



## SPECIAL EVENTS (Recreational) PERMIT APPLICATION

**PERMIT FEE: \$25.00 PER DAY**

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

### Applicant Information

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Event Information Name of Event:

\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Type of Event \_\_\_\_\_

Location of Event: \_\_\_\_\_

(Events held in Town parks, trails, and rights of way are responsible for leaving the area free of trash – because trash cans are limited in some areas, it is recommended to bring your own trash bags and to take them with you when you leave.)

Maximum Attendance: \_\_\_\_\_

Do you plan to serve alcohol at your event? Yes ☐ No ☐ Will alcohol be for sale or donations be accepted: Yes ☐ No ☐  
Please note that alcohol is prohibited in all Town parks and trails. If yes, contact the Town Clerk for a Special Events Liquor Permit (Non-profit status).

Event Coordinator Name & Phone Number: \_\_\_\_\_

(Individual who will be the City's point of contact the day of your event and available for any emergencies)

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

\_\_\_\_\_

Please submit diagram if using Town Property and form for parade route or for street closure:

**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 8 days before the event. IF CLOSURE OF HIGHWAY 160 IS REQUIRED CERTIFICATION MUST BE SUBMITTED FOUR (4) WEEKS PRIOR TO EVENT. A MINIMUM OF \$1,000,000 GENERAL AGGREGATE COVERAGE IS REQUIRED.**

**REIMBURSEMENT AND INDEMNIFICATION AGREEMENT** In consideration of the granting of a Town property usage permit by the Town of Del Norte ("the Town") for an event that is to occur on (date) \_\_\_\_\_, 20\_\_\_\_ from (time) \_\_\_\_\_ to \_\_\_\_\_ at (location) \_\_\_\_\_ (the "Event"), the undersigned, as an individual applicant or as a sponsoring organization applying for a special event permit from the Town for the Event, does hereby agree to reimburse the Town for any costs incurred by the Town due to the actions of the undersigned, and/or by the undersigned's officers, employees or agents, or any person under the undersigned's control, including event participants. Further, the undersigned hereby agrees to defend the Town against and indemnify and hold the Town harmless from any liability to any person or entity resulting from any damage or injury occurring in connection with the Event proximately caused by the actions of the undersigned and/or by the undersigned's officers, employees or agents, or any person who is under the undersigned's control, including event participants. The undersigned further agrees to comply with the requirements of Del Norte rules and regulations governing its parks, streets and public facilities. In the use of Town Property, permittee will neither allow, nor engage in, any discriminatory practices or policies regarding age, race, sex, gender, color, religion, ethnicity, disability, military status, genetic information, marital status, sexual orientation, creed, ancestry, or any other status protected by federal, state, or local law.

If reservation is for an individual applicant, sign below:

Print Name:
Signature:
Address:
City, State, Zip:
Phone:

If reservation is for an Organization, sign below:

Print Organization Name:
Signature:
Print Authorized Officer's Name and Title:
Address:
City, State, Zip:
Phone:

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