

Special Event Application

Applicant Name:______ Organization:_____

Date of Application:

□ Private Event □ Public Event

	Mailing	g Address:		Contact: Phone:		
	Cell:			E-Mail:		
	Type of	f Event:				
	Locatio	on of Event:				
	Event [Date(s):		Start time:	End Time:	
	Set-Up Begins:		Clean-Up Ends:		Estimated Attendance:	
	Please	provide the followir	ng information:			
		List of Event Spon	sors			
		Services requeste	d to be provided by city			
		Operator's Certific	cate of Insurance			
		•	y release documents			
		 Site Plan - must include all applicable information: Route / Road Closures / Staging Area / Crowd Management Plan / Parking / Informational Signage / Assembly Areas / Fire Hydrant Locations / Emergency Services Access Routes (min. 20 feet wide) 				
		Emergency Service	es notified and involved ir	n event planning (F	ire and Police)	
	Emergency Action Plan -		Plan - Procedure for repo	rocedure for reporting emergencies, sheltering or evacuating occupants, weather related		
		Permit Fee				
	to all re	egulations and code		udora, Kansas. I ur	the commencement of operation and must conforn nderstand that failure to provide requested cellation of event.	
Applica	ant Signat	ture:		Date:		
Code E	de Enforcement Officer:					