

City of Cortland Special Event Application

Event Name: Relay For Life of Cortland County – Survivor/Luminaria Event Today's Date: 3/24/2021

Event Contact: Nancy McLaughlin CDP Member? Yes No

Address: PO Box 5, Homer NY 13077 New Event Existing Event

Email: nmclaugh1720@yahoo.com Phone: 607-745-1551

Will proceeds of your event benefit a charitable cause that provides service to Cortland residents? Yes No If yes, name the charitable causes: Am Cancer Society – cancer patients Non-profit Tax ID: Tax exempt #128316 Fed tax ID# 16-0743902

Event Information

NAME OF EVENT: Relay For Life of Cortland County – Luminaria/Survivor Event

TYPE OF EVENT This event would celebrate cancer survivors and display Luminaria bags purchased in memory or in honor of people with (i.e., walkathon, street fair, festival, etc.): cancer. Setup beginning at 3:00, event starting at 6:30, bags lit from 7-8:30, clean up & out by 9:00.

EVENT LAYOUT If the event is a walkathon, run, etc., attach a map of route and/or street closures. If the event is a festival or street fair, attach a map to indicate location of street blockages requested, booth alignment and type of merchandise vended from each booth.

DATE DAY 1: <u>10/2/2021</u>	DATE DAY 2: _____
<input type="checkbox"/> STREET CLOSURE: Start Time: _____ End Time: _____ Street: _____	<input type="checkbox"/> STREET CLOSURE: Start Time: _____ End Time: _____ Street: _____
<input checked="" type="checkbox"/> LOT CLOSURE: <u>The lots would be open for parking however we would start setting up along the park walkway (road) at about 3:00 through 9:00.</u> Lot: <u>Suggett Park</u>	<input type="checkbox"/> LOT CLOSURE: Start Time: _____ End Time: _____ Lot: _____
<input checked="" type="checkbox"/> AMPLIFIED MUSIC: Start Time: <u>6:30</u> End Time: <u>8:30</u>	<input type="checkbox"/> AMPLIFIED MUSIC: Start Time: _____ End Time: _____

START LOCATION: _____ END LOCATION: _____

EXPECTED # OF PARTICIPANTS: 10 # OF SPECTATORS: 100? # OF VEHICLES: 50? HOTELS: Is this event expected to generate area overnight stays? If so, estimated # of rooms: _____

Event Components

Location/Safety	Structures	Food
<input checked="" type="checkbox"/> City park use	<input type="checkbox"/> Temporary structures	<input type="checkbox"/> Food cooked on-site
<input type="checkbox"/> City streets blocked	<input checked="" type="checkbox"/> Canopies up to 10' x 10'	Alcohol
<input type="checkbox"/> City sidewalks blocked	<input type="checkbox"/> Grounded tents over 10' x 10'	<input type="checkbox"/> Alcohol sold on-site
<input type="checkbox"/> City parking lots closed	<input type="checkbox"/> Beer and/or wine garden	<input type="checkbox"/> Alcohol served
<input type="checkbox"/> City barricades	<input type="checkbox"/> Street banner requested	Vending
<input type="checkbox"/> City cones	<input type="checkbox"/> Rides or amusements	<input type="checkbox"/> Vending of goods
<input type="checkbox"/> Animal ban	<input type="checkbox"/> Showmobile rental requested	<input type="checkbox"/> Vending of food
<input type="checkbox"/> Animals are part of the event	<input type="checkbox"/> Portable restrooms	Power Source
<input type="checkbox"/> EMTs needed on site	<input type="checkbox"/> Seating area	<input checked="" type="checkbox"/> City electricity use - if available
<input type="checkbox"/> Police escort requested	Sound	<input type="checkbox"/> Generator use
Waste Management	<input type="checkbox"/> Fireworks	Insurance
<input type="checkbox"/> City litter pickup	<input checked="" type="checkbox"/> Amplified sound or music	<input type="checkbox"/> General Liability insurance certificate
<input type="checkbox"/> City street sweeping	<input type="checkbox"/> Ceremonial Gun Salute	<input type="checkbox"/> Liquor Liability insurance certificate

Other components not listed: access to bathrooms in the Rotary Shelter

Fire Approval: _____
 CPD Approval: _____
 Council Approval: _____

Marketing budget: _____ Admission Fee: none