

EVENT APPLICATION

- This application is a supplement to the Providence Public Event Application, tailored for the ALEX AND ANI City Center. If this is a private event, the Public Event Application does not need to be completed.
- Applications must be filed at least 60 days in advance of event date.

ORGANIZATION INFORMATION

If this is a public event, you must also complete and submit a Providence Public Event Application.

Host Organization: _____

Event Coordinator: _____

Event Coordinator Cell Phone: _____ Email address: _____

(Note: This person must be in attendance for the duration of the event and be immediately available to AACC Management staff and City officials at all times)

EVENT INFORMATION

If this is a public event, you must also complete and submit a Providence Public Event Application.

Event Title: _____

Event Date(s): _____

Brief Description of Event and Activities:

Number of Participants: _____ Number of Spectators: _____ Total Anticipated Attendance: _____

Day 1:

Actual Event Hours: _____ am pm TO _____ am pm (Not including set up & breakdown)

Please note: curfew for amplified sound is 10:30pm unless otherwise noted on your contract / quote

Set-up Hours: _____ am pm TO _____ am pm

Breakdown Hours: _____ am pm TO _____ am pm

Day 2:

Actual Event Hours: _____ am pm TO _____ am pm (Not including set up & breakdown)

Please note: curfew for amplified sound is 10:30pm unless otherwise noted on your contract / quote

Set-up Hours: _____ am pm TO _____ am pm

Breakdown Hours: _____ am pm TO _____ am pm

Day 3:

Actual Event Hours: _____ am pm TO _____ am pm (Not including set up & breakdown)

Please note: curfew for amplified sound is 10:30pm unless otherwise noted on your contract / quote

Set-up Hours: _____ am pm TO _____ am pm

Breakdown Hours: _____ am pm TO _____ am pm

SETUP

If this is a public event, you must also complete and submit a Providence Public Event Application.

Please describe the scope of your setup work with specific details. Use additional pages if necessary.

EVENT PLAN

Please provide a detailed description of your event. Include details regarding any components of your event such as activities, performances, use of vehicles, animals, sound, vendor sales, equipment, staging and any other pertinent information about the event:

ENTERTAINMENT

Live Music DJ Radio/CD /MP3 Performers Dancing Stage Other: _____

Musical entertainment requires you to obtain an Entertainment License and approval from the Board of Licenses.

Will sound checks be conducted prior to the event? (please check) Yes No

If yes, sound check start time: _____ am/pm

Name of sound/production company _____

Contact: _____

Company phone # _____ Cell phone _____

ADDITIONAL RENTALS

Stage Yes No

Size of stage _____

Name of stage rental company _____

Company phone # _____ Cell phone /contact: _____

Other Rental Units _____

Name of rental company _____

Company phone # _____ Cell phone /contact: _____

TENT

Will a tent or tent(s) be used? (please check) Yes No

Size of tent(s) _____

Name of tent company _____

Company phone # _____ Cell phone /contact: _____

PORTABLE TOILETS

Mandatory for public events. On-site restroom use provided only for event staff and vendor representatives.

Number of standard portable toilets (1 per 250 people) _____ Number of handicapped _____

VISUAL PROMOTION

Will any signs, banners, decorations, or special lighting be used? (please check) Yes No

If Yes, please describe:

CONCESSIONS

Complete information must be provided on Providence Public Event Application 2014.

Are you requiring admission fees / donations to enter your event? Yes No

If yes, cost of admission: _____

Does your event involve the sale or use of alcoholic beverages? Yes No

If yes:

Have you applied to the Providence Board of Licenses for a Permit to Sell Alcohol? Yes Not yet
OR

Name of caterer you will be hiring who already holds permits for alcohol sales: _____

Please describe your security plan to ensure the safe sale and distribution of alcohol at your event:

Will there be vending? Food Beverage Goods Services Total vendors: _____

Please note: You may be required to obtain vending licenses from city and state departments if you or your vendors do not already have them (see Appendix).

If you are hosting vendors at your event, please list them below (use additional sheet if necessary):

Business Name	Contact Person	Phone / Email

SANITATION

Name of trash removal company: _____

Dates of dumpster delivery and pick up: _____

Company phone # _____ Cell phone /contact: _____

Rental of a 20 yard dumpster with a low height is recommended for events with BOTH food/drink and attendance over 500 people.

RECYCLING OPTIONS

Please speak with the AACC representative to secure recycling for your event.

PROOF OF LIABILITY INSURANCE – *see checklist for insurance policy details*

All events require a Certificate of Insurance (COI) from your agent. Please submit a copy of your COI at least 4 weeks prior to event.

1-5000 people at an event requires proof of liability insurance in the amount of One Million Dollars naming the City of Providence and its employees and/or agents, the ALEX AND ANI City Center and Rink Management Services Corporation, as additional insured.

Over 5000 people at an event requires proof of liability insurance in the amount of Five Million Dollars naming the City of Providence and its employees and/or agents, the ALEX AND ANI City Center and Rink Management Services Corporation, as additional insured.

EVENT LAYOUT

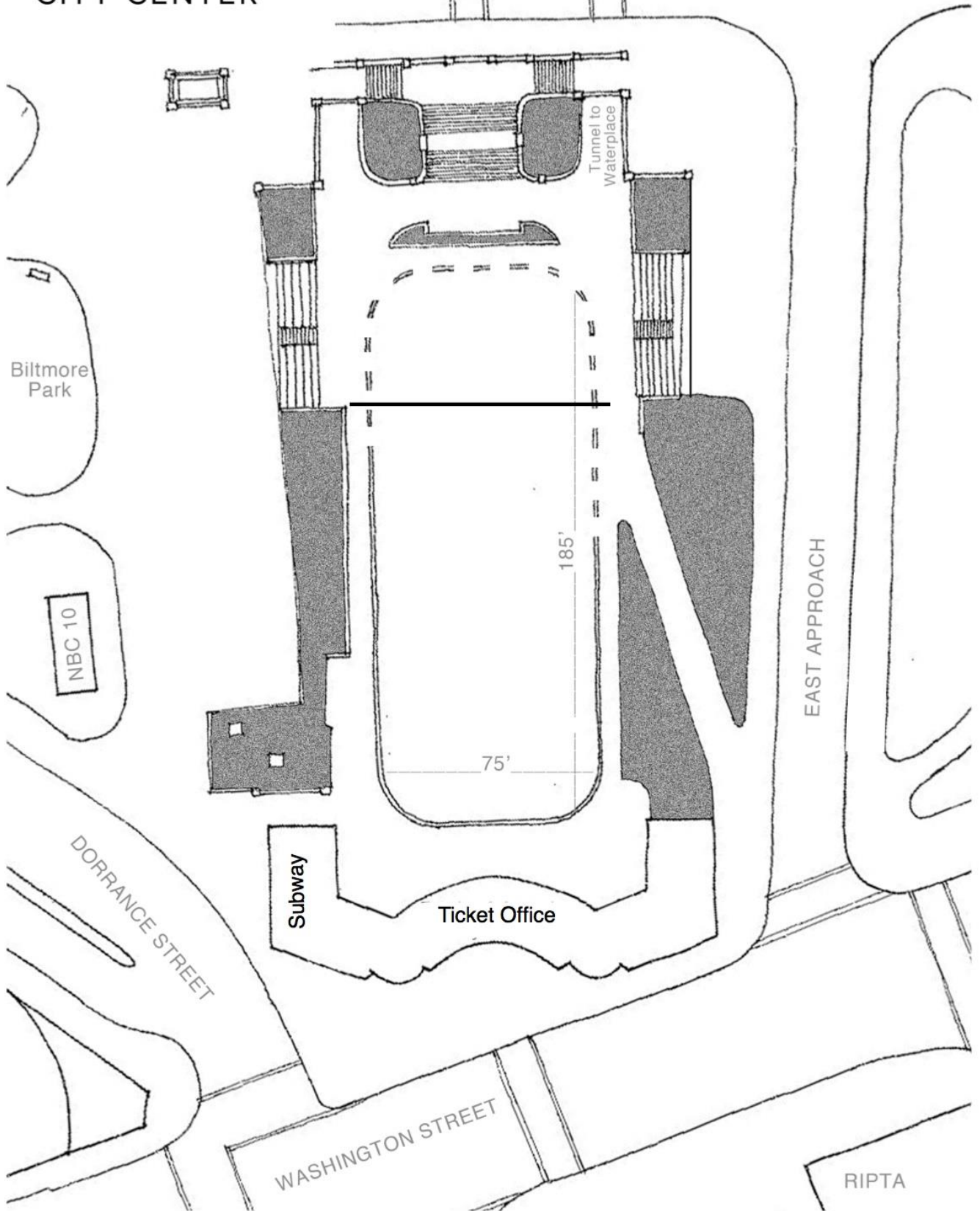
* Using the map on next page, please draw your planned layout for all of the applicable items listed below.

- Admissions Gate(s)
- Beer Garden / Bar area
- Booths, Exhibits, Displays or Enclosures
- Canopies or Tent Locations
- Fencing, Barriers and/or Barricades
- First Aid Facilities and Ambulance Locations
- Food Concession and/or Food Preparation Area(s)
- Gas Tanks, i.e. helium, propane, etc
- Generator Locations and/or Source of Electricity
- Other Related Event Components not covered above: _____
- Platforms, Stages, Grandstands or Related Structures
- Portable Toilets
- Trash Containers and Dumpsters. Number of Trash Cans: _____
- Vehicles and/or Trailers (please note: no vehicles may remain on rink concrete surface during event)

ALEX AND ANI[®] CITY CENTER

Rhode Island Foundation

EXCHANGE TERRACE



FIRST AID

The City of Providence requires a first aid station with medically certified personnel having a minimum of current First Aid and complete CPR certifications at any event with an attendance of over **5000** people. Event planners must provide either a contracted emergency vehicle or equivalent. This station/vehicle must be centrally located and clearly marked. Please indicate what arrangements you have made for providing First Aid Staffing and Equipment and provide a copy of your contract with this application.

Number of ambulance(s): _____

Ambulance company: _____

Ambulance company's Public Utilities License # _____

DAMAGE DEPOSIT

Depending on the type and size of event, a refundable Damage/Clean up Deposit will be required. It will be noted in your contract / quote.

SPECIAL EVENT RENTAL FEES

The rental fee for the ALEX AND ANI City Center ranges from \$2000 to \$5000 and does not include the cost of permitting you may need from other departments. The final fee is driven by the facility's labor and security costs to serve your needs and will depend on the following characteristics of your event:

- Length of the event
- Anticipated attendance
- Day of the week; time of day
- If food and beverage are being served
- Electrical needs
- Set-up time and logistics

→ Once you submit this form, we will respond within one week with an itemized quote for your confirmation. Should you choose to alter your event timing in order to save costs, please update us within a week after receiving your quote.

Email completed form to cmerolli@providencerink.com

Mail to:

ALEX AND ANI City Center
2 Kennedy Plaza
Providence RI 02903

Fax to: 401.331.5588

Drop off by appointment only. Phone 401.553.6413

Applicant Name (please type or print) _____

Signature of Applicant: _____

Date: _____

APPENDIX

For your reference, the following is a list of contacts you may need in acquiring all necessary permitting for your event:

CITY of PROVIDENCE

Lizzie Araujo (for large events requiring a City Service meeting)

Cultural Affairs Manager, Dept. of Art, Culture + Tourism, Providence; (401) 680-5772, Laraujo@providenceri.com

Heather Manning (for events in any Providence park)

Events Coordinator, Providence Parks Department; (401) 941-5640, hmanning@providenceri.com

Bien Garcia (for recycling set up and removal)

Recycling Coordinator, City of Providence: (401) 467-7950

Serena Conley (for Entertainment, Food and Vending, and Liquor Licenses)

License Administrator, City of Providence Board of Licenses (401) 421-7740 ext. 209; sconley@providenceri.com

Leo Perrotta (for street or sidewalk closing permits)

Parking Administrator, (401) 781-4045; lperrotta@providenceri.com

Sergeant Michael A. Martinous (for scheduling police detail)

Providence Police, Detail Office; mmartinous@providenceri.com

Inspector Timothy Lutz (for inspections of tents larger than 120 sq ft, pyrotechnics, fireworks, flammable hazards, and fire detail questions)

Fire Marshal; (401) 243-6083; tlutz@providenceri.com

David Vollucci (for electric / sound)

City Electrician; (401) 578-9836

STATE LINKS and CONTACTS

Lillian Bernard (if food will be sold)

State of Rhode Island, Department of Health; (401) 222-2750; lillianb@doh.state.ri.us

Promoter's Permit (for operating a "show" as in craft, antiques, foods, coin shows etc) SP-1 available here:

http://www.tax.ri.gov/taxforms/sales_excise/sales_use.php

or by calling the RI Division of Taxation at (401)574-8955

Sales Tax Permit number (Permit to Make Sales at Retail) available here:

http://www.tax.state.ri.us/taxforms/sales_excise/sales_use.php or by calling the RI Division of Taxation at (401) 574-8970.

Mobile food service license. The downloadable pdf application is available here:

<http://www.health.ri.gov/applications/FoodMobileService.pdf> or by calling the RI Department of Health at (401) 222-2749 or

for more information: www.health.ri.gov/foodprotection

Richard Sullivan (if your event impacts RIPTA bus routes or service)

Rhode Island Public Transit Authority; rsullivan@ripta.com