

Special Event Questionnaire

Name of organization _____

Website address _____

FEIN _____ Years under current management _____ Years in business _____

Completed by _____ Title _____

Signature _____ Email _____

Date Completed _____

	Yes	No
1. Total number of events: _____		
2. Does your organization work with local authorities for threat assessment prior to the event?	<input type="checkbox"/>	<input type="checkbox"/>
3. Complete chart below for each event. If additional space is required, provide information on an attachment.		
Provide the following information:	EVENT 1	
Provide the following information:	EVENT 2	
Provide the following information:	EVENT 3	
Name of event		
Date, time and location of event		
Total estimated attendance		
Gross sales from admissions	\$ _____	\$ _____
Gross sales from food or non-alcoholic beverage sales	\$ _____	\$ _____
Other gross sales (auction, raffles, gambling, etc.)	\$ _____	\$ _____
	Yes	No
Annual event?	<input type="checkbox"/>	<input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel present?	<input type="checkbox"/>	<input type="checkbox"/>
Activities at event (use applicable activity code(s) from list below):		
Activity Codes (for use above)		
A. Golf outing	F. Fashion or Art Show	K. Fireworks sales or show
B. Wine tasting	G. Bingo or Poker	L. Haunted house or trail
C. Dinner, gala or picnic	H. Aircraft (motorized or not)	M. Inflatable devices
D. Auction	I. Animals	N. Other – describe in space below
E. House or garden tour	J. Athletic participation	O. Describe: _____
4. Describe all concerts (music types) and event venues:	<input type="checkbox"/> Not Applicable	
5. Describe all amusement devices and controls in place:	<input type="checkbox"/> Not Applicable	
6. Describe all motorized vehicles or motorized equipment:	<input type="checkbox"/> Not Applicable	

Continued

Yes

No

7. If security personnel present, please indicate who provides security and whether they are armed or unarmed:
- ☐ Not Applicable ☐ Employees ☐ Volunteers ☐ Contracted Third Party ☐ On-Duty Police
☐ Off-Duty Police ☐ Unarmed ☐ Armed

8. If event includes a parade, please provide the following details, ☐ Not Applicable
- Level of activity:** ☐ Participation only ☐ Sponsor or co-sponsor

a. Number of: floats _____ horses _____ participants _____

b. Are certificates of insurance, with \$1,000,000 liability limits, required from all participants? ☐ ☐

9. Are any event activities provided by a third party? ☐ ☐

If yes,

a. Is a contract in place that includes an insurance requirement and a hold harmless agreement in your organization's favor? ☐ ☐

b. Is a certificate of insurance required from the third party? ☐ ☐

10. **If Liquor or Alcohol is Served or Sold:** ☐ Not Applicable

If served without charge, total annual cost of alcohol purchased to serve at events: \$ _____

If sold, gross annual alcohol sales: \$ _____

Type of alcohol? ☐ Beer only ☐ Beer and wine only ☐ Beer, wine and/or liquor

Type of license obtained for sale of alcohol:

☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by third party

Are any employees or volunteers of your organization responsible for serving alcohol? ☐ ☐

What alcohol dispensing controls are in place?

☐ Formal server training (*TIPS/ TAPS*) ☐ Limited # of drink tickets (*provide # allotted*) _____

☐ ID check prior to admission ☐ Wrist bands identifying >21 ☐ ID checked at purchase

11. Any other details to share: _____