



# USS ALABAMA BATTLESHIP MEMORIAL PARK APPLICATION FOR FIELD / FACILITY USE PERMIT

1. Name of Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ S t a t e : \_\_\_\_\_ Zip: \_\_\_\_\_

2. Representing (Self and/or Name of Organization): \_\_\_\_\_  
Office/Position held in Organization (if applicable): \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
\_\_\_\_\_

3. Field(s)/Facility requested (see Attachment "A" for Maps): \_\_\_\_\_  
\_\_\_\_\_

4. Requested date(s) of usage: \_\_\_\_\_, 202\_\_ Time: From: \_\_\_\_\_  
To: \_\_\_\_\_ (include set up and take down time)

5. Purpose for which Field/Facility Use Permit is being requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of persons expected to attend Event: \_\_\_\_\_

7. Will the public at large be invited to this Event? Yes \_\_\_ No \_\_\_

8. Will Event be advertised in media (e.g., newspaper, television, radio or social media)?  
Yes \_\_\_ No \_\_\_

9. Do you request permission to use sound equipment? Yes \_\_\_ No \_\_\_

(If yes, please describe equipment and intended usage) \_\_\_\_\_  
\_\_\_\_\_

10. Do you require tables? Yes\_\_\_ No \_\_\_  
(If yes, how many?) \_\_\_\_\_

11. Do you require chairs? Yes\_\_\_ No \_\_\_  
(If yes, how many?) \_\_\_\_\_

12. Do you want BMP to be responsible for ordering tables and chairs? Yes\_\_\_ No \_\_\_  
(If no, the company you select to provide tables and chairs must coordinate with BMP).

13. Do you request permission to display, build, or erect any temporary structures or signage for the Event? Yes \_\_\_ No \_\_\_\_\_  
(If yes, please describe intended structures and/or signage in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Will there be food or beverages served? Yes\_\_\_ No \_\_\_  
Name, address, phone number and email address of caterer(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Will there be Alcohol served at this Event? Yes\_\_\_ No \_\_\_

If yes, please note our contract terms: In the event alcoholic beverages are to be consumed during any permitted usage of BMP premises:

(1) such beverages shall only be provided and served by a contracted Caterer in compliance with the laws of the City and County of Mobile, as well as the law of the State of Alabama;

(2) no alcohol may be served during events held in the Medal of Honor Aircraft Pavilion or aboard Battleship ALABAMA prior to 5:00 p.m.; and

(3) alcohol may be served during events held in the field or picnic area prior to 5:00 p.m., but in a sub-area that is controlled.

Please state the name, address, phone number(s), and email address of the Caterer who will provide and serve alcohol:  
\_\_\_\_\_  
\_\_\_\_\_

16. Will minors (persons under age 18) be participating in, or attending your Event?

Yes\_\_\_\_ No \_\_\_\_

If yes, please state the name, address, and phone number(s) of the person(s) who will

supervise the minor attendees during the Event. \_\_\_\_\_

\_\_\_\_\_

### MILITARY CEREMONIES

17. BMP has available a flag array of the six military service flags with a base for indoor use only. We do not provide flag-officer rank flags. Do you require our military flag array?

Yes\_\_\_\_ No \_\_\_\_

18. Does the ceremony represent an individual military branch (USA, USN, USMC, USAF, Space Force, USCG)?

Yes\_\_ No \_\_\_\_

(If yes, which branch? \_\_\_\_\_)

19. Depending on the type of Event proposed, there will be liability insurance requirements specifically designed for your Event. There may also be other forms or requirements for application before the Event may be considered for approval. You will be notified of additional conditions and insurance requirements after Commission's review of your Application.

### CERTIFICATION

1. I understand my proposed Event must meet all health, safety, and usage policies and requirements of the Battleship Memorial Park, the City and County of Mobile, and the State of Alabama. I agree to ensure conformity with all such requirements. See City of Mobile Ordinance Section 6-7 attached (highlighted portion for special events).

2. I agree to remove all trash and other items associated with this Event, and to return the usage areas to pre-Event condition. In the Event I fail to return the usage areas to pre-Event conditions, I understand the BMP shall assess the reasonable costs of labor, damage, clean-up and repairs to accomplish cleanup and to restore the usage areas to pre-Event condition. I agree to be personally responsible for all costs assessed.

3. I understand that the BMP is a memorial to honor all Veterans of America's Armed Forces. I agree that I will respect the heritage and traditions of the United States consistent with the memorial character of the BMP, and that my proposed Event will not involve discrimination of any individual or group based upon age, sex, race, national origin, handicap, or religion.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

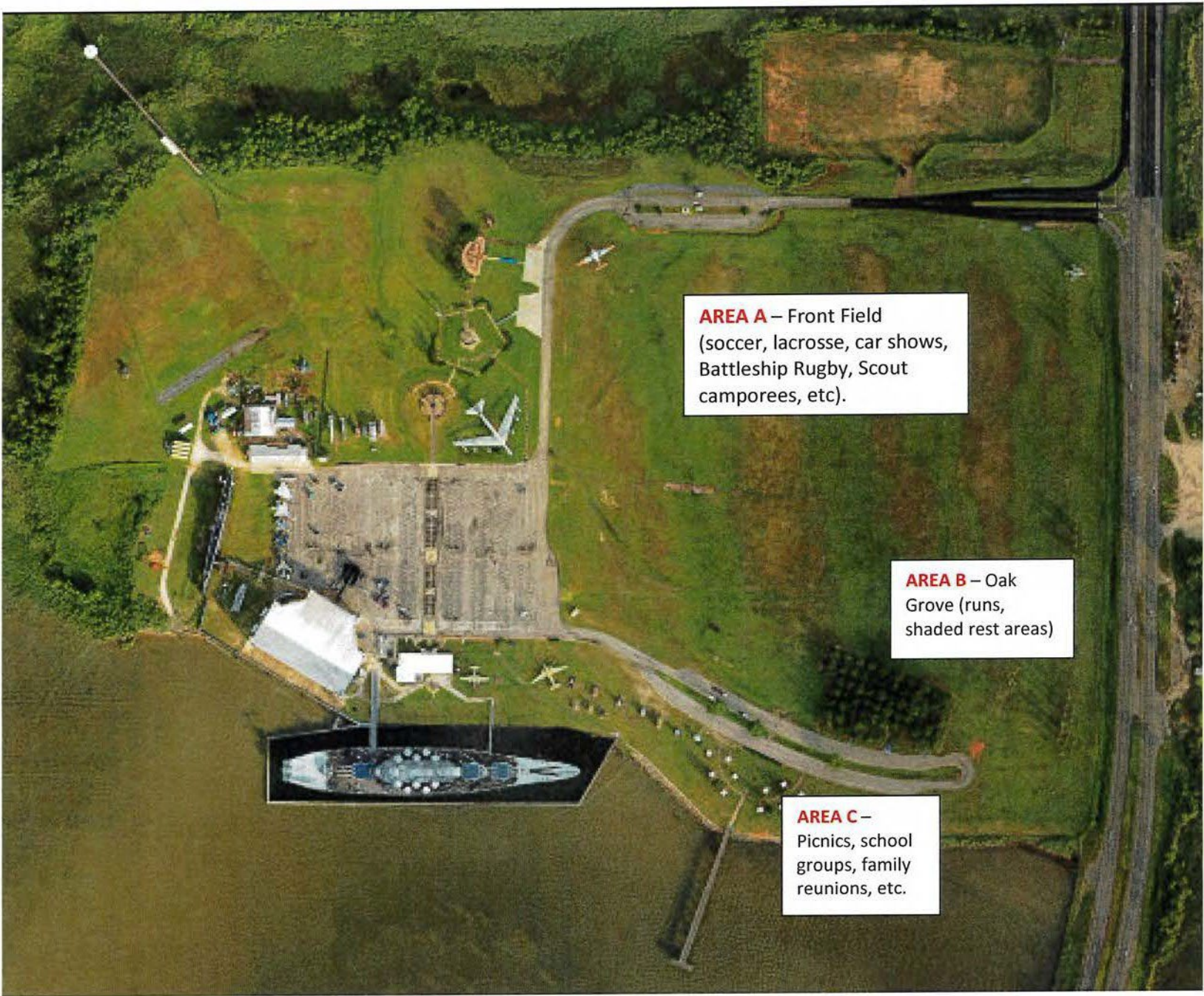
Applicant Printed Name: \_\_\_\_\_

\*Please return your completed Application to:

Genavese Harris, Director of Event Marketing  
USS ALABAMA Battleship Memorial Park  
P. O. Box 65  
Mobile, Alabama 36601  
Phone 251-433-2703  
Email: [gharris@ussalabama.com](mailto:gharris@ussalabama.com)

**Office Use Only:**

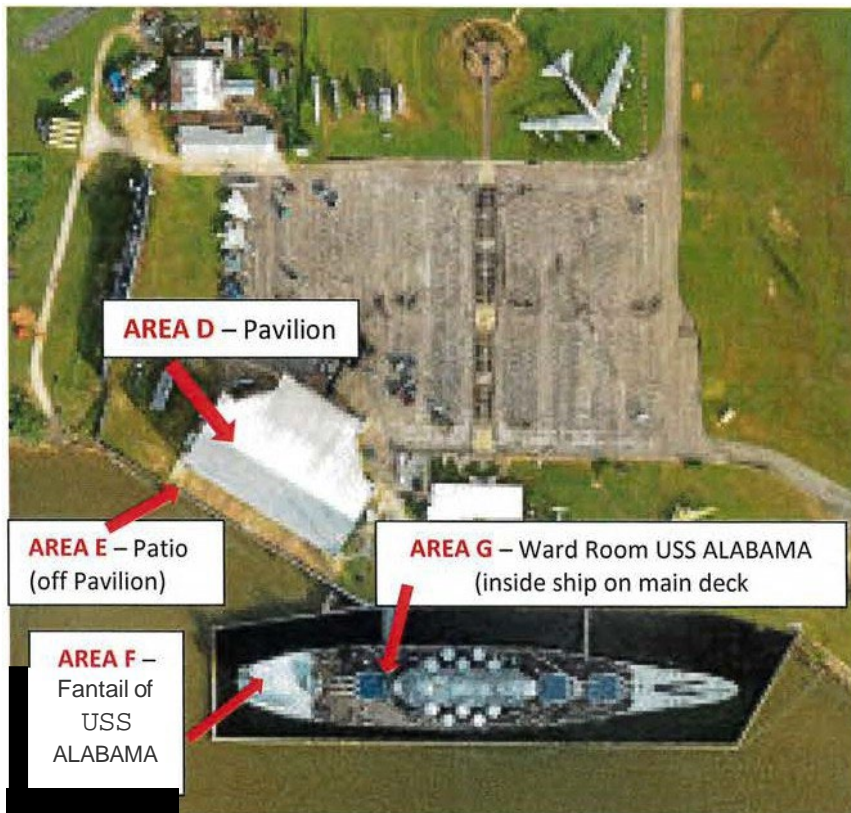
Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_



**AREA A** – Front Field  
(soccer, lacrosse, car shows,  
Battleship Rugby, Scout  
camporees, etc).

**AREA B** – Oak  
Grove (runs,  
shaded rest areas)

**AREA C** –  
Picnics, school  
groups, family  
reunions, etc.



ATTACHMENT A  
*Facilities*

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**Mobile, Alabama – Code of Ordinances / Chapter 6 – AMBULANCES AND OTHER MEDICAL  
TRANSPORTATION**

**Sec. 6-7. Firemedic ambulance service.**

- (a) The fire department will determine the patient category of all individuals at the time of response based upon medical protocol. Individuals not requiring category I (ALS/emergency) transport shall be so informed. The individual shall also be instructed that they may choose an alternate form of transportation such as a private ambulance, privately owned vehicle or a taxi service.
- (b) The fire department shall provide emergency medical treatment and transportation with regard to the patient and shall not refuse transport of any patient requiring category I (ALS/emergency) treatment to a hospital within the city: regardless of the patient's insurance status or ability to pay.
- (c) The following firemedic ambulance fees shall apply within the city. Said fees shall be billed by the fire department with the assistance of the city's legal department and any outside administrative or professional support personnel necessitated by the volume of ambulance accounts:

- (1) ALS-I transport\$600.00

ALS-II transport650.00

- (2) BLS-I transport450.00

BLS-II transport500.00

- (3) Emergency inter-facility transfer1,200.00

- (4) Mileage, per mile12.00

- (5) Patient assessment fee for those patients who have been determined not to be in need of emergency services60.00

- (6) Standby fee at special functions with a minimum four-hour charge, per hour150.00

- (7) Medical service fee where advanced life support medical treatment is rendered at the scene but no transport occurs175.00

- (8) EMS bike team/foot patrol team standby fee100.00

- (9) Mini-ambulance, per hour100.00

Incident commander, per hour75.00

EMS supervisor, per hour75.00

Logistic officer, per hour75.00

Communications officer, per hour75.00

Operations officer, per hour75.00

Planning officer, per hour75.00

Logistics team (two (2) persons), per hour150.00

Entire incident command staff at a minimum of four (4) hours, per hour500.00

- (10) ALS disposable supplies100.00

- (11) IV disposable supplies50.00

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(12) Oxygen50.00

(13) BLS disposable supplies50.00

Due to the complexity of some special events request for coverage, the city's fire rescue department's EMS administration division shall recommend the number of units, equipment and personnel required, and to be deployed, to ensure response reliability and public safety efficiency and effectiveness, for events that are requesting service whether vendor sponsored or paid overtime.

Any special event held within the city limits that is not a city-sponsored event and is expected to generate a crowd of five thousand (5,000) people or greater shall submit to the EMS division an event plan detailing the EMS coverage planned for the event. The division shall review the plan and determine the number of units, equipment and personnel required, and may allow some or all of the proposed services to be provided by private ambulance services.

The event sponsor/planner shall be responsible for paying the cost for MFRD personnel, equipment and services as listed above for EMS coverage. The event plan shall be forwarded to the EMS division for review at least two (2) weeks prior to the event and the EMS division will determine the adequate amount of coverage needed for the event, and cost of the coverage and shall provide the determined amount of coverage for the event.

Payment arrangements for any special events coverage shall be made through the chief of staff or his/her designee for the city's fire rescue department prior to the event and payment shall be made not later than thirty (30) days after the event.

Events that are partially sponsored by the city in conjunction with other entities shall be responsible for reimbursing the city the personnel overtime cost for each individual MFRD employee working the event for the total number of hours worked including pre-event briefings and post event debriefings.

- (d) Under unusual and extraordinary circumstances, a firemedic ambulance may transport any patient deemed appropriate by the firemedic and/or on-line medical control, regardless of the patient's transport category. Under such circumstances, however, the appropriate above-cited subsection (c) fee shall be assessed to the individual.
- (e) The city hereby establishes a capital improvements project called the "Mobile Fire Department Equipment Acquisition and Maintenance Project" to be financed by a transfer of fifteen (15) percent of the annual cash receipts generated by the city's ALS enterprise fund from ambulance service fees with the annual period beginning October 1 and ending September 30 of each fiscal year following the passage of this section, along with any such designated endowments from private sources. The use of monies from said capital improvements project shall be limited to fire department purposes and restricted for capital equipment purchases, repairs and regular maintenance of fire department equipment.

(Ord. No. 06-050, § 3.04, 7-23-91; Ord. No. 06-069, § I.C, 10-25-94; Ord. No. 06-049, 9-26-00; Ord. No. 06-054, 10-1-02; Ord. No. 06-049-2016 , § I, 9-27-16; Ord. No. 06-028-2018 , 10-9-18)