Date received by the Authority: _____ by: _____

Ankeny Regional Airport Special Events Application

This application must be approved by the Authority prior to any special events held on Ankeny Regional Airport property. Return the completed application to: Polk County Aviation Authority, Attn: Airport Manager, 410 West First Street, Ankeny, IA 50023-1557. Include a refundable $200 deposit check with the application.

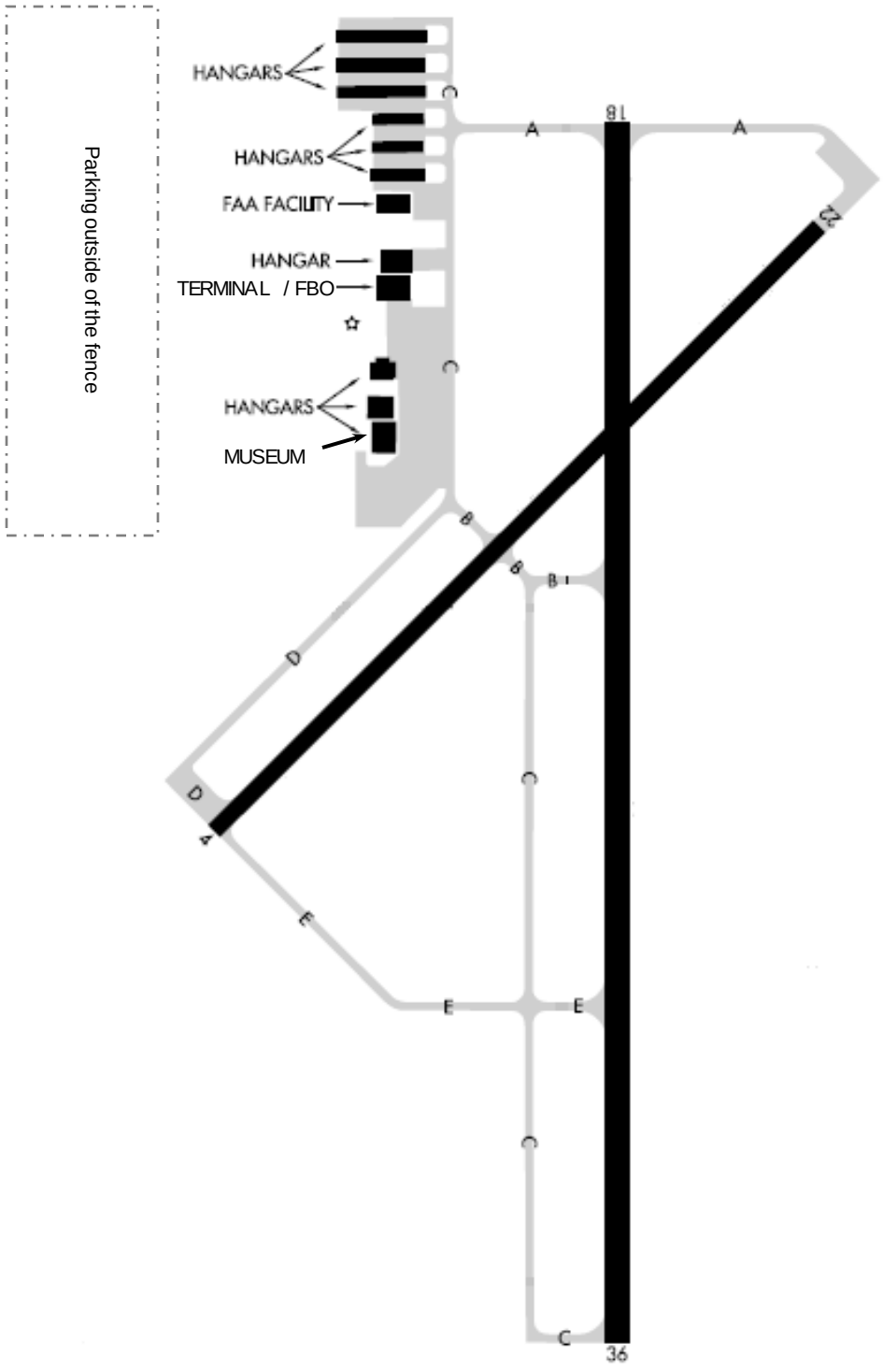
Special event applications must be received by the Authority at least 45 days in advance of the event to be considered for approval.

If your event entails multiple venues/activities, please add additional sheets as necessary to provide detailed information. All event applications are subject to approval by the Airport Manager or his/her designee, the Fixed Base Operator, the Polk County Aviation Authority and the Federal Aviation Administration (FAA). Final approval by the Authority will state any conditions which must be met for the event to be held, including insurance requirements. Refer to the contacts list for questions.

General Information:

Name of event				
Day and date of event		New event? Yes No	Returning event? Yes No	
Location where event will be held				
Description of event				
Sponsor or hosting organization and phone number				
Name and mailing address of local contact person				
Daytime phone #	Mobile phone #		Fax #	
E-mail				
Event start time	Event end time		Note: All clean-up must be done on the day of the event. Costs to remove any remaining trash or equipment will be billed to the organizers	
Set-up start date and time	Tear-down end date and time			
Name of event contractor, if applicable				
What type of audience is the event planned for?				
Anticipated number of Participants:	Spectators:		Adult volunteers:	
Are there fees for the participants or spectators? Yes No		Will fees be collected on site? Yes No		

Route/Map: Please indicate on the picture below the areas of the airport to be used during the event. A detailed map of the event site must be attached to this application. Please identify the following: event area; parking; routes for races, etc.; first aid facilities; restroom facilities including portable; canopies, tents; stages; barricades (if known); temporary lights and the direction they will be pointing; temporary sound systems and the direction they will be pointing; and temporary fencing. Attach a larger map if necessary to show detail.



Special Events Permit: Events expecting 200 or more people at any one time may be required to obtain a special event permit from the City of Ankeny. Application must be received by the City Clerk's Office at least thirty (30) days prior to the event.

Sound System and/or Lighting: Use of any type of amplified sound system will require a noise permit from the City of Ankeny, application must be received at least ten (10) business days prior to the event. Further, lighting must not interfere with aircraft operations or impede the ability of pilots, ground control, operations, or any other primary service to safely conduct their jobs or interfere with safety lighting in place on the airport.

Please indicate if you will be using any of the following sound systems or temporary lighting:

_____ Amplified sound/speakers _____ Public address system _____ Recorded music _____ Live music

_____ Temporary outside lighting _____ Temporary indoor lighting _____ Spot light of any kind

Tents/Canopies/Stages: The use of temporary structures may require a tent permit from the City of Ankeny Planning and Building Department, application must be received a minimum of five (5) business days prior to the event. The use of such structures may be limited in some areas due to underground utilities and irrigation systems. Tent ropes and guy lines shall not be tied or anchored to trees, monuments, railings, fences, signs, light poles, or airport navigational structures, runway lights or taxiway lights.

Please indicate if any of the following will be used at the event:

_____ Tent, size: _____ _____ Canopy, size: _____

_____ Stage _____ Bleachers _____ Bandwagon/Trailer Other: _____

Concessions: Food vendors must contact Polk County Public Health (515-286-3798) in advance of the event for any required permits and guidelines. Any required permits must be displayed at the event.

Will food or beverages be served at the event? NO YES If yes, please indicate if the food will be:

Cooked or prepared on-site?_____ Cooked over an open flame?_____ Catered in?_____

Please list the types of food or beverages that will be available: _____

_____

_____

Are you requesting approval to offer other items for sale at the event? If yes, what: _____

_____

Alcohol and Tobacco: The sale of alcohol requires a license from the State of Iowa Alcoholic Beverages Division. This application must be completed online at least forty-five (45) days prior to the event. A liquor license is required for: the sale of alcohol; the presence of any hard liquor; if an admission fee is being charged; if you are otherwise recouping costs for the event; or if the event is exclusive and not open to the public.

Are you requesting that alcohol be served at the event? NO YES

All facilities at the Airport are non-smoking.

Restrooms: Will additional restroom facilities be brought to the event site? NO YES How many?_____

Clean-up and Trash Removal: All spaces used must be left in the condition they were in prior to the event. Clean-up of the area immediately following the event, including trash removal, is the responsibility of the applicant. Removal of any remaining materials, trash, or structures will be billed to the event organizers.

List who will be responsible for clean-up of the event site, include phone number:

List who will be responsible for removal of trash from the event site, include phone number:

Airport Utilities: Limited water and electrical power are available at some areas. A nominal fee may be charged for utility use and will be payable upon approval of the permit. Additional generator power or water supply is the responsibility of the applicant. Please indicate your source for the following utilities:

Electrical power: _____

Water: _____

Vehicle Loading/Unloading: Vehicles cannot be left unattended around the terminal building. If you are requesting loading or unloading around the terminal, you will need to arrange for a person to remain with the vehicle at all times.

Are you requesting that vehicles be permitted to load/unload near the terminal? NO YES

If yes, please indicate the locations and times: _____

Public Safety/Security: Public safety officials may be required for certain events as determined by the Authority or the FAA. If required, it is the responsibility of the event organizers to work with the City of Ankeny Police Department and/or Fire Departments to arrange the necessary public safety coverage. Additional fees may be assessed to pay for the necessary staff to oversee such events.

Any events requesting access to the Airport Area of Operation will be approved on a case-by-case basis with additional security measures in place.

By signing this event application, the applicant agrees and understands that this application is not permission to violate any laws, ordinances or statutes. The Police Department has the authority, in the interest of public welfare, safety or order, to terminate the event without notice.

Applicant's printed name: _____

Applicant's signature: _____

Date: _____

Important Contacts:

Airport Manager, Paul Moritz: (515) 965-6428

Fixed Base Operator, Exec 1 Aviation: (515) 965-1020

Ankeny City Clerk: (515) 965-6400

Ankeny Planning & Building Department: (515) 963-3520

Ankeny Police Department: (515) 289-5240

Ankeny Fire Department: (515) 965-6469

Polk County Public Health: (515) 286-3798

Iowa Alcoholic Beverages: www.iowaabd.com

To be Completed by the Fixed Base Operator

Please indicate, if this event is approved, how it will impact normal and routine aviation activities at the Ankeny Regional Airport. Please check any that apply.

_____ FULL closure of the airport _____ PARTIAL closure of the airport _____ NO closure

_____ The location of the event will interfere with the normal operation of the airport. If yes, is an alternate location available that will not interfere with the normal operation of the airport? Please attach a map indicating the proposed alternate location.

_____ There are possible significant adverse impacts to the aviation community. If yes, are there other airports in the area available to handle diverted air traffic? Which: _____

_____ There are Fixed Base Operator services, activities, and revenue streams that may be negatively impacted. If yes, which: _____

_____ Special precautions will need to be taken to prevent damage to airport property. If yes, what: _____

_____

_____ There are financial or other benefits that will result from this event. If yes, what: _____

_____

_____ Additional public safety officials should be on-site for this event. Explain: _____

_____

_____ This event will require special communications:

_____ NOTAMS: _____

_____ Airport tenants: _____

_____ Others: _____

_____ This event will require that labor, equipment or materials be provided by Exec 1 Aviation. Exec 1 will need to be reimbused for these expenses based on actual expenses after the event. Estimated Expenses include:

_____

_____

Other items the FBO would like the Authority to consider: _____

_____

The FBO recommends approving this event YES NO

Form completed by: _____ Date: _____

To be Completed by the Polk County Aviation Authority

_____ This application is approved subject to obtaining all required permits, insurance and FAA approvals.

_____ This application is approved with the following modifications or additional requirements: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____ This application is denied.

PERMIT FEE: $_____

CERTIFICATE OF INSURANCE REQUIREMENTS: _____

_____ Governmental Immunities Endorsement is required.

PUBLIC SAFETY: Additional public safety officials are required for this event:

_____ Police Department or private security officers

_____ Fire Department personnel

_____ Emergency Medical Services personnel

POLK COUNTY AVIATION AUTHORITY

Signed: _____

By: Paul Moritz – Airport Board Manager Date: _____

Office use:

_____ *Deposit received* _____ *FAA notified*

_____ *Event permit fee received* _____ *FAA approval received*

_____ *Certificate of insurance received* _____ *Deposit returned* _____ *Deposit retained*

Document Revised December 5, 2024