

COURTESY NOTIFICATION APPLICATION FORM

1. EVENT NAME _____

2. EVENT APPLICANT _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

3. EVENT DESCRIPTION: Check the appropriate box and describe your event.

☐ Assembly ☐ March ☐ Block Party ☐ Procession ☐ Other

Describe event: _____

4. EVENT LOCATION _____

5. EVENT DATE _____ EVENT START TIME _____ EVENT END TIME _____

6. SET UP DATE & TIME _____ TAKE DOWN DATE & TIME _____

7. RAIN DATE & TIME _____

8. STREET CLOSURE _____

9. PARKING AND TRAFFIC PLAN _____

10. SIZE OF EVENT (estimated number of people on-site at one time)

() 1-100 () 501-1000 () 1501 – 2000 () 7501 and above
() 101-250 () 1001-2000 () 2001 – 5000
() 251-500 () 2001-5000 () 5001 – 7500

10. EVENT CONTACT PERSON(S):

NAME _____

EMAIL _____

PHONE _____

*By signing below, I agree that I have accurately and truthfully completed the courtesy notification form to the best of my knowledge. **Please note that the courtesy notification permit does not grant the applicant exclusive rights to any space.*

Signature _____

Date _____

SITE PLAN

Please include a site plan when submitting the Courtesy Notification.

Aerial maps are recommended such as those obtained from www.maps.google.com or www.mapquest.com).

The site plan should include a detailed layout of the event area which shows the locations of the following (if applicable):

- Stage(s)
- Tent(s)
- Power source
- Water source
- Portable toilets
- Temporary traffic control devices
- Proposed parking
- Emergency services and residential traffic access

If the event involves a march or procession, please indicate on the site map the route that will be taken.

Emergency Action Plan (EAP)

I. GENERAL

The (*Event Name*)_____ (hereinafter referred to as “the event”) will be held (*Month/Day/Year*)_____ at
(*General Location /Address*)_____.

II. PURPOSE

- A. This Emergency Action Plan (EAP) predetermines action to take before and during the event in response to an emergency or otherwise hazardous condition. These actions will be executed by organizers, management, personnel, volunteers, and attendees.
- B. Flexibility must be exercised when implementing this plan due to the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.
- C. The event organizer is responsible for completing the following: event details, staff information, staff assignments, event location, and for sharing a copy of this EAP with all event staff and volunteers. Additionally, they must train event staff and volunteers on potential hazards, ensuring that all key event personnel are well-informed.

III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. Types of emergencies possible are various and could require the response of Fire and Rescue, Emergency Medical Services, and Law Enforcement.

IV. BASIC PLAN

I. EAP Event Representatives

- 1. The EAP event representative will be identified as the point of contact for all communications on site the day of the event.

Primary Contact: _____
Mobile Number: _____

Alternate: _____
Mobile Number: _____

Alternate: _____
Mobile Number: _____

- 2. Other Event Staff (Security, Parking, Volunteers, etc.)

Include additional pages if necessary

Name: _____
Mobile Number: _____
Assignment/Position: _____

Name: _____
Mobile Number: _____
Assignment/Position: _____

Name: _____
Mobile Number: _____
Assignment/Position: _____

Name: _____
Mobile Number: _____
Assignment/Position: _____

II. Emergency Notification

1. **In the event of an emergency, notification of the emergency will be through the use of 911.** The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with a callback number.
2. The event staff shall also identify an on-site command post location for use by event staff for meetings, communications, and briefings during an emergency situation.
Command Post Location: _____

3. We will have on-site EMS: ☐ Yes ☐ No

If Yes, please list contact name and number

4. We will have on-site Security or Law Enforcement: ☐ Yes ☐ No

If Yes, please list contact name and number

III. Emergency Vehicle Access

1. Access points for emergency vehicles must be maintained at all times. Access points must be clearly marked on your site map.
2. Fire lanes and fire hydrants must not be obstructed.
3. Participants and spectators will be directed to park in approved areas and not obstruct protective features, fire lanes, sidewalks, or public thoroughways.
4. Crowd Control will be managed by:
Name(s) _____
5. Parking for vendor and staff vehicles will be:
Location(s) _____
6. Parking for attendee vehicles will be:
Location(s) _____

IV. Severe Weather

1. Weather forecasts and current conditions must be monitored during the event.
How do you plan to track inclement weather?

Examples: National Oceanic Atmospheric Administration (NOAA) weather radio or other weather monitoring device(s). Cell phone notification to on-site contact person(s).

2. How will you notify attendees of inclement weather conditions?

If severe weather occurs during the event, the EAP representative or designee will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.

3. Where will your attendees seek shelter?

4. Has permission been granted for the space(s)? Yes ☐ No ☐

5. Alternative rain date and/or contingent weather plan:
(Cancellation of event, rescheduling, rain delay, etc.)

6. Other weather-related information:

V. Fire

1. **Dial 911.** Stay on the phone if possible until the dispatcher has all the information needed. Give the nature of the fire emergency and the location. Staying on the phone long enough to answer any questions the dispatcher might have will ensure that proper equipment and personnel respond.
2. Alert people in the immediate vicinity to evacuate to safest designated areas.

VI. Medical Emergencies

1. **Dial 911.** Stay on the phone if possible until the dispatcher has all the information needed. Give the nature of the medical emergency and precise location. Stay on the phone long enough to answer any questions the dispatcher might have.
2. Do not move the victim unless absolutely necessary.
3. Send someone to flag or direct emergency response personnel to the location.

VII. Law Enforcement

1. Should an incident occur that requires Law Enforcement to be called to this event, **Dial 911.** Stay on the phone if possible until the dispatcher has all the information needed. Give the nature of the emergency and precise location.

VIII. Contact Information

1. Dubuque County Emergency**911**
2. Dubuque County Dispatch Non-Emergency.....563-589-4415