SPECIAL EVENT APPLICATION

PERMIT# __________________________

EVENT INFORMATION

EVENT NAME: __________________________________________

EVENT LOCATION: ________________________________
(If structures will be erected and/or street ROW used, please attach (3) drawings noting locations and dimensions.)

EVENT TYPE: □ Exhibition □ Protest □ Run/Walk □ Dance □ Festival □ Concert □ Party
□ Wedding □ Drama □ Parade □ Other □ __________________________

(Check all that apply)

DATE OF EVENT: _________________________________   HOURS: _________________________________

PURPOSE OF EVENT: __________________________________

EST. ATTENDANCE:     Participants __________  Spectators _________  Volunteers/Personnel _____________

CITY BUS. LICENSE #: ____________________________ (participating commercial vendors will also require a City license)

PARKING PLANS:
(Please provide a drawing unless you are using an existing parking lot with sufficient stalls.)

FACILITIES TO BE USED: □ City Park □ Lake Sawyer □ Sidewalk □ Street □ Private Property
(If using private property, you must provide proof that you have permission unless you are the owner.)

CITY ASSISTANCE REQUIRED: □ Police □ Fire □ Public Works □ Other __________________________

Describe: ____________________________________________________________________________________

(Police and Fire services require a written agreement that must be submitted with the event application.)

INSURANCE COMPANY: ____________________________
(Proof of Ins. required naming City of Black Diamond as co-insured if event is taking place on City property.)

FOOD TO BE SERVED: □ YES □ NO If yes, provide copy of Health Dept approval/license.

SOUND SYSTEM: □ YES □ NO
(If liquor and music are provided a Cabaret license may be required.)

SANITATION PLANS (Sani-cans, hand washing stations, etc): ________________________________

PRODUCTS OR SERVICES TO BE SOLD: □ YES □ NO If yes, what? ________________________________

ADMISSION FEE: □ YES □ NO If yes, how much? ________________________________

HAS THE EVENT BEEN PREVIOUSLY PRODUCED? □ YES □ NO PREVIOUS DATE: __________

ANY CHANGES FROM PREVIOUS EVENT? □ YES □ NO If yes, list changes:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

APPLICANT INFORMATION

APPLICANT: ___________________________ ORGANIZATION: __________________________

MAILING ADDRESS: __________________________

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CONTACT PHONE: ___________________________ FAX ___________________________

EMAIL ADDRESS: ______________________________________________________________________

EMERGENCY CONTACT __________________________ PHONE __________________________

SIGNATURE OF APPLICANT __________________________ DATE __________________________

Additional information or requirements may be requested. Please allow 3 – 4 weeks for processing.