

## CLEVELAND SPECIAL EVENTS PERMIT APPLICATION PACKET – REVISION/UPDATE (10 Feb 14)

<i><b>Packet Section:</b></i>	<i><b>Responsibility for Update/ Revisions:</b></i>	<i><b>To Be Completed Days Prior to Event</b></i>	<i><b>Page in Packet:</b></i>
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Filming Permit Application Request (& Attachment A-?: Filming Permit Application Information Sheet)	TBD		TBD
BLANK MAP TEMPLATE	TBD		TBD

**SUMMARY OF THE EVENT**

**DESCRIPTION:**

Event Title: \_\_\_\_\_

Brief Description of Event:

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

**LOCATION** (Provide a brief description of the Event’s location): \_\_\_\_\_

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

Will any event tents, generators, stages, bleachers, etc., be located in the public right of way (e.g., on road, sidewalk etc.) Yes No

Is there an Admission Fee Required to Enter the Event? Yes No

- Pre-sale Tickets Yes No Cost: \_\_\_\_\_

- Door Sale Tickets Yes No Cost: \_\_\_\_\_

- If you answer “Yes” to any of these questions, please contact the Division of Assessments and Licenses (216) 664-2260.

Is this event a Benefit Activity? Yes No

- If “Yes”, who is the Beneficiary? \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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

- A copy of 501(C)(3) Tax Status/Exemption must be submitted to Office of Special Events with application.

- If you answer “Yes” to any of these questions, please contact the Division of Assessments and Licenses (216) 664-2260.

Event Category/Type:

Athletic Event/Race/Recreation

Concert/Performance

Carnival

Farmer’s/Outdoor Market

Festival/Celebration

Rally

Parade/Procession/March

Motorcycle Run

Council-matic Event

Political Event

City Sponsored Event

Other

Anticipated Attendance: TOTAL: \_\_\_\_\_

PER DAY: \_\_\_\_\_

Anticipated Participants: TOTAL: \_\_\_\_\_

PER DAY: \_\_\_\_\_

**CONTACT INFORMATION:**

Promoter/Hosting Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Primary Point of Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Secondary Point of Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

On Site Coordinator: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Sponsorship Information**

Name of Event's Title Sponsor: \_\_\_\_\_

Key Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

List the monetary value of their contribution, including in-kind services provided \_\_\_\_\_

If other sponsors are supporting your event, list the same information for each on a separate sheet of paper, and attach to this application.

**How is the event being publicized:**

Radio       TV       Newspaper       Handbills       Billboards       Other

**Is there a major media sponsor ?**     Yes     No

***DATE/TIME:***

Load-In:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

Set-Up:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

Event Starts:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

Event Ends:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

Dismantle:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

Load-Out:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

Clean-Up:      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

## PERMITS CHECKLIST

This Section will help you identify the necessary permits which are needed in order for you to have your Special Event in Cleveland.

- **Division of Assessments and Licenses (216) 664-2260**
  - Street Lane Obstruction  Yes  No
  - Sidewalk Obstruction  Yes  No
  - Street Closure  Yes  No
- **Cleveland Division of Police**
  - Parade Permit – Bureau of Traffic (216) 623-5188  Yes  No
  - Alcohol (F2/F) – (216) 623-5025  Yes  No
- **Cleveland Department of Health (216)664-4599**
  - Food Service Operations / Sales  Yes  No
- **Department of Building & Housing (216) 664-3512**
  - Electrical /Plumbing Services (see Office of Special Events for services on Malls)  Yes  No
  - Erection of Stages, tents or other structures  Yes  No
  - Carnival Rides  Yes  No
  - Refrigeration  Yes  No
- **Cleveland Division of Fire (216) 664-6664:**
  - Generators  Yes  No
  - Liquid/Natural Gas  Yes  No
  - Propane heating sources  Yes  No
  - Cooking units  Yes  No
  - Any Pyrotechnics (fireworks)  Yes  No
  - Laser Light Show  Yes  No
  - Flame/Fire Demonstration(s)  Yes  No

## ORGANIZATIONAL PLAN

This section is designed to help the City of Cleveland identify who is responsible for what functions at the event should an incident occur and Cleveland Public Safety, Works, and/or Health have to interface directly with a specific person to determine a root cause of the incident and how to assist in correction. **NOTE:** It is important to note that all aspects of the event will be discussed with the event coordinator to maintain consistency in communication. Please attach an organizational chart for your organization to this page.

1. Who will assume the following lead positions:

a. Event Coordinator (Commander) (Overall lead for the event activities):

- NAME: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

b. Safety Officer (Lead) (Responsible for ensuring health and safety practices are in place.):

- NAME: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

c. Operations Lead (Lead for all Operations to include security, medical, etc.):

- NAME: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

d. Planning Lead (Lead for all planning duties, to include tracking events as they develop, ensuring a pre-event plan is being developed, etc.):

- NAME: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

e. Logistics Lead (Lead for all supply are ordered for set-up, tear-down; where things will/should be set-up, finding staff/volunteers for all areas; providing food and water are available for staff; donations management, etc.):

- NAME: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

f. Finance Lead (Lead for setting up contracts with vendors, paying expense bills/permits, etc.):

- NAME: \_\_\_\_\_
- PHONE: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

## SITE PLAN / ROUTE MAP

Your event site plan/route map can be developed using printed map of the event site or route from the internet. However, it is the best practice to do a map using one of the many programs out on the market (some free and some are not) and overlaying them on a map. Regardless of the method used, you will be expected to provide a site plan and a map of the entire event venue to include the following items at a minimum:

1. Provide an outline of the entire venue including the following:
  - a. All streets or areas accessing the venue and the surrounding areas.
    - i. If the event involves moving route of any kind (as in a Race, Run, Rally, or Parade) the direction of travel and all street and/or lane closures must be indicated, too.
2. The location of fencing, barrier, and/or barricades.
  - a. Indicate any removable fencing, barriers, and/or barricades for emergency access.
3. Show a minimum of 20 feet wide unimpeded emergency access lanes throughout the event venue.
4. Show the locations of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, hand hygiene units, booths, beer gardens, cooking areas, trash containers, dumpsters, and other temporary structure.
5. Show cash box/money storage locations.
6. A detailed or close-up of the food booth and cooking area configurations including booth identification of all vendors cooking with flammable gas or barbecue grills.
7. Generator locations and/or sources of electricity.
8. Placement of vehicles and/or trailers (RVs, sleeping trailers, reefer units, etc.).
9. Entrance and Exit locations for outdoor events that are fenced in and/or locations with tents and tent structures.  
**NOTE: ALL ENTRANCES AND EXITS MUST BE CLEARLY MARKED WITH SIGNAGE**
10. Identification of all event components that meet accessibility standards (man gates, cars, etc.).
11. Other related event components not listed above.

## EVENT SECURITY PLAN

In order to help ensure the safety and well-being of the patrons and staff attending your event, you will need to develop a robust Security Plan. **NOTE: The Security Plan is due NO LATER THAN 60 DAYS PRIOR TO THE DATE OF YOUR EVENT and must be signed off on by the appropriate District Commander.**

The following are elements that need to be addressed in your Event's Security Plan.

1. Does your Event involve the sale/consumption of Alcoholic Beverages?  Yes  No
  - a. If "Yes", you may need a Licenses issued by the State of Ohio Liquor Control Board at (614) 387-7407 or you can retrieve Liquor Permit Application from <http://www.com.ohio.gov/liqr/> , complete, and forward to the District Commander's Office after notarization.
  - b. Applicant must submit copy of Approved Liquor Control Board permit to the Office of Special Events Steering Committee as part of the Security Plan. REMINDER: The Liquor Permitting process can take up to 30 days.
  - c. Please indicate the time alcohols sales will Begin: \_\_\_\_\_ Conclude: \_\_\_\_\_.

<b>District Commander's Office contact numbers:</b>	
District 1	216-623-5105
District 2	216-623-5205
District 3	216-623-5305
District 4	216-623-5405
District 5	216-623-5505

**NOTE:** Off-duty Police Officers **are not** permitted to check ID's concerning alcohol consumption. They will support security staff and management in addressing policy or compliance matters and maintaining order.

2. Event Security Plan (NOTE: Your Event Security Plan is expected to address the following details)
  - a. Staffing Needs (Private Security & Law Enforcement Professionals).
  - b. Deployment Locations (Where will your Security/Law Enforcement Professional be located?).
  - c. Schedule of Shifts (include relief activities).
  - d. Threat & Vulnerability Assessment (primary concerns/hazards/risks for you events)?
  - e. Describe the credentialing process for your attendees (Entrance to the event, badging/identification of staff, etc.).
  - f. Lost Person Re-Unification & Alerting Plan (How will a lost person be announced reported to your event's patrons/participants? Where will your event's lost person re-unification site be located at your event?)
  - g. Evacuation plan. **(NOTE ALL ENTRANCES AND EXITS MUST BE CLEARLY MARKED WITH SIGNAGE)**
  - h. Areas designated for alcohol dispensing and consumption shall have positive access control measures by Security Officers (non-Law Enforcement) conducting bag and personnel checks to ensure outside alcohol is not introduced into or removed from the venue.

- i. The Security Plan will include a list of restricted items and a policy for addressing same.
- j. Site Map (See Page 6 for details of on what Site Map must contain).
- k. Is a Security Firm (Consultant) involved in the development of the Event Security Plan?  Yes  No
- l. If “Yes”, provide the following:  
NAME OF AGENCY AND/OR PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
NAME OF POINT OF CONTACT: \_\_\_\_\_  
PHONE OF POC: \_\_\_\_\_ EMAIL of POC: \_\_\_\_\_
- m. The following staffing guidelines indicate the **minimum** level of Law Enforcement and Security staffing for the event based on; projected attendance, nature of event, location, time of day, serving of alcohol, historical review, target age group, simultaneous events, road closures, and extraneous factors as identified by the City?
  - EVENTS WITHOUT ALCOHOL:
    - a. Two (2) Law Enforcement Professionals and one (1) Security Professional for every 250 persons in projected attendance.
  - EVENTS WITH ALCOHOL (Liquor Control Board Permit Required):
    - a. Two (2) Law Enforcement Professionals and One (1) Security Professional for every 100 persons in projected attendance.

**NOTE:** THE ABOVE NUMBERS REQUIRE A RELIEF FACTOR OF 1 to 5, AS WELL AS A POLICE SUPERVISOR FOR EACH 5 OFFICERS ON A DETAIL. I.e. 5 Officers require a sixth Officer as relief as well as a Supervisor Total of 7, 10 Officers require 2 relief Officers and 2 Supervisors Total of 14, etc...

**NOTE:** Inadequate staffing by the Security provider based on the aforementioned amount of positions requiring supplementation by on-duty Police or disorder requiring on-duty Police response will be billed according to the following contractual rates.

**NOTE:** The Onsite Law Enforcement Supervisor maintains authority to require conclusion of alcohol sales.



## TRANSPORTATION (PARKING AND/OR SHUTTLE) PLAN

Transportation to and parking availability for your special event can prove challenging. If parking is extremely restrictive and/or your event venue is some distance from a parking area, you may need to consider a shuttle. Regardless of the need for a parking-and-walk plan or a park and shuttle plan, the following items will help you (or your staff) develop a more robust Transportation Plan:

1. Will your event involve the use of parking and/or shuttle services?  Yes  No (**NOTE you must establish a concession agreement for use of valet parking/shuttle services concerning City owned lots**).
  - a. If "Yes", please provide the following details (NOTE: It is strongly advised that you detail parking lots/areas and/or shuttle pick-up and drop-off areas on a map/site plan).
2. Will you be charging your visitors/patrons to park or valet?  Yes  No
  - a. If "Yes", please contact the Division of Assessments and Licenses (216) 664-2260.
3. Areas that need to be considered in the development of your event's Transportation Plan:
  - a. Is there an expectation that you will have disabled (access & functional needs) persons coming to your event?  
 Yes  No
    - i. If "Yes", it is strongly advised that you develop a Shuttle Plan or provide some personnel to assist in getting these people to and from the event venue.
    - ii. Shuttle Plan Items/Details (Skip if no Shuttle Plan is being developed and incorporated into the Transportation Plan):
      - What method of transport/shuttling do you intend on using:
        - Golf Cart?  Yes  No How Many? \_\_\_\_\_
        - ADA Compliant Van?  Yes  No How many? \_\_\_\_\_
        - Buses?  Yes  No How many? \_\_\_\_\_
        - Vans?  Yes  No How many? \_\_\_\_\_
      - If using a Transportation Service Company, please provide the following information:  
NAME OF COMPANY: \_\_\_\_\_  
POINT OF CONTACT (NAME & PHONE #): \_\_\_\_\_  
ADDRESS OF COMPANY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
      - Where are the Pick-Up and Drop-Off Points?
        - **BEST PRACTICE:** Show on a Map/Site Plan.
      - What is the pick-up / drop-off point schedule? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Are there dedicated parking lots (areas) nearby your event (within 1-3 blocks)?  Yes  No
    - i. If "Yes":
      - Where are parking lots/areas located?
      - **BEST PRACTICE:** Show on a the below details on a Map/Site Plan:
        - Locations of Lots/Areas (use Street Intersections and Corner Directional Orientation)?
        - Number of Parking Spaces Available at each lot/area?
        - Do any of these Parking Lots/Areas require Patrons to Pay, via a pay booth, meter, etc. (Which lots and the cost or cost per a defined amount of time for each)?
        - What are the Operational Times of the Parking Lots/Areas (Open/Close Times, and No Parking Times, if parking on the Streets)?
        - If Street Parking, what side(s) of the Street can people park?

**SANITATION, REFUSE COLLECTION, & RECYCLING**

Pursuant to and in upholding the City of Cleveland Code of Ordinance Sections/Chapters 369.08 (Rubbish & Garbage Disposal), 551.04 (Setting out Containers), 551.26 (Illegal Dumping), and 603.041(Disposal of Dog Waste), all special events organizers need to develop a plan of waste/refuse collection for disposal in a legal manner in order to protect the health and safety of the general public. Site plan should include placement of all waste receptacles, dumpster, port-a-johns and hand hygiene units. Please provide the following information:

**NOTE: Sanitation, Refuse, Collection equipment may not create right of way obstructions.**

1. How many trash receptacles (cans) do you intend on providing? \_\_\_\_\_

**(NOTE: A Refuse [Trash] can is a 55 gallon drum sized unit or less and must be lined)**

2. Of these, how many will be covered? \_\_\_\_\_

3. How many dumpsters with will be provided? \_\_\_\_\_

4. Do you intend on providing recycling Containers?  Yes  No

a. If so, how many? \_\_\_\_\_

**Sanitation / Refuse Collection Company:**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Equipment Set-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment Pick-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

On Site Coordinator Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Please describe your plan for clean-up and removal of refuse, garbage, recyclables, and other wastes during and after your event:

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

**NOTE: Cleanup to be conducted immediately following the event. For questions regarding this section please contact Division of Waste Collection at (216) 664-2162 and Division of Park Maintenance (216) 420-8301. Guidance regarding Determining Equipment Needs can be found on the following page.**

**REFUSE (TRASH) & RECYCLING CONTAINER NUMBERS DETERMINATION JOB AID:**

According to the United States Environmental Protection Agency’s document titled *Municipal Solid Waste Generation, Recycling, and Disposal in the United States: Facts and Figures for 2011* and the Zender Environmental Research Group’s

2008 document *How to Calculate How Many Waste Containers You Will Need for Your Community* the following is a method to help in the determination of how many refuse (trash) containers you may need for your Event.

1. How many (total number) people do you expect at your event? \_\_\_\_\_
2. How long (in Hours) is your Event scheduled to last? \_\_\_\_\_
3. Use the answers from #1 & #2 above to plug into the following calculations (Steps):

**KNOWN VARIABLES:**

- a. The Average Weight of Refuse (Trash) that is generated by One Person each Day: **4.40 Pounds/Day**
- b. The Average Weight of Refuse (Trash) that is Generated per Hour by One Person: **0.18 Pounds/Hour**
- c. The Average Weight of Refuse (Trash) in a Cubic Yard of Refuse (Trash): **175 Pounds/Cubic Yard**

**STEP 1:** Calculate the Estimated Weight (in Pounds) of the Refuse (Trash) Generated:

$$= (\text{Total Number of People at the Event}) \times \{(\text{Total Length of the Event [in Hours]}) \times (0.18 \text{ Pounds/Hour/Person})\}$$

EXAMPLE (An Event has 100 people expected to show up, and the Event is expected to last for 5 hours.):

$$\text{Use the STEP 1 Formula: } 100 \text{ People} \times (5 \text{ hours} \times 0.18) = 100 \times 0.85 = \mathbf{90 \text{ Pounds}}$$

**STEP 2:** Calculate the Estimated Cubic Yardage of the Refuse (Trash) Generated using the weight from Step 1's calculation:

$$= (\text{Estimated Weight from Step 1's Calculation}) / (175 \text{ Pounds/Cubic Yard})$$

EXAMPLE (An Event has 100 people expected to show up, and the Event is expected to last for 5 hours.):

$$\text{Use the STEP 2 Formula: } 90 \text{ Pounds} / 175 \text{ Pounds/Cubic Yard} = \mathbf{0.514 \text{ Cubic Yards}}$$

**RULE OF THUMB** (Most Events are 6 hours or less in duration):

1. One 55-Gallon Drum can hold 0.25 Cubic Yard of Refuse (Trash); therefore, four 55-Gallon Drums can hold One Cubic Yard of Refuse (Trash).
2. Figure on one Refuse (Trash) Can (55-Gallon size) for every 40 people or ten Refuse (Trash) Cans for every 400 people.
3. One 10 Cubic Yard Dumpster is required for every 1500 people.

City of Cleveland Dumpster Rental Fee Schedule (14 Aug 2013)		
Dumpster Type	Cubic Yards	Cost per Pick-Up
Roll-Off	10	\$242.00
Roll-Off	20	\$335.00
Roll-Off	30	\$405.00
Roll-Off	40	\$476.00
Roll-Off Compactor	40	\$568.00
Front End Load	2	\$16.00
Front End Load	4	\$20.00
Front End Load	6	\$23.00
Front End Load	8	\$27.00

**RESTROOM & HAND HYGIENE UNITS / FACILITIES**

You may be required to provide portable restroom and hand hygiene units / facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities available to the public during your event, in the immediate area of the event site. Site plan should include placement of all port-a-johns and hand hygiene units. **ADA Compliance Requirements can be found at ADA Title I, II, & III, 28 CFR Part 36. You may also wish to review information at <http://www.ada.gov>**

**NOTE: Sanitation, Refuse, Collection equipment may not create right of way obstructions.**

Do you plan to provide portable restrooms and hand hygiene units/facilities at your event?

Yes  No

If "Yes":

1. Total Number of Portable Toilets: \_\_\_\_\_

2. Number of ADA accessible portable Toilets: \_\_\_\_\_

3. Hand Hygiene:

a. Hand Sanitizer Units?  Yes  No

i. If "yes", how many? \_\_\_\_\_

b. Portable Hand washing Unit(s)?  Yes  No

i. If "yes", how many? \_\_\_\_\_

If "No", please explain your justification: \_\_\_\_\_

**Portable Restroom Unit Company:**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Equipment Set-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment Pick-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

On Site Coordinator Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**NOTE: Equipment pick up must be made immediately following the event. For questions regarding this section please contact the Division of Park Maintenance at (216) 420-8301. Guidance regarding Determining Facility Needs can be found on the following page.**

## RESTROOM TOILET, URINAL, & HANDWASHING PROVISIONS DETERMINATION JOB AID:

Per the FEMA's *Special Events Contingency Planning Job Aid Manual, March 2005*, the following is a breakdown of restroom and handwashing (hand hygiene) provisions that need to be considered for special events venues:

Events where Alcohol ***is*** being offered / consumed:

1. One Toilet per 100 females.
2. One Toilet and one Urinal per 100 males (or two Urinals & two Toilet per 500 Males)
3. 10% of all toilet units must be ADA compliant.
4. A Minimum of one handwashing (hand hygiene) facility/unit per one toilet (or 20% of total toilets needed if more than 200 patrons).

Events where Alcohol ***is not*** being offered / consumed:

1. One Toilet per 200 females.
2. One Toilet and one Urinal per 200 males (or two Urinals & one Toilet for 1000 Males).
3. 10% of all toilet units must be ADA compliant.
4. A Minimum of one handwashing (hand hygiene) facility/unit per one toilet (or 20% of total toilets needed if more than 200 patrons).

A reduction in the amount of total number of toilets and handwashing (hand hygiene) facility/units (regardless of alcohol use at the event) can be reduced using the following chart:

Duration of Event Correction Factor:	
<b><i>Duration/Length of Event:</i></b>	<b><i>Quantity of Toilets/Handwashing Units Required:</i></b>
More than 8 Hours	100%
6-8 Hours	80%
4-6 Hours	75%
Less than 4 Hours	70%

**Example:** If your event has an average of 1000 patrons (with a 50% male [500 males] and 50% female [500females] patronage) per hour throughout an event, and alcohol being is being offered/consumed, using the calculation you would need you would need a total of five female toilets, two male toilets, and four urinals (or nine unisex porta-johns) of which two would have one would have to be ADA compliant. Furthermore, you would need two handwashing (hand hygiene) facilities/units. However, if the event will last for only five hours, you can use the chart above and reduce all of the toilet, urinal, and handwashing (hand hygiene facilities) to only 75% of calculated amount; therefore, you would need four female toilets, two male toilets, three urinals, and two handwashing (hand hygiene) facilities/units.

## Alcohol, Food, & Other Concessions

Events that offer alcohol, food, and other items for sale may require special permitting and/or inspection of these items and the areas from which they are offered. Please note that the license/permit holders of the liquor license/permit and street closure permits must be the same.

### FOOD CONCESSIONS / PREPARATION:

**(For questions regarding this section please contact the Cleveland Department of Health at 216-664-4599.)**

1. Will your Event offer food for sale?  Yes  No

a. If "Yes", how many vendors by type:

i. # of Mobile Food Trailers/Vehicles/Tents: \_\_\_\_\_

(NOTE: These types of food vendors must hold a valid/current State of Ohio Mobile Food Service or Mobile Retail Food Establishment license, as well as, Assessments and Licenses credentials for Mobile Food Shops.)

ii. # of Temporary Food Service/Retail Food Establishments: \_\_\_\_\_

(NOTE: These are licensed by the Cleveland Department of Public Health, and processed by the Division of Assessments for your Event only).

iii. Is the Event in a location that has a permanent "brick & mortar" food facility:  Yes  No

a) If "Yes", please provide the Name of Food Facility, point of contact name and a phone number:

- Food Facility Name: \_\_\_\_\_

- Point of Contact for Facility (Name): \_\_\_\_\_

- Phone Number of the Point of Contact: \_\_\_\_\_

iv. Do you intend on having food catered-in for your Event?  Yes  No

(NOTE: Food catering is where food is prepared at a licensed facility not onsite at the Event location and brought in for sale/offering).

a) If "Yes", please provide the Name of Food Caterer, point of contact name and a phone number:

- Food Caterer Name: \_\_\_\_\_

- Point of Contact for Facility (Name): \_\_\_\_\_

- Phone Number of the Point of Contact: \_\_\_\_\_

**NOTE:** If you are utilizing generators, wood, charcoal, or propane you must obtain a permit from the Cleveland Division of Fire at (216) 664-6664. Temporary and Annual permits are available for a fee.



## Medical Plan

The participants at a special event may require medical attention in the event of illness or injury. Planning for the provision of medical care for participants is essential, for both humanitarian and legal reasons. Hence, the goal of a Medical Plan is to ensure the proper and adequate medical services are in place to protect the health and safety of the participants at a special event function. The following are the basic details that you need to provide in the development of a Medical Plan:

1. Have you hired/consulted with a licensed emergency medical services professional to develop (or assist in the development) of your Event's Medical Plan?  Yes  No
  - a. If "Yes", then who is assisting in the development of this plan?
    - NAME: \_\_\_\_\_
    - PHONE: \_\_\_\_\_
    - Will this professional be your lead on-site medical professional during your event?  Yes  No
2. Special Events Medical Plan Details (Use following page as a Job Aid for this Section):
  - a. Do you intend on having any medical professionals and medical aid stations at your event (On-site)?  Yes  No
  - b. If "Yes", provide the following information:
    - How Many Medical Professionals do you intend on having for your event, by the following skill set:
      - i. # of Basic First Aid & CPR Trained Personnel \_\_\_\_\_
      - ii. # of Emergency Medical Technicians \_\_\_\_\_
      - iii. # of Nurses (By the following Skill Level):  
LPNs \_\_\_\_\_ RNs \_\_\_\_\_ Nurse Practitioners \_\_\_\_\_
      - iv. # of Physician Assistants \_\_\_\_\_
      - v. # of Doctors(MD/DO) \_\_\_\_\_
    - How Many Medical Aid Stations do you Plan on having at your event? \_\_\_\_\_
      - i. Will this area serve as a "patient collection point" if medical transport is required?  Yes  No
        - If "Yes", is this location accessible by an emergency medical vehicle?  Yes  No  N/A
        - If "No" to either then please show on a site drawing where you will have your "patient collection area(s) and/or the route to the "patient collection area".
    - **FOR RACE, RUN, PARADE, & RALLY VENUES ONLY:**
      - i. How many Mobile Medical Teams (MMTs) do you intend on using at your Event? \_\_\_\_\_
    - If you are intending on using a Medical Services Provider Provide the following information:  
MEDICAL SERVICES PROVIDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_
  - c. If "No" to Question 2.a. of this Section, please provide your intentions to seek medical treatment for persons that may fall ill or get injured at your event (to include medical transport method, facility where injured/ill will be transported, how to inform family members or "in case of emergency [ICE] contacts, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Location of the two (2) closest medical treatment facilities (MTFs) / Hospitals to your event location?

- **MTF/HOSPITAL #1 (Closest)**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

- **MTF/HOSPITAL #2 (Next Closest)**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

e. **Communications Plan (Medical):**

- If you answered "Yes" to question 1.a. then you can skip this item.

- If you answered "No" to question 1.a. then provide the lead medical professional or the primary point of contact who will provide important information to MTF/Hospitals in case something medical occurs:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_

**NOTE: For questions regarding this section please contact the Division of EMS (216)-664-6005. Guidance regarding Needs can be found on the following page.**

**MEDICAL SERVICES RESOURCE DETERMINATION JOB AID:**

The following guidance was developed based off several Special Events Contingency Planning Guides through open source searches of the internet. Regardless, the following matrix is a basic resource matrix for emergency medical services that can be used to develop your medical plan for your special event:

<b>Medical Services Resources Matrix – Fixed Location Events</b>		
<b>Anticipated Crowd Size (Patrons, etc.)</b>	<b>Medical Personnel Needed:</b>	<b>Medical Aid Station:</b>
0 – 499	2 (Basic First Aid Training Only)	1
500 – 999	2 (EMT-Basic or higher)	1
1000 – 1999	4 (EMT-Basic or higher)	1
2000 – 4999	6 (EMT-Basic or higher)	1
5000 – 9999	8 (EMT-Basic or higher)	2
10000 – 19990	12 (EMT-Basic or higher)	2
20000+	22+ (EMT-Basic or higher; +1 for every 1000 person increase over 20000)	4+

**NOTES:**

- Medical Aid Stations are fixed areas where medical services are provided. These areas can be a building, tent, room in a building, or a vehicle dedicated to medical treatment services (e.g. an EMS Squad).

**RACE EVENTS & PARADES:**

- Races and parades pose special medical challenges that are in addition to the use of medical aid stations. Since races and parades require people to move from point-to-point in some structured fashion, they will require the employment/use of Mobile Medical Teams (MMT). MMTs are composed of two people: a driver and a medical professional:

<b>Medical Services Resources Matrix – Race, Run, &amp; Parade Events</b>			
<b>Anticipated Crowd Size (Patrons, etc.)</b>	<b>Medical Personnel Needed:</b>	<b>Medical Aid Station:</b>	<b>Mobile Medical Teams:</b>
0 – 499	3 (Basic First Aid Training Only) + 1 Driver	1	1
500 – 999	3 (EMT-Basic or higher) + 1 Driver	1	1
1000 – 1999	6 (EMT-Basic or higher) + 2 Driver	1	2
2000 – 4999	9 (EMT-Basic or higher) + 3 Drivers	1	3
5000 – 9999	12 (EMT-Basic or higher) + 4 Drivers	2	4
10000 – 19990	16 (EMT-Basic or higher) + 4 Drivers	2	4
20000+	27+ (EMT-Basic or higher) + 5+ Drivers (+2 for EMT-B or higher & +1 Driver every 1000 person increase over 20000)	4+	5+

## INCLEMENT WEATHER PLAN

The City of Cleveland can experience severe weather in the form of blizzards, heavy snowfall, severe thunderstorms, tornadoes, extreme heat/cold episodes, heavy rain, etc. Therefore, depending upon the time of the year your special event is going to be held, you will need to consider the potential for extreme weather incidents, and the following are items that should be considered when planning your event:

1. Is your event going to be outdoors?  Yes  No.

a. High/Extreme Heat:

- i. Cleveland may issue a Heat Emergency if the Heat Index reaches 105°F or greater.
- ii. Regardless of whether a Heat Emergency is issued by Cleveland or not, it is highly recommended that you consider cooling stations and/or water points for you patrons/participants if weather is expected to be warm.

NOTE: Per FEMA guidance, plan for Five (5) Quarts (1.25 Gallons) of Drinking Water per person per day. Higher heat and humidity may require more water per person. Guidance regarding water needs can be found on the following page.

b. Extreme Cold

- i. A local environmental condition resulting in the Air Temperature of -15 degrees Fahrenheit with a Wind Speed of 30 MPH may result in a declaration of an extreme cold emergency by the City of Cleveland.

c. Thunderstorms, Wind Storms, and Tornadoes:

- i. Thunderstorms can “pop-up” and occur at any time, and predictability can be difficult. Thunderstorms can produce dangerous lightning, high winds, hail, and/or a tornado.
  - If your event is outdoors, have you identified shelter areas from lightning and flying debris (from winds)?  
 Yes  No  N/A
  - Have you identified the nearest tornado shelter area(s), for your event?  Yes  No
  - NOTE: Make sure shelter areas can accommodate the number of patrons/participants at your event; you may have to locate several.
  - Provide Details (or show on a Site/Route Plan/Map) to where shelters are located:

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**INCLEMENT WEATHER PLAN JOB AID:**

When high heat and humidity are expected, the chart below will assist in determining the appropriate amount of water needed for your event.

<i>Amount of Drinking Water per Person per Day:</i>		
<b>Number of Patrons/Participants:</b>	<b>Drinking Water Required per Day (Quarts)</b>	<b>Drinking Water Required per Day (Gallons)</b>
1	5	1.25
10	50	12.5
20	100	25
30	150	37.5
40	200	50
50	250	62.5
60	300	75
70	350	87.5
80	400	100
90	450	112.5
100	500	125
150	750	187.5
200	1000	250
250	1250	312.5
300	1500	375
500	2500	625
750	3750	937.5
1000	5000	1250
1250	6250	1562.5
1500	7500	1875
2000	10000	2500
3000	15000	3750
4000	20000	5000
5000	25000	6250
7500	37500	9375
10000	50000	12500

## INSURANCE

All events require Certificate of Insurance which names the City of Cleveland as an additional insured for not less than \$1 million for property and liability damages.

Name of Insurance Provider \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Agent / Contact \_\_\_\_\_ Phone \_\_\_\_\_

Limits of Liability / Property Damage Coverage \_\_\_\_\_

Limits of Liquor Liability (if applicable) \_\_\_\_\_