

City of Fountain Colorado

Event Permit Application



Date Received: _____

Check or Cash: _____

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 Authorization:

City Clerk: _____

Comments:

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 you 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: _____ PolicyNumber: _____

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.

<u>Condition</u>	<u>Comments/Details</u>	<u>Obligation</u>
<input type="checkbox"/> Public Invited		General Liability Insurance (City Clerk)
<input type="checkbox"/> Located in Park		Park Permit (City Clerk)
<input type="checkbox"/> Vending Product/Merchandise Sales		City of Fountain Business License (City Clerk)
<input type="checkbox"/> Vending Food/Beverage		Health License (Contact El Paso County Public Health)
<input type="checkbox"/> Vendors/Exhibitors	How Many?	
<input type="checkbox"/> Vending Beer/Wine		Alcohol Permit--additional insurance required (City Clerk)
<input type="checkbox"/> Erecting Tents	How Many?	Parks/Streets Department
<input type="checkbox"/> Fence Installation	What Type?	Parks/Streets Department
<input type="checkbox"/> Other Structures	What Structure?	Parks/Streets Department
<input type="checkbox"/> Open Flame Food Preparation		Fire Inspection Permit (Fire Department)
<input type="checkbox"/> Require Street Closure		Parade or Street Closure Permit (Police Department)
<input type="checkbox"/> Car Show	How Many? Imperemable Barrier must be used under car	
<input type="checkbox"/> Grills	How Many?	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Performers <input type="checkbox"/> Announcement Only	
<input type="checkbox"/> Security	<input type="checkbox"/> Daytime-Private <input type="checkbox"/> Overnight-Private <input type="checkbox"/> Event Time Frame-Fountain PD	
<input type="checkbox"/> Sanitary Facilities (Port-o-Lets)	No. of Regular Units ____ No. of Disabled Units ____ No. of Hand Washing Units ____	
<input type="checkbox"/> Off-site Parking/Shuttle		
<input type="checkbox"/> Semi-Truck/ Tractor Trailer		
<input type="checkbox"/> Barricade and Street Blockage	Address for Drop Off:	Parks/Streets Department

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.
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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.