

Application needs to be completed for Park Space\_\_\_\_, Streets\_\_\_\_, Co-sponsored event \_\_\_\_

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: \_\_\_\_\_

For an event of more than 200 people there will be a refundable deposit of \$150.00 plus the associated park fees.

***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.***

***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: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**The following departments may provide and charge additional services. You will be provided cost estimates in your Agreement packet.**

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POLICE: Public Safety Personnel: \$50.00/Hr for one dedicated officer on duty.

STREETS/PARKS: Personnel, Equipment (cones, barricades, no parking signs): \$18.00/hr regular, \$24.00/hr overtime.

STREETS/PARK: Cleanup Personnel, Dumpster(s), trash receptacles, event site preparation and restoration. \$19.00/hr regular, \$24.00/hr overtime.

FIRE: Paramedics, Inspectors: \$40.00/hr for one dedicated staff

**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.

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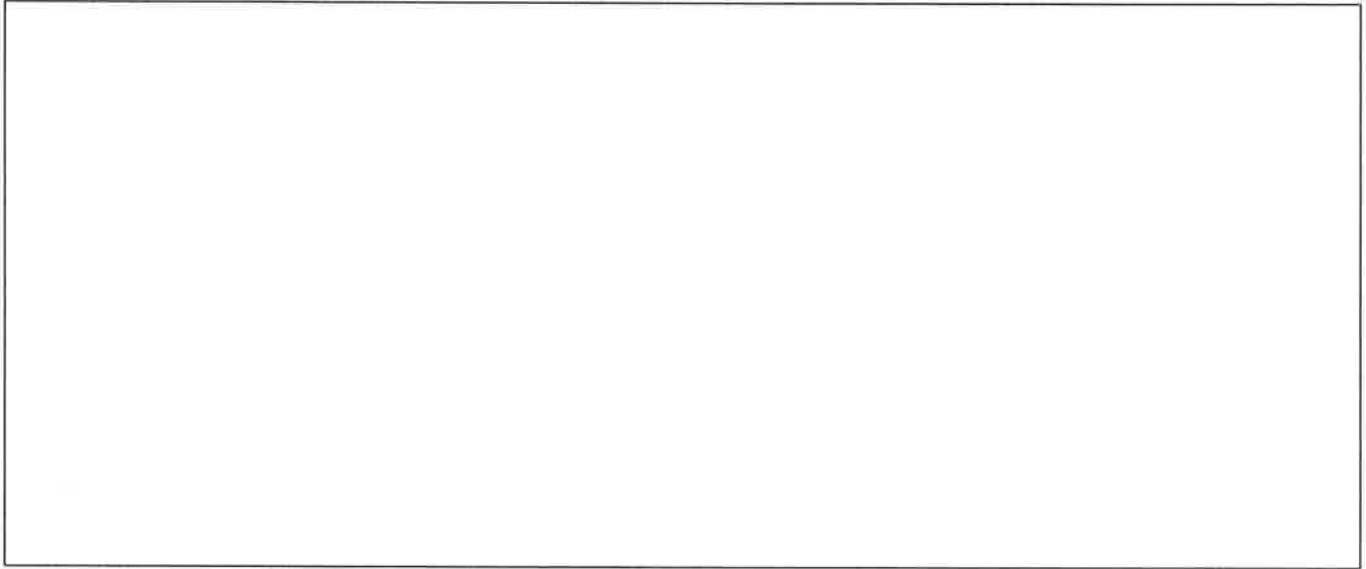
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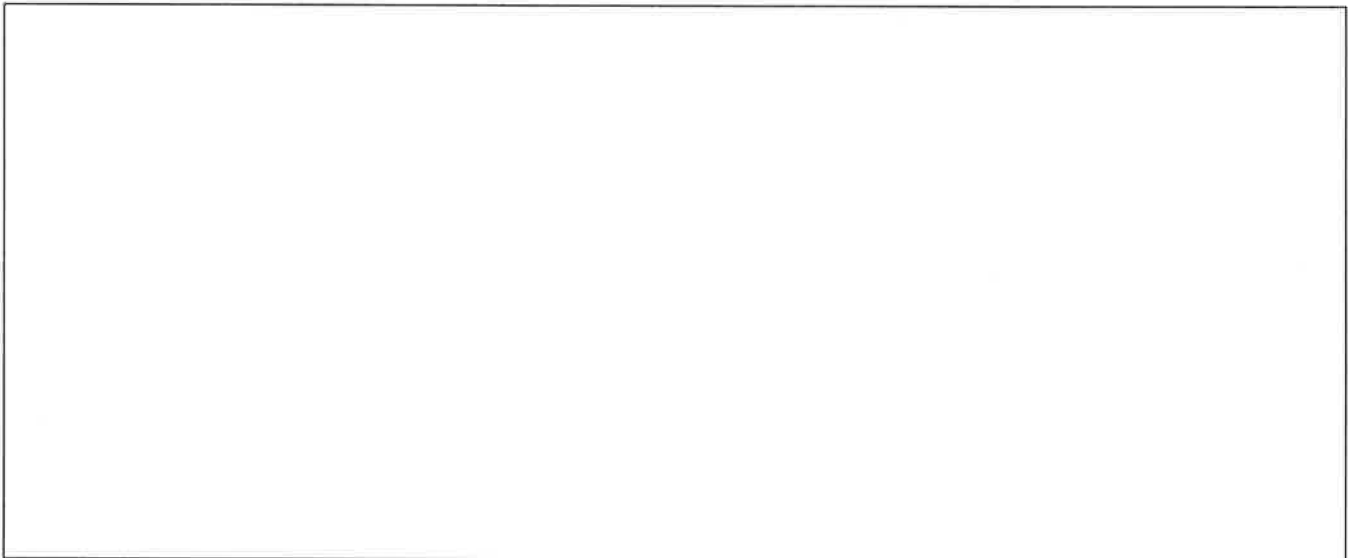
Review and check all conditions which apply to this event: Note the corresponding obligation for each condition.

<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"/> VIP Area		
<input type="checkbox"/> Staging	<input type="checkbox"/> Professional <input type="checkbox"/> Snowmobile <input type="checkbox"/> Other	
<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

In the space provided please indicate how this event will contribute to the quality of life and enhance the image of the City of Fountain.



Describe the economic benefit and impact this event will bring to the City of Fountain.



On page 7 please sketch a proposed drawing of street intersections to include barricade locations. Indicate any removable fencing for emergency access.

**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.

Other related event components not listed above.

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

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Please use for extra space to describe event details/special event layout.

**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: \_\_\_\_\_