



**SPECIAL EVENTS (Recreational) PERMIT APPLICATION**

DATE: \_\_\_\_\_

PERMIT FEE: \$25.00 PER DAY

NAME : \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NON-PROFIT #: \_\_\_\_\_

Proposed Activity: \_\_\_\_\_

Dates: From: \_\_\_\_\_ to \_\_\_\_\_ Hours: From: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Are Special Services requested from any Town Department? If so; Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach to this form parade route:

FOR ALL EVENTS THAT WILL BE ON TOWN OWN PROPERTY. A Certification of Insurance listing the Town of Del Norte as additional insured must be in the Town Hall office no later 3 days before the event. IF CLOSURE OF HIGHWAY 160 IS REQUIRED CERTIFICATION MUST BE SUBMITTED THREE (3) WEEKS PRIOR TO EVENT. A MINIMUM OF \$1,000,000 GENERAL AGGREGATE COVERAGE IS REQUIRED.

SIGNATURE OF THE RESPONSIBLE PERSON: \_\_\_\_\_

Application must be submitted (30) thirty days prior to event. If parade is requested (60) sixty days.  
\*\*\*\*\*TOWN USE ONLY\*\*\*\*\*

**Police Department Approval:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
Recommend \_\_\_\_\_ Approval \_\_\_\_\_ Denial \_\_\_\_\_

**Fire Department Approval:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
Recommend \_\_\_\_\_ Approval \_\_\_\_\_ Denial \_\_\_\_\_

**Board of Trustees/Mayor**

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
Recommend: \_\_\_\_\_ Approval \_\_\_\_\_ Denial \_\_\_\_\_

Certificate of Insurance on file: \_\_\_\_\_ Yes \_\_\_\_\_ No