P.O. Box 159, 151 S. Banner St. Elizabeth, Colorado 80107



Town of Elizabeth

Application for Special Event, Parade or Race

This application along with a <u>\$10 application fee</u> must be submitted to the Town Clerk At least Twenty (20) days prior to the Date of intended use and approved by the Town Board.

Event:			
	Time of Actual Event:		
Date(s) and Time(s) for which permission is requested including setup and cleanup:			
Date:	From: To:		
Date:	From: To:		
Applicant (Organization or Individual): Address:): Telephone #		
ONLY ORGANIZATIONS FILL OUT THE REMAINDER OF ITEM #2:			
The Organization is: Profit Non-Profit _ with Non-Profit Status if same is not already o	, Attach Copy of Certificate of Incorporation on file with the Town Clerk.		
INDIVIDUAL RESPONSIBLE FOR THE EVENT:			
Name	Telephone #		
Address			
Please mark the route choice below. Staging area:			
safety of the citizens and traffic concerns. Estimated Number of Participants: Will there be animals or vehicles in the	red other than the above mentioned based on the		
	For the event? If yes, specify number and		

	How will the applicant provide trash and litter control for the event?		
	Will the applicant provide medical coverage for the event? If yes, specify what level of medical expertise and where they will be located:		
	Will any organization or individual other than the applicant has any exhibit or sales booth in the area during the event? If yes, explain who and what:		
•	Will there be any fees for your event? If yes, explain:		
	Will your event be open to the Public? Will there be any vehicles, trailers or tents for the event? If yes, explain and include the dimensions of any tents:		
	Tents exceeding 120sf will require a life safety inspection from our building department. Tents exceeding 400sf will require an additional fire safety inspection. Additional fees for these inspections will apply. Initials:		
L.	Will you be applying for a special event liquor permit to have alcohol in the area?		
Т	EVIDENCE OF LIABILITY INSURANCE FOR THE EVENT MUST BE SUBMITTED TO THE TOWN PRIOR TO THE EVENT. THE TOWN OF ELIZABETH MUST BE NAMED AS ADDITIONAL INSURED ON THE CERTIFICATE OF INSURANCE.		
	have read the attached policy for the use and understand the policy and agree to comply with all the provisions set forth therein.		

Signature of Applicant:	Date:
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