City of Fountain Colorado

Event Permit Application

Are you requesting sponsorship from City Council  (Yes)__________  (No) ____________

Event Title: ___________________________  Phone Number: __________________
Entity Name: ___________________________  Tax ID Number: _________________
Applicant Name and Title: ___________________________
Address: __________________________________________
Email Address: __________________________________________

Description: (Describe what your event is about, who and what will be involved, how it will operate and any other information that you feel is important that will help us make a determination on whether to approve or deny your event): __________________________________________

Location of Event: ___________________________

For official use only

City Clerk: ___________________________
Comments: ___________________________

Application available online: http://www.fountincolorado.org/department/index.php?structureid=7
Set up date and time: ____________________ Dismantle date and time: ________________

Event Start date and time: ________________ End date and time: ________________

Anticipated Attendance to include participants: ________ Number of Vehicles: ________

Will there be an admission registration fee? Yes ☐ NO ☐ Cost: ________________

Please provide website or Facebook page for your event: _______________________

**IF YOUR EVENT WILL INVOLVE ALCOHOL YOU MUST CONTACT THE CITY CLERK’S OFFICE AND THEY WILL ADVISE YOU ON THE PROCESS TO OBTAIN A LIQUOR LICENSE. YOU MAY HAVE BEER IN CANS ONLY (NOT FOR SALE).**

**IF YOU ARE POSTING SIGNS YOU MUST HAVE A SIGN PERMIT.**

Are there plans to sell or distribute beer or wine at your event? ☐Yes ☐NO

Will you be posting signs around the community to market your event? ☐Yes ☐No

A Certificate of Insurance must be received by the City of Fountain prior to approval and issuance of your Special Event Permit.

The applicant will need commercial general liability insurance which names, as Additional Insured, the “City of Fountain, its officers, employees and agents,” and any other public entities impacted by your event to which this permit applies. Insurance coverage must be maintained for the duration of the event including setup and dismantle dates.

Name of Insurance Agency: __________________________

Address: ____________________ City: __________ State: ______ Zip: ______

Phone number: ____________________

Contact Person: ____________________

Policy Type: ____________________

Policy Amount: __________ Policy Number: __________
The following departments may provide and charge additional services. You will be provided cost estimates in your Agreement packet.

POLICE: Public Safety Personnel: How many? _____________________

STREETS/PARKS: Personnel, Equipment (cones, barricades, no parking signs): How many?_______________________________________________________

STREETS/PARK: Cleanup Personnel, Dumpster(s), trash receptacles, event site preparation and restoration. How many?_________________________________________

FIRE: Paramedics, Inspectors: How many?_________________________

Note: The City does not provide tents, Port-O-Lets, tables and chairs.

If you are requesting City Council sponsorship, please provide a summary of the benefit to the City and/or the Citizens of Fountain. If sponsorship is approved, the City requires public recognition of the City on all marketing material. Please see City Clerks Office for logo.
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Comments/Details</th>
<th>Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Public Invited</td>
<td></td>
<td>General Liability Insurance (City Clerk)</td>
</tr>
<tr>
<td>☐ Located in Park</td>
<td></td>
<td>Park Permit (City Clerk)</td>
</tr>
<tr>
<td>☐ Vending Product/Merchandise Sales</td>
<td></td>
<td>City of Fountain Business License (City Clerk)</td>
</tr>
<tr>
<td>☐ Vending Food/Beverage</td>
<td></td>
<td>Health License (Contact El Paso County Public Health)</td>
</tr>
<tr>
<td>☐ Vendors/Exhibitors</td>
<td>How Many?</td>
<td></td>
</tr>
<tr>
<td>☐ Vending Beer/Wine</td>
<td></td>
<td>Alcohol Permit--additional insurance required (City Clerk)</td>
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<tr>
<td>☐ Erecting Tents</td>
<td>How Many?</td>
<td>Parks/Streets Department</td>
</tr>
<tr>
<td>☐ Fence Installation</td>
<td>What Type?</td>
<td>Parks/Streets Department</td>
</tr>
<tr>
<td>☐ Other Structures</td>
<td>What Structure?</td>
<td>Parks/Streets Department</td>
</tr>
<tr>
<td>☐ Open Flame Food Preparation</td>
<td></td>
<td>Fire Inspection Permit (Fire Department)</td>
</tr>
<tr>
<td>☐ Require Street Closure</td>
<td></td>
<td>Parade or Street Closure Permit (Police Department)</td>
</tr>
<tr>
<td>☐ Car Show</td>
<td>How Many?</td>
<td>Imperemable Barrier must be used under car</td>
</tr>
<tr>
<td>☐ Grills</td>
<td>How Many?</td>
<td></td>
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<tr>
<td>☐ Amplified Sound</td>
<td>☐ Performers</td>
<td></td>
</tr>
<tr>
<td>☐ Security</td>
<td>☐ Announcement Only</td>
<td></td>
</tr>
<tr>
<td>☐ Sanitary Facilities (Port-o-Lets)</td>
<td>No. of Regular Units _____</td>
<td></td>
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<tr>
<td>☐ Off-site Parking/Shuttle</td>
<td></td>
<td></td>
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<td>☐ Semi-Truck/ Tractor Trailer</td>
<td></td>
<td></td>
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<tr>
<td>☐ Barricade and Street Blockage</td>
<td>Address for Drop Off:</td>
<td>Parks/Streets Department</td>
</tr>
</tbody>
</table>
Describe the economic benefit that this event will bring to the City of Fountain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please provide an event map that includes the following information
(If the item does not apply please write N/A in the space provided)

____ Provision of minimum twenty feet (20’) emergency access lanes throughout the event venue.

____ Location of first-aid facilities and ambulances.

____ Location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.

____ A detailed or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.

____ Generator locations and/or source of electricity.

____ Placement of vehicles and/or trailers.

____ Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
Certification:
I/we certify that the information contained in the forgoing application is true and correct to the best of my/our knowledge and belief; that I/we have read, understand and agree to abide by the requirements, rules and regulations governing the proposed Event Permit under the City of Fountain. I/we certify that the event will be open to the public and that individuals will not be barred from participation due to race, creed, color, national origin, sex, age, or physical impairment. I/we agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the event venue and the conduct of the event. I/we agree to pay all fees and taxes; and the City shall not be liable for the payment of such taxes. I/we agree to abide by the requirements of the Public Events Permit, and further certify that I/we, on behalf of the Host Organization, am also authorized to commit that organization; and therefore, agree to be financially responsible, in conjunction with the Host Organization, for any costs and fees that maybe incurred by or on behalf of the Event to the City of Fountain. I/we hold the City of Fountain and all its entities harmless against all liability.

Print Name of Host Organization: ________________________________

Name of Authorized Representative______________________________

Signature:______________________________ Date:________

Review and Approval Process:

1. Complete application for public event and turn it in to the City Clerk’s office at City Hall.
2. City Clerk will review and coordinate with other city departments as needed.
3. Fountain Parks Department will coordinate an Event Review (ER) meeting with appropriate city staff and event organizer.
4. The event organizer will provide a detailed event layout via the aerial maps provided and will return the map to the parks department for review.
5. If the event application needs special permit approval from City Council, the event organizer will be notified by the City Clerk for Council meeting date and time of appearance.
6. Payment for permit will be required at the Event Review Meeting.