



**Arcadia Creek Festival Place  
Application  
2017 Festival Year  
Downtown Kalamazoo Inc.  
Kalamazoo, Michigan**



*\*Any changes made to the Application prior to the event must be communicated in writing and are subject to review and approval.*

Date of application: \_\_\_\_\_ Are You Applying for Late-Night Status? Yes  No

**GENERAL INFORMATION**

Name of Event: \_\_\_\_\_

Sponsors of Event: \_\_\_\_\_

Setup Date & Time: \_\_\_\_\_

Actual date(s) of event: \_\_\_\_\_

Hours of event operation: \_\_\_\_\_

Tear-Down Date & Time: \_\_\_\_\_

Will You apply for a Liquor License? Yes  No  Undecided

Expected Total Attendance: \_\_\_\_\_ Expected Attendance Per Day: \_\_\_\_\_

2015 Attendance: \_\_\_\_\_ Event Website: \_\_\_\_\_

**CONTACT PERSONS**

**PLEASE NOTE:** Your signature on this application serves as acknowledgement of a legally binding agreement for payment of any rental / services henceforth. Your signature also serves as acknowledgment and agreement to follow procedures in the 2015-2016 User Manual.

Organization Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*Event Coordinator must be at least 21 years of age at the time of application submittal\*\*

## EVENT INFORMATION

Please circle the following event components:

Food Vendors  
Music/Bands  
Alcohol

Arts & Craft Vendors  
Children's Events  
Movies

Other Vendors, \_\_\_\_\_  
Raffles  
Theatre

Describe event activities: (Please attach a program schedule for reference.)

\_\_\_\_\_

\_\_\_\_\_

Event purpose or mission statement:

\_\_\_\_\_

\_\_\_\_\_

Is the event open to the general public? Yes  No

Is there an admission charge? \_\_\_\_\_ If yes, please indicate amounts: \_\_\_\_\_

Do the proceeds of this event benefit a charity/non-profit organization? Yes  No

If yes, please list the charity/non-profit organization: \_\_\_\_\_

How much of the proceeds are given to the charity/non-profit organization:

Year: \_\_\_\_\_ Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Amount: \_\_\_\_\_

## ENTERTAINMENT VENUES

What type of entertainment will be provided during the event? \_\_\_\_\_

How many performers throughout the event? \_\_\_\_\_

Check All that Apply: National  Regional  Local

Band Genre Type(s): \_\_\_\_\_

Please list any bands that will be approached. DKI may require additional information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you plan on having an additional stage and/or stage extension? Yes  No

If yes, please explain: \_\_\_\_\_

Sound Production Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Noise Complaint Response Plan: \_\_\_\_\_

\_\_\_\_\_

## LOGISTICAL INFORMATION

### **Tents:**

Please indicate the vendor who will be providing tents: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

### **Portable Restrooms:**

Please indicate the vendor who will be providing the restrooms: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

### **Cleaning:**

Who will be responsible for cleaning the site after your event: \_\_\_\_\_

Approximately how many people will be assigned to clean the site during & after your event? \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Trash Removal:**

Who will be conducting trash removal: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number & Type of Dumpsters: \_\_\_\_\_

Number & Type of Trash/Recycle Bins: \_\_\_\_\_

### **Electrical:**

Will your event be utilizing the electrical boxes / panels on site? Yes  No

Please indicate the vendor who will be providing electrical support: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Inflatable Devices:**

Will your event have any inflatable devices? Yes  No

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Additional Facilities:**

Are parking meters necessary for your event? Yes  No

If yes, please indicate the specific location of meters needed: \_\_\_\_\_

Are you requesting the closure of Edward's Street as a part of your event? Yes  No

Is the United Parking Lot necessary for your event (subject to DKAC approval)? Yes  No

### **Other Information:**

Would you like the Jumping Jewell Fountain on during your event? Yes  No

Describe how your event will be compliant with the Michigan Smoking Ban: \_\_\_\_\_

**SECURITY PLAN**

Please detail your security plan below:

\_\_\_\_\_

\_\_\_\_\_

Security Company you Plan to Hire: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\*Major-Themed Late Night Events are Required to Use Horse Patrol Friday & Saturday Evenings\*\*

**VENDOR/FOOD BOOTHS**

How many vendor booths will be on site? \_\_\_\_\_

Will food be sold at your event? Yes  No

If yes, please list number of booths: \_\_\_\_\_

Will your event include merchandising? Yes  No

If yes, please list number of booths: \_\_\_\_\_

**ALCOHOLIC BEVERAGES**

If you are selling alcoholic beverages, please list the beverages and the selling price:

Beer Price: \_\_\_\_\_ Wine Price: \_\_\_\_\_ Liquor Price: \_\_\_\_\_

**INSURANCE AND INDEMNIFICATION**

Organizers must provide a certificate of insurance 1 week prior to event. Please note the following:

LICENSEE shall provide proof of liability insurance (\$1,000,000 if not City sponsored) and liquor liability (\$500,000) and will defend, indemnify and hold harmless LICENSOR, Downtown Kalamazoo, Inc, Downtown Tomorrow Inc, the Kalamazoo Downtown Development Authority, the City of Kalamazoo (owner), Central City Parking/AMPCO Parking (Parking System Operator), PlazaCorp, 19 Props LLC, and its agents, employees and agents of the foregoing organizations. Proof of insurance shall be provided to LICENSOR at least one week prior to the commencement of the term and shall name the aforesaid organizations as additionally insured.

LICENSEE shall provide proof of liability insurance (\$1,000,000 if not City sponsored) to the City of Kalamazoo for the closure of Edwards Street. Proof of insurance is required at the time of street closure application to the City of Kalamazoo.

Name of Insurance Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2017 Rental / Maintenance Fee Information

Submission of festival site applications is taken on an on-going basis. All events must be approved by the Downtown Kalamazoo Inc. Board, which meets monthly.

- |             |  |                                |
|-------------|--|--------------------------------|
| <b>I.</b>   | <b>Application Fee</b> (non-refundable)<br><i>Due at time of application submittal</i>   | \$250                          |
| <b>II.</b>  | <b>Security Deposit</b> (cashed, but refundable)<br><i>Due 14 days following DKI approval of event.<br/>                     If not received within 14 days, the event will be canceled and the coordinator will need to reapply for ACFP usage.</i> | \$500                          |
| <b>III.</b> | <b>Pre Event Fees</b><br><i>Due 30 days prior to the event</i>   |                                |
| A.          | Rental Fees (per day)  |                                |
|             | Full Day Rental (6-12 hours)*  | \$900                          |
|             | Half-Day Rental (0-6 hours)*   | \$580                          |
|             | <i>*includes setup and tear down time</i>  |                                |
| <b>IV.</b>  | <b>Post Event Fees</b><br><i>Due within 30 days after final invoice</i>  |                                |
| A.          | United Lot Rental (per weekday 7:30 a.m. – 5 p.m.)   | \$100                          |
| B.          | Fencing  | \$450                          |
| C.          | Power Washing  | \$55/hour                      |
| D.          | Electrical   | Consumers' Current Rate        |
| E.          | Street Closure(s)  | Variable                       |
| F.          | Parking Meter Rental Fees  |                                |
|             | Non-Profit Rate  | \$5/Meter Per Day              |
|             | For-Profit Rate  | \$10/Meter Per Day             |
| G.          | Horse Patrol   | \$450 Per Evening              |
|             | <i>*Applies to Friday and Saturday<br/>"late-night" events only</i>  |                                |
| <b>V.</b>   | <b>First-Time Events</b><br>First-Time Events are required to pre-pay 75% of all DKA Charities' estimated expenses after application approval according to the following periodic time-table:  |                                |
|             | 6 months prior to the event:   | 25%                            |
|             | 3 months prior to the event:   | 50%                            |
|             | 1 month prior to the event:  | 75%                            |
| <b>VI.</b>  | <b>Late Charges</b><br>A late charge, in addition to post-event costs, will be assessed if a scheduled payment is not received within 30 days of the date indicated on the final post-event invoice:   |                                |
|             | 30 days late:  | 25% of the outstanding balance |
|             | 60 days late:  | 50% of the outstanding balance |
|             | 90 days late:  | 75% of the outstanding balance |