



P. O. Box 1976
Oneonta, AL 35121

oneontabusinessassociation.com

OBA MEMBER EVENT ASSISTANCE REQUEST FORM

Current OBA members may request the OBA's assistance in business-related activities that require the submission of an Event Request Form to the City of Oneonta. Submission of this form is not a guarantee of approval by the OBA Board of Directors. The OBA Planning Calendar must be considered before planning the date for the event. Event form must be completed in its entirety, signed, and submitted via mail or faxed to 205-625-0164 **at least 45 days in advance of the planned event date**. Applicant must be current in membership dues. Due to the expense of the OBA's general liability and directors and officers insurance, along with other expense, **an administrative fee of \$150 must accompany the form**. Make checks payable to the OBA. Should, for some reason, the event request be denied, the fee will be promptly returned.

OBA Member Making Request _____

Contact Person/Event Planner _____ Email _____ Phone _____

Date Request Submitted (mo/day/year) _____ Event Date(s) (mo/day/year) _____

Event Start Time _____ am/pm Event End Time _____ am/pm

Name of Event _____

Type of Event (please describe) _____

If fundraiser, what is the contribution per person? _____

Sponsor(s) if applicable _____

Location of Event _____

Purpose of Event _____

Description of All Event Activities _____

Estimated Attendance _____

Is street closure required? ___ Yes ___ No You attach a map detailing venue layout and street closure.

Does event involve the sales of alcoholic beverages? ___ Yes ___ No

Security Planned? ___ Yes ___ No If Yes, please provide details _____

Insurance Company _____ olicy No. _____ (Attach Certificate of Insurance)

CGL Limits per Person/Per Occurrence (Or Aggregate) _____

Name of Vendor	Function of Vendor	Certificate of Insurance Attached Yes or No

The OBA board of directors reserves the right to deny assistance of an event if it does not meet the basic criteria to hold an event within the City limits or that are judged to present a risk of possible harm to business or damage to property or involve illegal activities.

We, the undersigned hereby agree to indemnify, defend, and hold harmless the City of Oneonta, the OBA and its board and members, for any claim for damages or injury, cause, or suit arising from the aforementioned event.

Please check and sign below and mail application to OBA, Attention: Event Request, P. O. Box 1976, Oneonta, AL 35121.

My \$150 administrative fee is enclosed (please make checks payable to the OBA).

Signature of Applicant _____ Date Signed (mo/day/year) _____