

# Special Events Permit Application

In order to qualify for a County Special Events Permit, the applicant shall provide the County Administrator with the following information at least thirty (30) working days in advance of the Special Events date:

EVENT TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Name of Applicant or Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

4. Name/Address of Organization's officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name/Address/Phone number of events' coordinator:

\_\_\_\_\_  
\_\_\_\_\_

6. Description of planned event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Location of event (provide map):

\_\_\_\_\_

8. State specific days, dates and time of operation of the event:

\_\_\_\_\_

9. Projected total attendance of event: \_\_\_\_\_

10. State exact location of available parking and what measures will be taken for traffic control: \_\_\_\_\_

\_\_\_\_\_

11. Describe what security measures will be taken for event:

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12. Describe what measures will be followed for crowd control including unruly or disorderly patrons: \_\_\_\_\_

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13. Describe what utility's services will be provided: \_\_\_\_\_

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14. Describe what sanitary facilities (i.e., water and sanitary water) will be provided:

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15. Describe what trash pick-up facilities will be provided and removed from site:

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16. Describe what steps will be taken to restore the property in its original condition upon the close of the event: \_\_\_\_\_

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17. Describe what amplification systems will be utilized and hours of operation:

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18. Are any items projected to be sold? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, a Peddler's license will have to be obtained from the County Office

19. Will food be served at the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, a permit will have to be obtained from the County Health Dept

20. Will any special signage be required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, a sign permit will have to be obtained from the County Building Dept

21. Does this organization have non-profit status? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide applicable documentation

**SPECIAL CONDITIONS (IF APPLICABLE)**

1. A copy of organizations liability insurance including name of company, policy number, amount of coverage, and a letter indicating the County as an additional insurer shall be attached to the application.
2. A Permit fee in the form of cash, money-order, or cashier's costs for ALL associated County costs of services shall be attached to application.

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**OFFICE USE ONLY**

APPROVED

DENIED

Reason for denial (if applicable):

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Recommendations for event (if applicable):

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Signature: \_\_\_\_\_

County Administrator

Signature: \_\_\_\_\_

Department Head

Signature: \_\_\_\_\_

Department Head

Signature: \_\_\_\_\_

Department Head