel of any of the laws, common laws, statutes, ordinances and rules and regulations pertaining to the subject matters stated in this paragraph, and that the insurance and/or self-insurance of applicants and/or Event Personnel will cover the Town, its respective officers, agents, employees and volunteers should the Town, and/or its respective officers, agents, employees and volunteers be subjected to claims, demands, lawsuits and/or other actions alleging such violations. Applicants are encouraged to consult with their own attorneys for independent legal advice about applicants' duties and obligations concerning the subject matters contained in this paragraph. Applicant acknowledges that applicant has read and understood this Notice, agrees to comply with and abide by its terms, and has placed applicant's initials in the space below to verify such acknowledgement and understanding.

\_\_\_\_\_ **Initials of applicant's authorized agent or applicant if event is held on Town Property**

# CERTIFICATION

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I hereby certify that the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute the application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I agree to indemnify, defend and save harmless the Town of Fountain Hills and its respective officers, agents and employees and volunteers from any and all losses, claims liabilities, damages, costs and expenses, including reasonable attorney's fees and court costs, resulting from the conduct of the applicant, sponsor or promoter, their employees, suppliers, vendors or agents, or any of their guests, invitees or licensees with regard to the event applied for. I agree to indemnify, defend and save harmless, the Town of Fountain Hills and its respective officers, agents and employees, and volunteers from any and all losses, claims, liabilities, damages, costs and expenses, including reasonable attorney's fees and court costs, resulting from any facility, park or lake closure due to inclement weather. In such an instance, I understand that all event participants must follow the Town's guidelines and procedures for lake/facility evacuation and that this event is being held inside the Town limits and all Town of Fountain Hills rules and regulations apply. I also understand that the Town of Fountain Hills reserves the right to determine if park facilities are unusable as a result of inclement weather.

I realize my submittal of this application request constitutes a contract between myself and the Town of Fountain Hills is a release of Liability. I understand that I am responsible for all fees associated with this Special Event.

I have read the rules and regulations contained in the document and agree to abide by these rules and regulations. I am duly authorized by the organization to submit this application on its behalf and agree to be financially responsible for any fees and costs that may be incurred by or on behalf of the event in the Town of Fountain Hills. I certify that the information I have provided on this application is correct to the best of my knowledge. If the event details change, I agree to submit a revised application or provide additional information in writing, via e-mail, at least 10 days prior to the event.

I am the said applicant and submit this application request of my own free will.

Name (Please print): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant's Authorized Agent or Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# VENDOR/BUSINESS LIST

# APPENDIX A

All food and retail vendors must submit a copy of their Town of Fountain Hills Business License.

	<b>Business Name</b>	<b>Contact</b>	<b>Fountain Hills Account ID#</b>	<b>Fountain Hills License #</b>	<b>License Expiration</b>	<b>AZDOR TPT License #</b>
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2						
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Any group requesting to serve alcohol in the Town of Fountain Hills at a special event **MUST comply with Town Code Chapter 8**. Any facilitation, selling or provision of alcohol must have a valid alcohol permit. Alcohol permits can be found online at The Arizona Department of Liquor website. Alcohol application must be submitted with the Special Event Application.

Additional Documentation Required: If you requesting to serve alcohol at your event, you MUST attach copies of your Town issued Alcohol Application and State Liquor License.

Alcohol service and consumption on public property is allowed by special event permit only. If you are interested in serving alcohol at your event, you will need to obtain the appropriate license from the Arizona State Liquor Board and have your Town alcohol permit approved by the Town Council no later than 30 days prior to your event. Special Event Liquor License applications and/or an Extension of Premises application is required to be submitted with the Special Event Application. The Council will consider the permits for approval at their bi-monthly meetings on the first and third Thursdays of the month.

The Town of Fountain Hills REQUIRES that MCSO, or a uniformed event security company be present at all events serving alcohol. NO EXCEPTIONS.

Additional rules are listed the Special Event Handbook

We require all Staff members or Volunteers who are planning on consuming alcohol after their designated shift has ended, to remove any garment or badge that denotes them as event staff/volunteer before partaking in alcoholic consumption. We do not; under any circumstances permit volunteers to consume alcohol during volunteer breaks between shifts. Also, once a Staff member or Volunteer has consumed any alcohol, they may not come back on shift for the remainder of that day.

Explain who will serve the alcohol (Professional bartenders, volunteers, etc)

How many alcohol service locations will you have? \_\_\_\_\_ (List locations on site map)

Is your event open to all ages?  Yes  No

Explain how ID's will be checked and how you will prevent underage drinking: \_\_\_\_\_

Will alcohol be given away?  Yes  No

Will alcohol be sold?  Yes  No

Will alcohol be donated?  Yes  No

Who is the alcohol being donated by or purchased through: \_\_\_\_\_

Is alcohol included in the price of the event?  Yes  No

If Yes, to any of the above questions, a Town and State Liquor License may be required. Attach a copy of the State of Arizona application.

Which type of license will be used for this event?  Special Event Liquor License  Extension of Premise

Thank you for your interest in hosting a special event in Fountain Hills. Before you submit your application there are a few things to remember:

- Road Closure applications must be submitted a minimum of 60 days before the proposed start date of the event to [epermits@fh.az.gov](mailto:epermits@fh.az.gov)
- The application will either be approved or rejected by the Town. If rejected the plan may be revised and resubmitted.
- All road closures require hiring MCSO officers.

## ATTACHMENTS CHECKLIST

Refer to the [code](#) excerpts in this document as to whether or not you must submit the following. For a full listing of all attachments, visit [www.fh.az.gov/specialeventsapplication](http://www.fh.az.gov/specialeventsapplication)

When applicable, attach copies of:

- Route map (**See appendix D**)                       Proposed Road Detours/Traffic Control Plan (From **licensed** agency)

## STREET CLOSURES & TRAFFIC CONTROL

**All road closures MUST abide by all rules and regulations outlined in chapter 16 of the Town Code.**

Does this event require a street closure?                       Yes                       No

Event will occupy:     One Lane                       Half of Street                       Full Street

Closure Type:                       Rolling Street Closure (Street opens to normal traffic after participants pass)  
    Hard Street Closure

(Any street closed for an extended period of time and/or if event equipment will be placed in street for the duration of the event: no vehicle access)

Name of street(s) to be closed:

Additional Information Required: Attach additional pages as needed; or for moving events such as parades, runs, walks, marches, etc. indicate "see route" and attach map

From: \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_

Additional Information Required: An attached map of streets, clearly showing all proposed street closures must be attached to this application at time of submittal.

## RESIDENT NOTIFICATION

Please describe how you will notify impacted business or residents of the proposed street closures:

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## PARKING/DELIVERIES

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The Town of Fountain Hills does not allow for personal or non-essential vehicles to remain on the lawn of any of our parks or street medians during the running times of any event. Vehicles may be on the premises, except for the Avenue of the Fountains Plaza, for the purposes of loading and unloading only. A member of the organizers staff/volunteer must be present for any and all deliveries made to the event location. All vehicles **MUST** be removed from the lawn/turf or street/median area and into designated parking at least 30 minutes prior to the start of the event.

**A map of all available town parking is located in the Special Events Handbook**

## PUBLIC SAFETY PLAN

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You may be required by the Town of Fountain Hills to have security present at your event. You may hire your own outside, uniformed security company or you may hire Deputies from the Maricopa County Sheriff's Office MCSO.



MARICOPA COUNTY SHERIFF'S OFFICE  
**OFF-DUTY INSURANCE  
AGREEMENT**



PAUL PENZONE, SHERIFF

**INSURANCE AGREEMENT COVERAGE OF OFF-DUTY MARICOPA COUNTY SHERIFF'S DEPUTIES**

The undersigned employer agrees that with respect to its employment of off-duty sheriff's deputies out of the Maricopa County Sheriff's Office, the following terms and conditions will apply as to insurance coverage for such deputies:

- 1) For purposes of workers compensation and general liability coverage, each off-duty deputy employed will be considered an employee of the undersigned employer while performing duties on behalf of the undersigned employer. The only exception is in those cases where an incident requires the deputy to act in a strictly law enforcement capacity.
- 2) To the fullest extent permitted by law, the undersigned employer shall defend, indemnify, and hold harmless Maricopa County, the Maricopa County Sheriff's Office, its agents, representatives, officers, directors, and officials from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, relating to, arising out of, or alleged to have resulted from the acts, errors, omissions or mistakes, of the off-duty deputy hired hereunder. This indemnification and hold harmless agreement will not pertain to those actions by the off-duty deputy that are strictly law enforcement actions.
- 3) The undersigned employer will obtain and keep in full force and effect general liability insurance, with single and aggregate limits of at least \$2 million dollars, and workers compensation insurance, with statutory limits, during the period of time any off-duty deputy is employed hereunder. Maricopa County shall be named as an additional insured under the general liability policy, and the hired deputy shall be listed as an employee under the workers compensation policy. The undersigned employer will provide the Sheriff's Office a certificate of Insurance evidencing this coverage.

Read and Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Maricopa County Sheriff  
By his designee

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Owner Signature

**Original:** To Sheriff's Office Headquarters for filing. **Copies:** Provided to the employee.



LAWENFO-01

SLUA1

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED]	CONTACT NAME: [REDACTED]	FAX (A/C, No.): [REDACTED]	
	PHONE (A/C, No, Ext): [REDACTED]	E-MAIL ADDRESS: [REDACTED]	
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	[REDACTED]	[REDACTED]
	INSURER B:	[REDACTED]	[REDACTED]
	INSURER C:	[REDACTED]	[REDACTED]
	INSURER D:	[REDACTED]	[REDACTED]
	INSURER E:	[REDACTED]	[REDACTED]

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL USD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			[REDACTED]	12/12/2018	12/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occ/100000) \$ 50,000 MED EXP (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	12/12/2018	12/12/2019	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	12/12/2018	12/12/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mark "Y" or "N") If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	[REDACTED]	09/01/2018	09/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<p><b>CERTIFICATE HOLDER</b></p> <p>Maricopa County Sheriffs Officers 550 W Jackson Street Phoenix, AZ 85003</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE [REDACTED]</p>
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All events using the Avenue of the Fountains MUST complete the Tract 208 Property Owners Association Event Parking Use Application

Tract 208 Property Owners Association  
C/O Golden Valley Property Management  
608 E Missouri Ave, Suite 100  
Phoenix, AZ 85012  
Phone: 602-294-0999  
Fax: 602-294-0103

PARKING LOT USE APPLICATION

This form, along with a Non-Exclusive License Agreement, Certificate of Insurance and Refundable Security Deposit, must be completed by the applicant and submitted to Golden Valley Property Management at least forty-five (45) business days prior to the requested dates(s) of the event.

Today's Date: \_\_\_\_\_ Requested Date(s) of Event: \_\_\_\_\_

Type of Event/Use: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_

Start Time: \_\_\_\_\_ AM/PM    Finish Time: \_\_\_\_\_ AM/PM

Parking Lot Use Fee \_\_\_\_\_    Deposit: \$1,000 (Refundable)

The Association reserves the right to increase the amount of the Usage Fee and/or Security Deposit at its sole discretion. A refund of Security Deposit is contingent on adherence to Rules and Regulations provided to you, and incorporated herein by this reference, and there are no damages to Association property. Security Deposit will be mailed to the owner within 7-10 business days after the Event.

Person requesting parking lot usage for Event: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Approved: \_\_\_\_\_  
Board President, Tract 208 POA

\_\_\_\_\_  
Date

Special Event Parade Questionnaire

Date of parade \_\_\_\_\_

Start time of parade \_\_\_\_\_ Completion time of parade \_\_\_\_\_

Location of proposed assembly area \_\_\_\_\_

Assembly start time \_\_\_\_\_

Have arrangements been made for traffic control (barricading and/or police officers)  YES  NO

If yes, please explain \_\_\_\_\_

If no, when will these arrangements be made? \_\_\_\_\_

During the event will you occupy all or a portion of the streets? \_\_\_\_\_

Approximate number of persons, animals and vehicles, which will constitute the event.

Number of people \_\_\_\_\_

Number of animals \_\_\_\_\_ Type of animals \_\_\_\_\_

Number of vehicles \_\_\_\_\_ Type of vehicles \_\_\_\_\_

Have arrangements been made for emergency medical personnel?  YES  NO

If no, when do you expect the arrangements to be completed? \_\_\_\_\_

Other pertinent information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach map of parade route** Indicate the starting point, proposed travel route and the termination point.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_