

SECURITY, POLICE & FIRE

Security and/or Police

Pre-application questions for police or fire should be referred to the Deputy Chief of the appropriate agency.

- If necessary, in case of emergency, the On-Site Contact will call 9-1-1. (This option is only available to events under 500 daily attendance.)
- Event Organizer is requesting assistance from the Astoria Police Department.
- Event Organizer will provide a private security company.

If providing a private security company, please provide the following information and attach copies of the company's Occupational Tax Certificate, Liability Insurance Certificate and Oregon State License.

Company Name: _____ Contact Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If Different) (Street Address) (City) (State) (Zip)

Primary Contact Number: _____ Cell Phone: _____

Primary Contact Number: _____ Email Address: _____

Fire

- Event will require the use of electrical generators.
- Event will host the use of fireworks, explosive devices, pyrotechnics, mock gunfire and/or the use of weaponry for special effects.
- Note: Please be advised that a police officer is required to be present any time weapons are loaded and/or discharged. Please contact your City Liaison for more information.
- Event will include canopies/tents with over 200 feet of material but no more than 400 feet of material.
- Event will include canopies/tents with over 400 feet of material.
- Cooking equipment with excessive heat, spark and/or open flame will be used.

If you have any temporary structures (canopy/tent, stage...) please provide additional details regarding size, material, etc..

EMERGENCY SERVICES

Medical Plan

All events are required to have a First Aid Station on-site. Please indicate the location on the Site Plan/Map.

- If necessary, in the case of an emergency, the On-Site Contact will call 9-1-1. (This option is only available to events under 500 daily attendance.)
- Event Organizer will provide an ambulance company to be on site.
- Event Organizer will provide a medical doctor, registered nurse, and/or EMT Staff to be on site.

If providing an ambulance company, please provide the following information and attach copies of their Occupational Tax Certificate, Liability Insurance Certificate and Oregon State License.

Company Name: _____ Contact Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If Different) (Street Address) (City) (State) (Zip)

Primary Contact Number: _____ Cell Phone _____

Primary Contact Number: _____ Email Address: _____

If hiring a medical doctor, RN, and/or EMT Staff, please provide the following information and attach a copy of their identification credentials.

Company Name: _____ Contact Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If Different) (Street Address) (City) (State) (Zip)

Primary Contact Number: _____ Cell Phone _____

Primary Contact Number: _____ Email Address: _____

Evacuation Plan

Please provide a detailed description of your emergency evacuation plan.

STAFF USE

Police Approval:

Approved

Denied

Fire Approval:

Approved

Denied

On site Review

Requested

Signed: _____

Date: _____

Signed: _____

Date: _____