

APPLICATION FOR SPECIAL EVENTS PARKS & RECREATION ONLY  
*PLEASE USE BLACK PEN*

ORGANIZATION REQUESTING AUTHORIZATION (if any) : \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_ NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE SET UP: \_\_\_\_\_ DATE TAKEN DOWN: \_\_\_\_\_

DATE (S) HELD: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ - \_\_\_\_\_

Estimate the number of individuals expected to attend: \_\_\_\_\_  
(If a general estimate is not possible, please indicate whether over or under 1,000 people)

Provisions will need to be made for:

The following will be utilized during the event:

Electricity

Animals

Parking

Food sales or concessions

Water

Open fires (other than barbecue)

We (I) also request the assistance of this following city Departments or services:

\_\_\_\_\_

Purpose of this assistance: \_\_\_\_\_

BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

If additional information is needed by any city office, who can be contacted for it, between the daytime hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, during the next two (2) weeks?

NAME: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature of applicant or representative: \_\_\_\_\_

Telephone number (if different from above): \_\_\_\_\_

Address (if different form above) : \_\_\_\_\_

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FOR CITY USE ONLY

Copies of this application are to be forwarded to all of the following City Departments: Public Works Department, Police Department, Fire Department, Health Department, Safety Department, Legal Department, Parks & Recreation Department, and the City Manager's Office.

NOTE TO EACH DEPARTMENT: You are requested to review this application and return it to the Parks and Recreation Office with any comments attached. Comments should include pertinent Laws and Ordinances as well as notice of any required changes, fees, permits and licenses.

From the Council Bluffs: \_\_\_\_\_ Department: \_\_\_\_\_ Initials (       )

COMMENTS ATTACHED

NO COMMENTS ATTACHED