

**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	_____
<b>Total Attendance <u>ALL</u> Event Days:</b>		_____			

<b><u>ADDITIONAL EVENT EXPOSURES:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	
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. **9**