

CITY OF ELKO
SPECIAL EVENTS ON CITY SIDEWALK PROCEDURES AND APPLICATION

The Elko City Special Events Permit on City Property allows the public use of City Property when the event requires closure of any City property. This includes usage of City sidewalks adjoining businesses. This application is intended for the temporary use of the sidewalks only. The person requesting the usage must complete the application prior to the use of the sidewalks. The sidewalks may be used from 6:00 a.m. to 11:00 p.m. for each day of the requested usage.

Following are the requirements for the sidewalk usage:

- A. The Event Permit on City Sidewalks application must be completed. See item F for selling or serving liquor. Please explain the purpose of the sidewalk usage. A fee will be charged for vendors selling on the sidewalk unless they have an Elko City Business License for a business physically located in the city or it is a non-profit business. .
- B. Please use the enclosed Sidewalk Site Plan and identify the placement of all bars, tables, cabanas, etc. A 5' clear zone has been identified on the plan and must remain clear of any objects. Following are the Fire Department requirements:
 1. A full width minimum of 60 inches of unobstructed walkway must be maintained along the curb line.
 2. No vehicles, trailers, or heavy equipment may be parked, placed, or operated on the sidewalks.
 3. The business exit/entrance doors and passageways cannot be blocked, obstructed or altered in any way.
 4. Any temporary structures, tents, counters or service areas shall be safely secured against weather movement or human endangerment, and "at all times a minimum of 5 feet open clearance passage shall be maintained." All tents and covers to meet "California Flame Spread" standards and label, and a minimum of a 5 pound ABC dry chemical extinguisher readily visible within 10 feet of temporary facility.
- C. The applicant must obtain signatures and approval from the departments shown on the Staff Flow Sheet.
- D. The City requires a liability insurance policy for the sidewalk in the amount of \$1,000,000 with the City of Elko named as additional insured.
- E. If the applicant is requesting the use of a sidewalk adjoining property that is not owned by the applicant, the applicant must have the property owner sign the City of Elko Vendor Permit on City Sidewalks application and must pay applicable fees.
- F. A Special Event Liquor License Application is required by any person selling liquor on the sidewalk. No fee will be charged if the applicant is the adjoining property owner having an existing Elko City Liquor License.
- G. The applicant is responsible to provide for the disposal needs to insure the health and safety of the participants and citizens.
- H. The applicant shall remove all trash, debris and bodily fluids from the sidewalk. Failure to do so will result in the denial of future sidewalk applications.
- I. All applicants must sign this form agreeing to abide by all the above requirements for usage of Elko City property. **Failure to comply with all requirements may result in revocation of this permit and/or future permits.**

I have read and agree to abide by all requirements as outlined in the aforementioned procedures for the usage of a City of Elko sidewalk.

Applicant Name (Please Print)

Applicant Signature

Date

CITY OF ELKO EVENT PERMIT ON CITY SIDEWALKS

Applicant/Sponsor: _____

Location of Sidewalk: _____

Purpose of Sidewalk Usage: _____

Commencing on the ___ day of _____, 20__ thru the ___ day of _____, 20__.

Time of usage: _____ to _____ (times allowed are between 6 am and 11 pm each day)

Fees: \$34.50 per event when the usage includes sales

No fee shall be charged to businesses located within the City of Elko with a current business license or non-profit vendors.

Total fee paid: _____ Insurance Provided ___yes ___no

Under penalties of perjury, the undersigned declares that he/she is the applicant/authorized agent of the applicant in the foregoing application for license and knows the contents thereof; that those items contained in the application are true of his/her own knowledge except as to those matters stated on information and belief and as to such matters he/she believes it to be true.

Signature of Applicant/Agent

Mailing Address & Phone Number

Adjoining Property Owner Signature

Date

City Clerk/Licensing Technician

Nevada State Health Department
(only if food or beverage vendors are included)
(775)753-1138

CITY OF ELKO
SPECIAL EVENT LIQUOR OR BEER AND/OR WINE LICENSE APPLICATION
1751 COLLEGE AVENUE - ELKO, NEVADA
PHONE: 775-777-7138 FAX: 775-777-7129

Pursuant to Elko City Code 4-5-33 any person/organization in charge of a "Special Event" which is scheduled to be held in the Elko City limits and will include the sale/serving of liquor or beer and/or wine, is required to apply for a Special Event Liquor or Special Event Beer/Wine License by completing this application.

Special Event Liquor or **Special Event Beer and/or Wine License** Circle one.

Business or Organization _____

Name of Event _____

Location of Event _____

Commencing on the ____ day of _____, 20____ thru the ____ day of _____, 20____.

Time of the event (if more than one day list time for each day) _____

Total Number of days _____ Fees: Liquor - \$60.00 per day Beer/Wine - \$24.00 per day

Total Fee paid _____

By signing below the applicant is accepting any and all responsibility for all other person(s) who may be selling/serving alcoholic beverages during the event. The Police Chief or his designee, has the right to inspect the premises at any time during this event to ensure proper enforcement of City Codes and Nevada Laws.

Under penalties of perjury, the undersigned declares that he/she is the applicant/authorized agent of the applicant in the foregoing application for license and knows the contents thereof; that those items contained in the application are true of his/her own knowledge except as to those matters stated on information and belief and as to such matters he/she believes it to be true.

Applicant Name: _____ Phone: _____

Address: _____

Signature _____ Date: _____

Please list all other person(s) who will also be selling/serving: For additional space list on back

Name: _____ Phone: _____

Address: _____ Phone: _____

Name: _____ Phone: _____

Address: _____ Phone: _____

Name: _____ Phone: _____

Address: _____ Phone: _____

In addition to completing the application the applicant is responsible for obtaining the signatures shown below from the listed departments. The applicant must contact the Nevada Department of Taxation to determine their tax requirements. Please contact the Reno Taxation Department either via their website at www.tax.state.us.nv, via email at renoevents@tax.state.nv.us, fax at 775-688-1303 or phone at 866-962-3707. The Taxation Department will then provide you with verification of compliance which must be returned with this application. If you have a current Nevada Department of Taxation Permit you may submit it as verification of compliance.

Once the application is complete return it to the Elko City Business License Department with payment and a license will be promptly issued. Please display the license in a place visible to the public.

Property Owner Signature

Date

Type of verification from the Nevada
State Department of Taxation

NV State Health Dept.
1020 Ruby Vista Dr. #103 (775)753-1138

Chief of Police/Asst. Chief
1401 College Ave. (775)777-7310

Private Security Needed:
No____ Yes____
Number Needed____

City Clerk/Designee
1751 College Ave. (775)777-7138

****Per NRS 369.487 all liquor sold in the state of Nevada must be purchased from a state-licensed wholesaler. A list of the wholesalers may be found on the internet at <http://tax.state.nv.us>.**

ELKO STAFF FLOW SHEET

The applicant shall present their entire application to each of the departments below for their comments and approval. The comments made by City Personnel are intended to assist in the approval process only, by signing they are acknowledging and agreeing to the requirements of their department should the closure take place. Denials by any of the Departments may result in denial of the event.

Please call to arrange an appointment with each department.

PLACE OF CLOSURE: _____

For Official Use Only

<p><u>Police Department, 1448 Silver St.:</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Phone: 775-777-7310 Comments/Conditions: _____ _____ _____ Signature: _____</p> <p><u>Fire Department, 911 W. Idaho St.:</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Phone: 775-777-7345 Comments/Conditions: _____ _____ _____ Signature: _____</p> <p><u>Street Department, 232 S. 10th St.:</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ Phone: 775-777-7241 Comments/Conditions: _____ _____ _____ Signature: _____</p>

Sidewalk Site Plan
Roadway

5' Clear Zone



Detail the placement of all objects, tables, chairs, barbecues, bars, etc.
Show the location of any existing doors leading into a place of business.