

SPECIAL EVENT PERMIT APPLICATION

ALL QUESTIONS IN THIS APPLICATION MUST BE ANSWERED IN THE SPACE PROVIDED OR BY ATTACHING CONTINUATION SHEETS, IF NEEDED. IF NO INFORMATION IS REQUIRED IN A PARTICULAR SPACE, INSERT "N/A." ALL PROPOSED ACTIVITIES ANTICIPATED MUST BE INCLUDED.

1. **APPLICANT:** Name, address, and daytime phone number of sponsoring individual, group or organization. Indicate whether private, city, state, or other organization and whether it is a profit or non-profit activity. Also give name, address, and phone number of person who will coordinate with the Corps during the event, be responsible for compliance with all permit terms and conditions, and for assuring clean up after the event, if not the same as above.

Organization

Coordinator

_____	_____
_____	_____
_____	_____
_____	_____

2. **PROPOSED ACTIVITY:** Describe the proposed activity and who would conduct and participate.

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

3. **WHEN:** Date(s) and Time(s) of proposed events:

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

4. **WHERE:** Exact location(s) of proposed activities:

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Attach a location map if the proposed activity is to be held on or over the water (i.e., regatta, boating race, ski competition or demonstration, ski diving, etc.)

5. Will a picnic shelter reservation be required? \_\_\_\_\_ If yes, there will be a charge for the reservation in addition to the Special Event Permit fee.

6. Number of participants \_\_\_\_\_  
Number of additional people (spectators, visitors) \_\_\_\_\_

7. Are fees of any type to be collected from the public or participants? \_\_\_\_\_ If yes, what are the amounts and for what purpose would they be assessed (entry fees, spectator fees)?

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8. For what purpose would collected funds be used?

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9. How will access to the event area be controlled and non-participating vehicle and/or boat traffic be directed around or through the event area?

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10. Are existing sanitary facilities adequate to handle expected crowds? \_\_\_\_\_ If not, what measures will you take to provide necessary facilities?

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11. Will first aid stations, ambulances, or other safety measures be required? \_\_\_\_\_ If yes, what measures will be taken to provide needed services and equipment?

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