

ORDINANCE NO. 2022-34

AN ORDINANCE REQUIRING A COMMUNITY EVENT PERMIT FOR COMMUNITY
EVENTS HELD WITHIN THE VILLAGE OF ARCANUM, OHIO

WHEREAS, the Service and Leisure Committee has determined that it is necessary to require a permit for community events taking place within the Village; and

WHEREAS, the Village desires to create a Community Event Permit in order to better facilitate communication between the Village and individuals and/or organizations desiring to hold community events within the Village limits;

NOW, THEREFORE, BE IT ORDAINED by the Council for the Village of Arcanum, Darke County, Ohio, as follows:

Section One: The Community Event Permit attached hereto as Exhibit "A" is hereby approved and incorporated by reference herein.

Section Two: Any individual and/or organization holding a community event within the Village of Arcanum shall be required to apply for a Community Event Permit at least thirty (30) days prior to the date(s) of the event. Said permit shall be available at the Village Administration Building and there shall be no fee assessed for said permit.

Passed this 27th day of September, 2022.


Jerry L. Boolman, Council President Pro Tem


Bonnie L. Millard, Mayor

ATTEST:


Toni M. Stanley, Fiscal Officer

1st Reading: 09/27/2022
2nd Reading:
3rd Reading:
Three Reading Rule Waived:09/27/2022
Emergency Declared:



va@villageofarcantum.com

COMMUNITY EVENT PERMIT

NAME OF ACTIVITY: _____

RESPONSIBLE PERSON: _____

PHONE NUMBER: _____ ADDRESS: _____

TIME/DATE/LENGTH OF EVENT: _____

LOCATION OF EVENT: _____

ROAD CLOSURES: YES or NO WATER NEEDED: YES or NO ELECTRIC NEEDED: YES or NO

If you answered YES to any of the above please complete bullet points that apply, Superintendent will contact you

- Road Closures: # of Barricades _____ Which streets _____
• Electric: # of panels & where _____
• Water: _____

STREET DEPT: TRASH PICKUP or SWEEPER

TRASH CONTAINERS FROM RUMPKE: YES or NO

SAFETY NEEDED: POLICE or FIRE (PAID OFFICERS REQUIRED IF ALCOHOL AT EVENT)

ALCOHOL: YES or NO ALCOHOL PERMIT # _____

PROOF OF INSURANCE REQUIRED: PLEASE SUPPLY COPY W/PERMIT

NON-PROFIT: YES or NO

CONTACT DURING EVENT:

NAME: _____ PHONE: _____

SIGNATURE OF RESPONSIBLE PARTY: _____ DATE: _____

APPROVED BY:

MAYOR _____ DATE _____

VILLAGE ADMINISTRATOR _____ DATE _____

POLICE CHIEF _____ DATE _____

FIRE CHIEF _____ DATE _____

NO FEE

S/administrator/community event