EVENT HOLDER QUESTIONNAIRE

(To be attached to Permit Application – Retain in your files only)

RENTER / EVENT HOLDER NAME AND ADDRESS: (Same as on Permit Form or Rental Form)

_____

_____

_____

_____

Event Contact Person: _____
Email Address: _____
Daytime Phone Number: _____

EVENT INFORMATION:

Date(s) of Event: _____
(Include set-up and take down days)
Classification of Event:
(check box) I ❑ II ❑ III ❑ Vendor Only ❑ Instructor: Class I ❑ Class II ❑ Class III ❑
Hours of the event: _____
Location of Event: (Must enter complete address on certificate) _____

_____

Type of Event: _____
Detailed Description of Event: _____

_____

_____

Total attendance (**per day**) including all participants, spectators, guests, exhibitors, performers, entertainers, volunteers and employees:

Day One	_____	Day Four	_____	Day Seven	_____
Day Two	_____	Day Five	_____	Day Eight	_____
Day Three	_____	Day Six	_____	Day Nine	_____

Total Attendance ALL Event Days: _____

ADDITIONAL EVENT EXPOSURES:	**Yes**	**No**	
Admission Fee Charged?	_____	_____	
Vendors/Exhibitors/Concessionaires? ***(Please provide a list of names/what vending, etc.)***	_____	_____	How many Vendors? _____
Caterer? ***(Please provide name)***	_____	_____	
Liquor Served?	_____	_____	
Liquor Sold?	_____	_____	
Food/Non-Alcoholic Beverages Served?	_____	_____	
Food/Non-Alcoholic Beverages Sold?	_____	_____	
Entertainment Activities?(***Provide a list***)	_____	_____	
Have you held this event or similar event in the past?	_____	_____	
If yes, have accidents, incidents, claims or loss arisen from such event?	_____	_____	

Please review contracts and attach a separate sheet, listing **names and addresses** of all parties requiring to be named as Additional Insured.

The event premium includes a premium charge for the facility owner/lessor as additional insured.