



**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  
*(Check all that apply)*  Wedding  Drama  Parade  Other  \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

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**APPLICANT INFORMATION**

APPLICANT: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

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SIGNATURE OF APPLICANT

DATE

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