

LIMITED DURATION LICENSE APPLICATION

Temporary Structure - Super Celebration Sites

LDL _____ (internal only) **STR** _____ (internal only)

<p>Business Name: _____</p> <p>Address of Activity: _____</p> <p>_____</p> <p style="text-align: center;"> <input type="checkbox"/> Private Property <input type="checkbox"/> Public Property </p>	<p>Temporary Services to be Provided:</p> <p> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Electrical <input type="checkbox"/> Other: _____ </p>
<p>Dates of Installation/Removal:</p> <p>Installation Date: _____ <small>(No earlier than January 6)</small></p> <p>Occupancy Date: _____ <small>(No earlier than January 20, Cannot be occupied after February 6)</small></p> <p>Removal Date: _____ <small>(No later than February 18)</small></p>	<p>Entertainment Provided:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type: <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Amusements/Games <input type="checkbox"/> Televisions <input type="checkbox"/> Other: _____</p> <p>Stage Included: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Hours of Operation:</p> <p>Begin: _____</p> <p>End: _____</p> <p>Event Type: <input type="checkbox"/> Private Event <input type="checkbox"/> Open to Public</p>	<p>Included With This Submittal:</p> <p> <input type="checkbox"/> Insurance - Company: _____ <input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Installation Instructions <input type="checkbox"/> Site Plan <small>(Indicating location on lot, adjacent structures, lot lines)</small> <input type="checkbox"/> Floor Plan <small>(Indicating seating capacity & arrangement, required exits, egress illumination, aisles, exit signs, electrical distribution equipment, appliances, generators, and heating and cooking equipment)</small> <input type="checkbox"/> Emergency Weather & Evacuation Plan <input type="checkbox"/> Waste Disposal/Sanitation Plan <input type="checkbox"/> Security Plan <input type="checkbox"/> Parking & Transit Plan <input type="checkbox"/> Medical Plan </p>
<p>Structure Square Footage: _____</p> <p>Projected Maximum Attendance: _____</p> <p>Average Daily Attendance: _____</p>	<p>Applicant/Contact Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p>
<p>Signage on Temporary Structure:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>By submitting this application, I agree to release, indemnify, and hold harmless the City of Indianapolis from any liability or claim of damage related to the activities identified herein whether caused by negligence of City or otherwise. I affirm, under the penalties for perjury, that the foregoing representations are true.</p>
<p>Serving Food:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Food Vendor Name: _____</p> <p>Health Department Approval Obtained:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Signature: _____</p> <p>Date: _____</p>
<p>Serving Alcohol:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Alcohol Vendor Name: _____</p>	
<p>Sponsored by Specific Entity(s)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sponsor(s) Name: _____</p>	

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