

SPECIAL EVENT PERMIT APPLICATION Checklist

Name / Type of Event _____

Date / Dates of the Event _____

Proposed Hours of the Event _____

Provide written documentation of Permission from Land Owner for the use of the facility during the Event

Provide a list of names & addresses of adjacent property owners within 185' of the Event Site

Proposed Activities during the Event (List start & finish times) _____

Total attendance expected _____ Peak attendance expected during the Event (list times & activities) _____

Anticipated number of Vendors _____ (Must provide list of Vendors within 1 week prior to the Event to verify licensing)
(show proposed location of vendors on Event Site Map)

Will Alcoholic Beverages be allowed onsite during the Event (BYOB) **Y / N**

Will Alcoholic Beverages be Served &/or Sold during the Event **Y / N**

If Yes, who will be Serving / Selling the Alcoholic Beverages _____

Show Serving / Selling location of Alcoholic Beverages on Event Site Map

Will there be any Temporary Structures used during the Event **Y / N**

If Yes, list specific size & type of each Temporary Structure _____

(show location of each temporary structure on Event Site Map)

Will there be any Temporary Utilities ran to the Temporary Structures **Y / N**

If Yes, list specific size & type of each Temporary Utility _____

(show location of each temporary utility on Event Site Map)

Will there be any Overnight Activities during the Event **Y / N**

If Yes, list specific activities _____

(show location of each specific activity on Event Site Map)

Will there be any Open Fires, Fireworks or Pyrotechnics during the Event **Y / N**

If Yes, list specific activities, _____

(show location of each specific activity on Event Site Map)

Number of permanent Restroom Facilities available for use during the Event _____ (Show location on Event Site Map)

Number of portable Restroom Facilities provided for use during the Event _____ (Show location on Event Site Map)
Dates that the Portable Restroom Facilities will be delivered _____ & removed _____ from Event Site

Trash / Clean-up Plan Details, Number of people assigned to trash / clean-up responsibilities during the Event _____
Number of Trash Containers _____, Dumpsters _____ provided for use during the Event
Dates that the Trash Containers / Dumpsters will be delivered _____ & removed _____ from Event Site
(Public streets are to remain free & clear of all mud, trash & debris generated by the Event)

Crowd Control / Security Plan Details, Number of people _____, private security personnel _____ or off-duty law-enforcement officers _____ onsite providing security during the Event (list specific type, numbers & times)
List any additional Crowd Control comments &/or concerns _____

Parking / Traffic Control Plan Details, Show parking (including H/C Parking) locations on Event Site Map and provide Traffic Control Plan including the number of people _____ assigned to Traffic Control responsibilities
List any additional Parking / Traffic Control comments &/or concerns _____

Show Lighting Plan on Event Site Map (if applicable)

Provide Noise Control Plan &/or will the Event require a Noise Permit **Y / N**

Provide Emergency / Safety Plan & list any Emergency Medical Services that will be onsite during the Event
List any additional Emergency / Safety comments &/or concerns _____
