

**CITY OF CANTON  
PUBLIC EVENT APPLICATION**

**GENERAL INSTRUCTIONS**

To make application to sponsor a public event on City-owned property, the event sponsor or representative must complete and submit this application and all necessary fees and supporting documentation at least **14** days in advance of any block party, at least **30** days in advance of an event utilizing City owned property, and at least **60** days for any Park property.

NOTE: Individuals or organizations interested in utilizing park space or facilities must also contact the Canton Parks Department at (330) 489-3015.

**The City reserves the right to reject any incomplete applications.**

Please submit the following with this application:

- Payment of event fee (see fee schedule)
- Site plan/map for the event including roads to be closed
- Sound Variance (if applicable)
- With the exception of block parties, all applications must include a certificate of liability insurance with coverage of \$1,000,000.00 which includes the City of Canton as an additional insured

Please direct your insurance agent to mail or fax a copy of the insurance certificate to the address listed below:

City of Canton - 8th Floor  
218 Cleveland Ave SW  
Canton, Ohio 44702  
Phone: (330) 438-4309 Fax: (330) 489-3282

**NOTE:** Please include the event name on the certificate of liability insurance.

**CHARGES FOR RESERVATION OF PUBLIC GROUNDS**

Courthouse Plaza (Courtyard behind the Stark County Courthouse)	\$100.00 (Daily)
Central Plaza North (Median in the 100 Block of Market Ave N)	\$100.00 (Daily)
Central Plaza South (Median in the 100 Block of Market Ave S)	\$100.00 (Daily)
Any Park - Profit Organization	\$500.00 (Daily)
Any Park - Non-Profit Organizations.	\$350.00 (Daily)
Any Park - Neighborhood Associations of Canton, includes one shelter.	\$25.00 (Daily)

**PUBLIC SAFETY FORCES**

**Fire/EMT**

\$50 Per Hour Regular / \$58 Per Hour Holiday

*Minimum of 4 hours for all Fire/EMT services*

*Minimum of 4 hours for police services*

**Police**

\$50 Per Hour Regular / \$58 Per Hour Holiday (\$20 Per Hour / Per Police Cruiser)

The number of firemen, EMT's, or police officers required at the event will be determined by each department upon the receipt of an event request. Based on the scope of the event and available manpower, cost of these services will be totaled and an invoice will be sent to the applicant. Cancellation of these services must take place at least 48 hours prior to the start time of any event to receive full reimbursement.

**Please make checks payable to (and send insurance verification to):**

**City of Canton  
Public Events - 8th Floor  
218 Cleveland Ave SW  
Canton, Ohio 44702**



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**Will you be using sound amplification equipment?** **Yes** **No**

If sound amplification equipment is to be used or excessive noise may result from your event, a sound variance may be required. One can be found here: <https://www.cantonohio.gov/DocumentCenter/View/2605/Sound-Variance-Application>.

**Are you planning to use tents?** **Yes** **No**

If tents over 10' x 10' are to be used, you will need to obtain a permit from the Canton Fire Department. Call 330-489-3411.

**Will you be requesting any streets (or portion of) to be closed?** **Yes** **No**

What street(s) do you wish to close?

From To

Please submit a detailed map showing what roads you would like closed, if possible.

If you are using a road that will affect your neighbors, click on the link below, print out the form, and have those that will be affected sign off on your request, then submit that form with your application.

[Neighborhood Street Closure Petition](#)

**Resources Needed**

NOTE: Please be advised that the City may be able to provide access to the following resources, upon request and availability. Please know there may be fees associated with your request(s).

**Please check all items that you are requesting for your event (fees may be charged):**

Barricades	Parking	Water access (from hydrant)
Trash Cans # _____	Electricity	
Dumpster	Other:	

**The City does NOT provide:**

Water Hoses	First Aid Stations or Supplies	Port-a-Potties
Tables	Sound Amplification Equipment	Clean Up Services (Organization is responsible for clean up)
Tents	Portable Generators / Elec. Cords	

If needed, arrangements for any of the above items must be made by the requestor through alternate means.

**Map Submission**

Please submit a map (no larger than 8 1/2" x 11") of the route or layout of the event. Include on the map:

Bandstands/Stages	Emergency Vehicle Access Routes	Exhibitor Parking
First Aid Facilities	Liquor License Area	Seating
Restrooms/Port-O-Potties	Restricted Driving Lanes	Other Structures
Tents	Vendor Placement	

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**Please provide any additional information for your event that you feel would be beneficial:**

An approved Public Event Application entitles the applicant to the use of City space. The City is not responsible for pursuing additional arrangements and permits that may be required. The applicant is responsible for any damage or debris left on the premises and future permits may be withheld should excess damage or debris is created as a result of this event. The applicant or sponsoring organization is required to notify and coordinate with any business, homeowners or other entities that may be impacted by the event.

**Sponsoring Organization**

Name

Address

Is the organization tax exempt?

Yes

No

Employer Identification Number (EIN)

Contact Person (Person in Charge of the Event):

Address

Email

Phone Number

This application will be considered only when all necessary sections have been completed. Submission of this application does not guarantee approval of the event. The sponsor will be notified of the approval or denial after all City departments and outside agencies have reviewed the complete application.

I hereby agree to operate the described event in accordance with all regulations and conditions imposed by the laws of the State of Ohio and the laws, ordinances, and regulations of the City of Canton for public events. I understand any false statement could result in the revocation or denial of this application.

Signature of Person in Charge \_\_\_\_\_ Date \_\_\_\_\_

Reminder: Insurance verification must be received prior to the event.

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**FOR CITY USE ONLY:**

**Police Department:** \_\_\_\_\_

**Safety Director:** \_\_\_\_\_

**Parks (if applicable):** \_\_\_\_\_