

**APPLICATION FOR
WEST COLUMBIA AMPHITHEATER**
West Columbia Riverwalk - Amphitheater & Greenway



APPLICATION DATE: _____ **DATE OF USE:** _____

**Please contact Crystal Bouknight at (803) 791-1880, if event is less than 6 weeks from application date.*

NAME OF *APPLICANT: _____ **SPONSORING GROUP:** _____

**Applicant is person who is directly responsible for the event and who will sign the application*

RELATION TO SPONSORING GROUP (if applicable) : _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____

E-MAIL: _____

Hours of Activity: Set-up start time: _____ a.m./p.m. Event end time: _____ a.m./p.m.

 Event start time: _____ a.m./p.m. Breakdown end time: _____ a.m./p.m.

TYPE OF EVENT: Check the type of event you plan to hold

- ___ Festival – A stationary event held on one or more days, including festivals, fairs, carnivals, rallies, concerts, & recreational events.
- ___ Parade, Procession or March – An organized group marching or in procession, whether on foot or in vehicles.
- ___ Bike or Wheeled Race
- ___ Foot Race or Walk
- ___ Commercial Film or Photographic Activities – A movie, commercial or fashion industry photography.
- ___ Private Party – Weddings, reunions, birthday parties, etc.

DESCRIPTION OF EVENT: _____

If event is a fundraiser, name of Charitable/Non-Profit Organization: _____

If event includes a route of procession (e.g.; walk-run event), please provide specific route: _____

Check all components of event that apply:

- | | |
|---|---|
| ___ Admission Fee (cannot charge any fee to park visitors) | ___ Food Vendors (must obtain proper permitting) |
| ___ Retail Vendors (must obtain proper permitting) | ___ Stage (not provided by City of West Columbia) |
| ___ Live Music (must abide by noise ordinance) | ___ Amplified Sound (must abide by noise ordinance) |
| ___ Electricity Needed | ___ Cooking utilities |
| ___ Portable Restrooms (required for events over 300 attendees) | ___ Traffic Control, Road Closure |
| ___ Consumption of Alcohol | |

ESTIMATED ATTENDANCE: Total: _____ (Participants: _____ Spectators: _____ Volunteers: _____)

Due to the size and scope of the event, an Applicant may be required to provide additional police protection and/or fire inspection. You will be contacted by Lt. John Norman (803- 936-6280) with the West Columbia Police Department regarding the need for additional law enforcement and fire inspection services. If Lt. John Norman is unable to reach you and you fail to make contact with him, your permit will not be approved.

WEB PAGE: Would you like to be listed on the City's events calendar on its website? _____ Yes _____ No

DOES THE EVENT INCLUDE: Food Vendors? _____ Yes _____ No Retail Vendors? _____ Yes _____ No

Persons or Businesses engaged in any calling, occupation, profession or activity with the object of gain, benefit or advantage, either directly or indirectly are required to purchase a City of West Columbia Business License. License fees are based on gross income pursuant to SC law. For more information on Business Licenses, please call (803) 936-6285.

Please note that the preparation and sale of food requires approval from the SC Dept. of Health & Environmental Control (SCDHEC).

Persons selling products are required to have an SC Retail Sales Tax license. Questions regarding the SC Retail License may be directed to the SC Dept. of Revenue (SCDOR).

RESTROOM FACILITIES

While there are three (3) public restrooms located at the Amphitheater, when large numbers of people are expected at an event, portable restrooms may be required. Generally, the City recommends that one chemical toilet be used for every 150 people over 300. If additional restrooms are needed, all portable restrooms must be placed on hard surfaces and be accessible from the roadway. Supply companies are not allowed to drive on turf. These units should be serviced as needed. Spill response kits should be available for all events using portable restrooms. All vendors, suppliers and their equipment **MUST** be removed from the park at the end of the event or additional park rental fees will be charged. Contact Parks Department Supervisor at (803)331-8680, for approval of portable restroom locations at least two weeks prior to event.

RENTAL TYPE: _____ with power* \$ 125.00 /day OR _____ without power* \$ 100 /day

(Make check payable to "City of West Columbia Greenway Fund" and attach to application – see Rules for Refund Policy)

**These are minimum amounts. Fees may increase due to size and scope of event.*

APPLICATION TO SELL ALCOHOLIC BEVERAGES: _____ \$ 100.00

(Make check payable to City of West Columbia and attach to application – this fee is non-refundable)

TOTAL SUBMITTED: \$ _____ (must be cash, check or money order)

Dates cannot be reserved without an application and appropriate fee.

Law enforcement fees (if applicable) must be paid three business days prior to event.

HOLD HARMLESS CLAUSE

I/We hereby stipulate and agree to indemnify and forever hold harmless the City of West Columbia against any and all claims and demands or actions which may hereafter be made or instituted against the City, arising out of our rental and occupancy of the West Columbia Greenway and Amphitheater. I/We further agree to assume all costs of damage to the park/facility and/or contents during the period authorized and all results of said use of park/facility and/or contents. I/We have read and initialed the rules and regulations as set forth in the "Rules and Regulations for West Columbia Greenway and Amphitheater Rental", and agree to comply with these rules and regulations.

The City of West Columbia reserves the right to revoke a permit to hold an event on City premises without notice when the Permittee does not comply with the terms and conditions of this permit or fails to perform or fails to conduct its activities in a manner acceptable to the City; or if the City becomes aware of an individual or group that espouses or promotes views, ideas or presentations which are likely to promote discrimination, contempt or hatred to any person on the basis of race, national or ethnic origin, color, religion, age, sex, marital status, sexual preference, or disability, gratuitous sex and violence or denigration of the human condition.

SIGNATURE OF PERSON DIRECTLY RESPONSIBLE: _____ **DATE SIGNED:** _____

SEND COMPLETED APPLICATION/PERMIT FORM AND CHECK(S) TO:

**City Of West Columbia - Riverwalk Amphitheater Rental Department
200 N. 12th Street, West Columbia, South Carolina 29169
Or
Po Box 4044, West Columbia, South Carolina 29171
Phone (803) 791-1880**

OFFICIAL USE ONLY:

Event Insurance Received: _____ Yes (attach proof of insurance to permit)

Liquor Liability Insurance Received: _____ Yes (attach proof of insurance)

Approved/Disapproved by: _____ Date approved: _____

Comments from City Administrator: _____

Alcoholic Beverages Approved/Disapproved by Council on: _____

Executed Permit Sent to Applicant: _____ Copy Sent to Parks: _____ Police: _____

Permit Available at Time of Event: _____ Clean-Up: Satisfactory _____ Unsatisfactory _____

Additional Comments: _____
