****

**2022 SPECIAL EVENT PERMIT APPLICATION**

Thank you for considering the City of Colorado Springs for your upcoming event. Completion of the Special Event Permit Application is the first step in the planning process to secure the necessary permits for your event.

Please complete all applicable sections of the Special Event Application. Incomplete, illegible, and/or unsigned applications will NOT be processed. An application checklist has been provided below to assist you with the type of information REQUIRED to complete a Special Event Permit Application. Information that is specific to your event may be added to the end of the application. Supplemental documents should be submitted to the Office of Special Events. Delays in providing these documents impact the City’s ability to review and approve applications in a timely manner.

**You may submit the Special Event Permit Application as early as twelve (12) months prior to your event, but no later than ninety (90) days in advance of your event date.**

**APPLICATION CHECKLIST:**

 [ ]  Application - Signed and Dated

 [ ]  Event Narrative and Timeline

 [ ]  Site Plan

[ ]  Medical Planning Guide

[ ]  Emergency Planning Guide

 [ ]  Street Listing Worksheet (if applicable)

 [ ]  Sample of Mitigation Communication (if applicable)

 [ ]  Park Rules and Regulations – Signed and Dated (if applicable)

 [ ]  Park Permission to Serve Alcohol – Signed and Dated (if applicable)

**The following documents may be provided throughout the application process or a minimum of 30 DAYS in advance of the event:**

 [ ]  Certificate of Insurance

 [ ]  Traffic Control/Barricade Plan (if applicable)

 [ ]  Security Plan

 [ ]  Vendor List (if applicable)

 [ ]  Additional Permits and Licenses (as applicable)

**Submit completed application and supporting documents to:**

**CITY OF COLORADO SPRINGS**

**OFFICE OF SPECIAL EVENTS**

**1401 Recreation Way**

**Colorado Springs, CO 80905**

**Phone: (719) 385-5940**

**E-Mail: events@coloradosprings.gov**

**ColoradoSprings.gov/SpecialEvents**

# SECTION 1 – ORGANIZATION INFORMATION

**Organization Name:**

**Organization Contact\*:**

*\*Organization contact will be the Special Event Permit-Holder.*

**Organization Type:** [ ]  For Profit [ ]  Non-Profit

**Organization Website:**

**Street Address:**

**City:**       **State:**       **Zip:**

**E-Mail:**       **Phone:**

# SECTION 2 – PRIMARY EVENT CONTACT INFORMATION

**Event Contact\*:**

*\*Event contact is the primary contact for planning purposes. This contact must be reachable on event day.*

**Street Address:**

**City:**       **State:**       **Zip:**

**E-Mail:**

**Daytime Phone:**       **Cell Phone:**

 *\*Mandatory for day of contact.*

# SECTION 3 – EVENT INFORMATION

**Name of Event:**

**Event Website:**

**Event Location:**

**Location Address:**

**Event Category (Check all that apply):**

[ ]  Car/Motorycle Show

[ ]  Circus/Carnival

[ ]  Concert/Performance

[ ]  Festival/Celebration

[ ]  Fundraiser

[ ]  Parade/Procession/March

[ ]  Sports/Recreation

[ ]  Other:

**Event Timeline:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Day of Week** | **Date** | **Start Time** | **End Time** |
| **Set-Up** |       |       |       |       |
| **Event Start** |       |       |       |  |
| **Event End** |       |       |  |       |
| **Tear-Down** |       |       |       |       |

**Describe your event:** (The description provided may be used to advertise your event via the City’s Facebook Page, Event Calendars, etc. For this purpose please be sure to include your event’s purpose/benefit, any entertainment that will be present, and activities you wish to advertise. Please keep your description to 150 characters or less):

[ ]  Not a public event, please do not publicize.

**Is this a first time event?** [ ]  Yes [ ]  No

 **If no, how many years have you been holding this event and at what locations?**

**Estimated Attendance**

 **Prior Year Attendance (Per Day):**

**Prior Year Attendance (Aggregate, for Multi-Day Events):**

 **Current Year Estimated Attendance (Per Day):**

**Current Year Estimated Attendance (Aggregate, for Multi-Day Events):**

**Estimated number of:**

 Vendors:       Support Staff/Volunteers:       Media:

**Are patron admission, entry or participant fees required?** [ ]  Yes [ ]  No

**Are vendor or other fees required?** [ ]  Yes [ ]  No

# SECTION 4 – CITY PARKS, TRAILS & OPEN SPACES

**Will you be using a City Park, Trail or Open Space?** [ ]  Yes [ ]  No

 **If yes, which location?**

**Will you be putting up temporary structures on Park, Trail or Open Space property?**

[ ]  Yes [ ]  No

 **If yes, please describe, and indicate temporary structures on your site plan.**

 ***Reminder****: Stakes MAY NOT be used to secure temporary structures on City property.*

 [ ]  **I have read and understand the Parks, Recreation and Cultural Services Department Rules and Regulations. A signed copy of the Rules and Regulations is included with the permit application.**

# SECTION 5 – WATER & ELECTRICITY

**Will you need access to park water?** [ ]  Yes [ ]  No

**Will you need access to park electricity?** [ ]  Yes [ ]  No

**Will you need water or electricity at other public locations?** [ ]  Yes [ ]  No

 **If yes, please describe location requested:**

 **If yes, submit request to Colorado Springs Utilities at:** <https://www.csu.org/pages/sponsorship-r.aspx>

or by calling (719) 668-3835

# SECTION 6 – PRIVATE PROPERTY

**Will you be using private property for all or part of your event?** [ ]  Yes [ ]  No

 **If yes, submit written authorization from the private property owner(s) with this application, and indicate location of private property on your site plan.**

**Will you be putting temporary structures on private property?** [ ]  Yes [ ]  No

 **If yes, please describe in detail:**

# SECTION 7 – EVENT NARRATIVE, TIMELINE & SITE PLAN

To ensure appropriate review of your event, a detailed narrative and/or timeline of the event including a description of activities, schedule of entertainment, or other pertinent information must be provided to better assist the City in reviewing the components of your event.

Applicant must also attach a detailed plan for moving routes and fixed venues. The site plan should be produced in a clear and legible manner and submitted in an 8 1/2" x 11" or 8 1/2" x 14" standard format.

A detailed site plan should include, but is not limited to the following:

* Maps of staging areas for parades/races
* Route maps for parades/races
* Street closures/barricade placements
* Parking lots
* Fire lanes
* Trash cans/recycling bins
* Restrooms
* Food, beverage and retail vendors
* Beer gardens
* First aid stations
* Amusement rides/inflatables
* Tents
* Building or tent entrances and exits
* Fireworks fallout zones and launching areas
* Stages

***Reminder****: Applications will not be accepted without the submission of a Site Plan. A Site Plan is a critical supporting document which helps to ensure that the proper locations are booked for your event.*

# SECTION 8 – SIGNAGE & LIGHTING

**Does your event include the use of any signs, banners, pennants, flags, streamers, decorations or special lighting?** [ ]  Yes [ ]  No

 **If yes, show locations on your site plan, indicating specifically what type of sign, decoration or lighting will be used.**

**Describe the signs, decorations and/or lighting to be used during your event:** S

**At what times will you be using signage, decorations and/or lighting?**

**Will signage be placed inside the event boundaries?** [ ]  Yes [ ]  No

**Will signage be placed outside the event boundaries?** [ ]  Yes [ ]  No

 **If yes, please describe:**

**Signage Set-Up: Date**       **Time**

**Signage Pick-Up: Date**       **Time**

# SECTION 9 – INFLATABLES, HIGH RISK ACTIVITIES & PORTABLE STRUCTURES

**Will inflatable displays, bounce houses, hot air balloons or similar devices be used at your event?**

[ ]  Yes [ ]  No

 **If yes, please describe and indicate where inflatables will be located on your site plan:**

 **If yes, please review the** [**Inflatable Attractions Guidelines**](https://coloradosprings.gov/sites/default/files/inline-images/inflatable_attraction_guidelines_2018.pdf)**.**

**Inflatable Set-Up: Date**       **Time**

**Inflatable Tear-Down: Date**       **Time**

**Will your event include any high-risk activities? High risk activities include pyrotechnics, motorcycle ramp-jumping and balloon rides.** [ ]  Yes [ ]  No

 **If yes, please describe specific activities:**

**Will your event include portable structures, prefabricated structures or site built structures such as bleachers, elevated platforms and temporary pedestrian bridges?**

 **If yes, please describe and indicate where temporary structures will be located on your site plan:**

***Reminder:*** *Bleachers are to be inspected and meet the current standards, ICC 300-2012, Standards for Bleachers, Folding and Telescopic Seating and Grandstands.*

# SECTION 10 – DIVISION OF THE FIRE MARSHAL

**Does your event include any static display located within a public and/or private access roadway? Examples: vendor tents, vendor displays, merchandise displays, vehicles or other items an organizer may want to display on the street.** [ ]  Yes [ ]  No

 **If yes, please indicate locations of all static displays along with locations of fire hydrants and fire department connections on your site plan.**

**Does your event include any single or contiguous grouping of tents/membrane structures/canopies that are greater than 2400 sq. ft. in size?** [ ]  Yes [ ]  No

**Does your event include any single standalone stage canopy that is greater than 400 sq. ft. in size?**

[ ]  Yes [ ]  No

**If yes, to either of the above, complete and submit the** [**Temporary Membrane Structures, Tents and Canopy Permit Application**](https://coloradosprings.gov/fire-department/page/tents-canopies-and-membrane-structures?mlid=30061) **to the Division of the Fire Marshal no later than 30 DAYS prior to your event.**

**Does your event include the use of any firework display, pyrotechnics, rockets, theatrical flame effects, flame eaters, torch juggling, etc.?** [ ]  Yes [ ]  No

**If yes, complete and submit the** [**Fireworks, Pyrotechnic and Flame Effect Production Permit Application**](https://coloradosprings.gov/fire-department/page/fireworks-pyrotechnics-and-flame-effects?mlid=31196) **to the Division of the Fire Marshal no later than 30 DAYS prior to your event.**

**Does your event include any open burning or flame not contained within a fireplace, BBQ grill or pit, such as a bonfire, pyre or beacon?** [ ]  Yes [ ]  No

**If yes, complete and submit the** [**Open Burning Permit Application**](https://coloradosprings.gov/fire-department/page/fire-permit-applications-other-documents?mlid=5856) **to the Division of the Fire Marshal no later than 30 DAYS prior to your event.**

**Does your event include any single food vendor utilizing Liquefied Petroleum Gas (LPG) in amounts more than 125 gallons water capacity?** [ ]  Yes [ ]  No

**If yes, complete and submit the** [**Temporary LPG Use Application**](https://coloradosprings.gov/sites/default/files/vendor_lpg_worksheet_0417_new.pdf) **to the Division of the Fire Marshal no later than 30 DAYS prior to your event.**

**Does your event include any vendor cooking food utilizing solid fuels and/or LPG?** [ ]  Yes [ ]  No

 **If yes, all cooking vendors must read and sign the** [**Cooking Requirements at Special Events**](https://coloradosprings.gov/sites/default/files/vendor_lpg_worksheet_0417_new.pdf) **document.**

**Does your event include any enclosed, fenced or otherwise secured area that will allow 1,000 or more persons?** [ ]  Yes [ ]  No

If yes, complete Crowd Manager Certifications at a ratio of 1 Crowd Manager for every 250 persons.

# SECTION 11 – MEDICAL PLAN

All events are required to submit a medical plan. The plan should include the event’s medical communication plan, number of, certification levels and types of resources that will be at the event, description of how resources will be managed, and location of medical aid stations.

The Medical Service Matrix identifies the **minimum requirements** for special events in the City of Colorado Springs. The Colorado Springs Fire Chief or his/her designee has final authority to determine event medical service requirements. Other factors which may impact medical service requirements include, but are not limited to, alcohol sale or consumption, type of event/event activities, potential for hot or cold weather issues, and CSPD threat analysis.

**Based on the** [**Medical Service Matrix**](https://coloradosprings.gov/office-special-events/page/host-special-event)**, which resources will be required for your event’s medical plan? (Check all that apply).**

[ ]  First Aid Station [ ]  Certified Basic Life Support (BLS) Provider

[ ]  Licensed Ambulance Provider [x]  CSFD Special Events Medical Team

**Medical Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**Please complete the** [**Medical Planning Guide**](https://coloradosprings.gov/office-special-events/page/host-special-event) **and submit a copy with your application.**

*Reminder: Applications will not be accepted without the submission of the Medical Planning Guide.*

 [ ]  **I understand that the Colorado Springs Fire Department Chief or his/her designee has final authority to determine medical resource requirements for all events, and that a threat to public health or safety may be cause for revocation of the Special Event Permit.**

# SECTION 12 – SECURITY PLAN

*\*The Colorado Springs Police Department has final authority to determine the minimum number of Police Officers to adequately staff all events, and to determine security requirements for all events.*

As an event organizer, you are required to provide a safe and secure environment for your event. To facilitate your planning, the Colorado Springs Police Department will design and implement your Security Plan*.*

You are required to hire a private security company for Beer Gardens. You may also hire a private security company to protect your property after event hours.

**Will you be hiring a private security company for your event?**[ ]  Yes [ ]  No

**Name of Security Company**:

**Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**Please describe your security plan:**

Applicable information includes the event’s communication plan, number, certification levels and types of resources that will be at the event, and description of how resources will be managed and deployed.

 [ ]  **I understand that the Colorado Springs Police Department Chief, or his/her designee, has final authority to determine security requirements for all events.**

# SECTION 13 – EMERGENCY PLAN

*\*The Colorado Springs Office of Emergency Management has final authority to determine emergency resource requirements for all events.*

An Emergency Response Plan is required for all events in order to identify and mitigate possible risk to event participants, spectators and volunteers, and must be included with the Special Events Application. Examples of emergencies include, but are not limited to: Severe Weather, Fire, Active Hostile Attack, and/or Medical Emergency. The Police Department, Fire Department, and Office of Emergency Management can help you gain a better understanding of these risks.

Four key areas should be addressed when drafting your Emergency Response Plan:

* Weather forecasting, tracking and reporting
* Communication with event participants, spectators, volunteers, public safety officials and media
* Transportation planning and evacuation routes
* Locations of and access to shelter

**Emergency Management/Safety Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**Please complete the** [**Emergency Planning Guide**](https://coloradosprings.gov/office-special-events/page/host-special-event) **and submit a copy with your application.**

*Reminder: Applications will not be accepted without the submission of the Emergency Planning Guide.*

 [ ]  **I understand that the Colorado Springs Office of Emergency Management has final authority to determine emergency resource requirements for all events, and that a threat to public safety may be cause for revocation of the Special Event Permit.**

# SECTION 14 – TRAFFIC PLAN

*\*The Colorado Springs Police Department has final authority to determine the minimum number of Police Officers to adequately staff all events, and to determine traffic control requirements for all events.*

**Does your event require any street closures, in any way obstruct vehicular or pedestrian traffic or require a motorcycle/police escort to navigate through City streets?** [ ]  Yes [ ]  No

 **If yes, provide contact information for your Traffic Control Company, and complete the Street Listing Worksheet for Traffic Plans, which includes the streets impacted and closure times.**

***Reminder:*** *The event organizer/permit-holder is responsible for contacting the Traffic Control Company of their choice to secure the event date.*

**Name of Traffic Control Company**:

**Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

 **Equipment Drop-Off: Date**       **Time**

 **Equipment Pick-Up: Date**       **Time**

**Does your event require a motorcycle/police escort?** [ ]  Yes [x]  No

 **If yes, what is the estimate number of participants for the procession?**

 **If yes, include a copy of your proposed route with this application.**

 [ ]  **I understand that the Colorado Springs Police Department Chief, or his/her designee, has final authority to determine traffic control requirements for all events.**

# SECTION 15 – PARKING & SHUTTLE PLAN

**Will your event utilize off-site parking?** [ ]  Yes [ ]  No

 **If yes, where will parking be located?**

 **Do you have property owner authorization to use private property for parking?** [ ]  Yes [ ]  No

 **Name of Parking Property Owner:**

 **E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**What time will off-site parking lots be available?**

**Will your event involve the use of parking shuttle services?** [ ]  Yes [ ]  No

 **If yes, indicated the location of pick-ups/drop-offs on your site plan.**

 **Shuttle Pick-Up Times:**       **Shuttle Drop-Off Times:**

**Have you developed an ADA acccessible parking and/or transportation plan?** [ ]  Yes [ ]  No

 **If yes, where will parking be located?**

**Is there designated parking/special access for vendors, volunteers, VIPs, etc?**  [ ]  Yes [ ]  No

 **If yes, where will parking be located?**

 **If yes, include a sample of parking passes/permits with your application.**

# SECTION 16 – HOODING PARKING METERS

**Does your event require parking meters to be hooded?** [ ]  Yes [ ]  No

 **If yes, please provide a meter hooding map, which includes which streets will be impacted, showing the start and end streets, including block number locations and all side streets to be impacted by meter hooding.**

**Will you be hooding your own meters?** [ ]  Yes [ ]  No

 **If no, meters will be hooded by CSPD Parking Services, and the Event Organizer will be charged for the service provided. If meters are not hooded by CSPD, then police verification will be required to ensure that hoods are posted properly in case towing of any vehicle is requested.**

*Reminders: Meters may not be hooded before 8:00 pm the day before the event is scheduled to take place. If hooding of meters is required to start earlier, prior Parking Administration approval is required. Do not cover the top of meters or use tape or adhesive materials. Upon event completion, all signs must be immediately removed by the Organizer and disposed of properly. A fee of $50/hour per employee will occur if Parking Services removes any hoods left behind.*

 [ ]  **I understand the meter hooding requirements for special events.**

# SECTION 17 - NOISE

**Will there be any music or amplified sound at your event?** [ ]  Yes [ ]  No

 **If yes, please complete the** [**Noise Hardship Permit Application**](https://coloradosprings.gov/sites/default/files/noise_hardship_permit.pdf) **and submit directly to the Colorado Springs Police Department’s Special Events Sergeant.**

# SECTION 18 – MITIGATION OF IMPACT

**Will your event impact any residential or business areas?** [ ]  Yes [ ]  No

 **If yes, how do you plan to notify neighbors? (Check all that apply)**

[ ]  Flyers (door-to-door)

 [ ]  Postcard/Mailer

 [ ]  Phone

 [ ]  E-Mail

 [ ]  Face-to-face contact

 [ ]  Other:

 **Attach a sample of the notice you plan to distribute to impacted neighbors.**

**Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event?** [ ]  Yes [ ]  No

 **If yes, attach letters of support to your application.**

 **If no, explain:**

 [ ]  **I understand that all events are required to provide notification to affected residential or business properties. When notifying, street closures should be illustrated and described, and a detailed timeline should be included. Notification must occur at least three weeks prior to my event date.**

# SECTION 19 – VENDORS & CONCESSIONAIRES

**Will taxable property or services be sold at your event?** [ ]  Yes [ ]  No

**If yes, all vendors/organizers selling taxable tangible personal property or taxable services must collect and remit City of Colorado Springs sales tax, and must be licensed (permanent or temporary) for each event. Please see the following for more clarification:**

* Vendors/Organizers that hold a permanent City of Colorado Springs Retail Sales Tax License may remit the sales tax due on their regular sales tax return. The City of Colorado Springs license number must be provided before the event. (License #     )
* If a permanent license is not held, a Temporary Sales Tax License must be obtained by each vendor/organizer before the event takes place and a cash bond may be required depending on the scope of the event. The City of Colorado Springs license number must be provided before the event. (License #     )
* The event organizer may also obtain the Sales Tax License (Retail or Temporary) and allow each vendor who participates in the event to submit their sales tax through that license. To accommodate that option, envelopes can be provided to each vendor and then collected at the conclusion of the event to be turned in with the license holders’ sales tax return by the due date.
* The City of Colorado Springs requires that each event organizer, regardless of license status, submit a complete Vendor Listing to the City of Colorado Springs Sales Tax Department prior to the event.

**Will the Event Organizer be selling taxable tangible personal property or taxable services at the event?**

 [ ]  Yes [ ]  No

 **If yes, the event organizer must:**

* Follow steps above to see what requirements need to be met.
* Provide the City of Colorado Springs Sales Tax License Number if a Permanent License or Temporary License is held. (License #     )
* Remit the collected sales tax before the due date indicated on the license form or on your sales tax return form.

 **If no, the event organizer must:**

* Submit a complete Vendor Listing to the City of Colorado Springs Sales Tax Department prior to the event.
* Direct each vendor to view our license requirements on our website, [www.ColoradoSprings.gov/Finance/Page/Sales-Tax-License-Applications-and-Forms](http://www.ColoradoSprings.gov/Finance/Page/Sales-Tax-License-Applications-and-Forms) or to call our office at (719) 385-5903 for more information.

# SECTION 20 – VENDORS & CONCESSIONAIRES

**Will food be sold inside your event boundary?** [ ]  Yes [ ]  No

**If yes, a Mobile Food Vendor License is required for any vendor wishing to sell foodstuffs within the City of Colorado Springs.**

**Do you intend to cook food within the event area?** [ ]  Yes [ ]  No

**If yes, contact El Paso County Public Health at** [**https://www.elpasocountyhealth.oIf**](https://www.elpasocountyhealth.oIf) **rg/service/retail-food-establishment-licensing-0 or at (719) 578-3199 for additional information regarding food and vendor permits.**

***Reminder:*** *Any single food vendor utilizing Liquefied Petroleum Gas (LPG) in amounts greater than 125 gallons water capacity or any vendor cooking food utilizing solid fuels and/or LPG may require additional permits or inspections by the Colorado Springs Fire Marshal. (See Division of the Fire Marshal section of this application for additional details).*

# SECTION 21 – ALCOHOL

**Will your event include the sale and/or consumption of alcoholic beverages?** [ ]  Yes [ ]  No

 **If yes, check all that apply:**

[ ]  Free/Host Alcohol

 [ ]  Alcohol Sales

 [ ]  Beer

 [ ]  Wine

 [ ]  Spirits

**Will your event involve the consumption of alcoholic beverages outside a City Park?**

 [ ]  No [ ]  Yes

**If yes, applicant must submit an application for a** [**Special Event Liquor Permit**](https://coloradosprings.gov/city-clerk/page/liquor-and-beer-licensing#specialeventliquor) **to the City Clerk’s Office, no less than 30 DAYS prior to the proposed event.**

***Reminder:*** *Special Event Liquor Permits are only available for non-profit organizations and require a separate public hearing. Additionally, events which serve alcohol must provide proof of Liquor Liability Insurance. Please see Insurance Requirements section of this application for additional details.*

**Will your event include the sale and/or consumption of alcoholic beverages in a City Park?**

[ ]  Yes [ ]  No

 **If yes, complete and submit the** [**Park Beer Garden Policy and Permission to Serve Alcohol Application**](https://coloradosprings.gov/sites/default/files/parks_recreation_and_cultural_services/Special_Events/2016_alcohol_application.pdf) **to the Parks, Recreation & Cultural Services Department no later than 60 DAYS prior to your event. Also, please indicate the size and location of your beer garden on your site plan.**

 ***Reminder:*** *The sale and/or consumption of Spirituous Liquor are prohibited in City parks.*

**If yes, applicant must submit an application for a** [**Special Event Liquor Permit**](https://coloradosprings.gov/city-clerk/page/liquor-and-beer-licensing#specialeventliquor) **to the City Clerk’s Office, no less than 30 DAYS prior to the proposed event.**

***Reminder:*** *Special Event Liquor Permits are only available for non-profit organizations and require a separate public hearing. Additionally, events which serve alcohol must provide proof of Liquor Liability Insurance. Please see Insurance Requirements section of this application for additional details.*

# SECTION 22 –RESTROOMS, TRASH & RECYCLING

**Do you plan to provide portable restroom facilities at your event?** [ ]  Yes [ ]  No

***Reminder:*** *The City of Colorado Springs recommends two (2) chemical or portable toilets for every 250 people. Ten percent (10%) of these facilities must be ADA accessible. This figure is based upon the maximum number of attendees at your event during peak time.*

 **If yes, please provide the total number of portable toilets:**

 **If yes, please provide the total number of ADA accessible toilets:**

**Name of Portable Restroom Company:**

**Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**Equipment Drop-Off: Date**       **Time**

**Equipment Pick-Up: Date**       **Time**

**Do you plan to provide trash receptacles/recycling bins at your event?** [ ]  Yes [ ]  No

***Reminder:*** *The City of Colorado Springs recommends one (1) trash receptacle and one (1) recycling bin per 500 people. This figure is based upon the maximum number of attendees at your event during peak time. Park trash cans and dumpsters may not be included in calculating the number of receptacles needed for your event.*

 **If yes, please provide the total number trash receptacles:**

 **If yes, please provide the total number recycling bins:**

 **If yes, please provide the total number of dumpsters/roll-off containers:**

**Name of Waste Management/Recycling Company:**

**Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**Equipment Drop-Off: Date**       **Time**

**Equipment Pick-Up: Date**       **Time**

**Please describe your plan for clean-up and removal of trash, animal waste and recyclables during and after your event:**

***Reminder:*** *You may hire a professional service of your choice and/or use a volunteer team. If City services are needed because clean-up is inadequate or damages occur, the event will be invoiced. In addition, such failure may result in denial of future approval of a Special Event Permit.*

**Do you plan to have a street sweeper before or after your event?** [ ]  Yes [ ]  No

***Reminder:*** *Street sweeping is required for any event that includes animals, food or alcohol in the street.*

**Name of Street Sweeping Company:**

**Contact Name:**

**E-Mail:**       **Daytime Phone:**       **Cell Phone:**

**Scheduled Sweeping Time: Date**       **Time**

# SECTION 23 –ANIMALS

**Will animals be part of your event?** [ ]  Yes [ ]  No

 If yes, please describe what kind and how many:

**Do you wish to allow pets at your event?**  [ ]  Yes [ ]  No

***Reminder:*** *Per title II and title III of the Americans with Disabilities Act (ADA), entities must permit service animals to accompany people with disabilities in all areas where members of the public are allowed to go.*

# SECTION 24 – VIPs & MEDIA

**Will there be high-profile individuals present at your event? High-profile individuals may include, but is not limited to political figures, military personnel, celebrities, etc.** [ ]  Yes [ ]  No

 **If yes, please provide a list of individuals, their titles and the date/time in which they are expected to be present.**

**Will there be live media coverage of the event?** [ ]  Yes [ ]  No

 **If yes, please describe (include time and location):**

**Will media vehicles be parked within the event venue?**  [ ]  Yes [ ]  No

 **If yes, please indicate their locations on your site plan.**

# SECTION 25 – ADA ACCESSIBILITY

As required by the federal Americans with Disabilities Act of 1990, as amended, all events, workshops, conferences, hearings, or any other activities held on City property (City facilities, including buildings and parks, and public rights-of-way) must be accessible to people with disabilities.

For more information regarding ADA requirements, the following resources are available:

 **Rocky Mountain ADA Center** - <http://www.ADAInformation.org> or 1-800-949-4232

 **Accessible Temporary Events -** [**Planning Guide**](https://coloradosprings.gov/sites/default/files/ada_planning_guide.pdf)

 [ ]  **I acknowledge that Special Events are required to meet all ADA requirements and are the responsibility of the Event Organizer.**

# SECTION 26 – INSURANCE

Events are required to have **Commercial General Liability Insurance** in which the **“City of Colorado Springs, its elected and appointed officials, employees and volunteers” are included as Additional Insured with respect to the policies required by the Special Event Permit.** The policy must be for a minimum of $1,000,000, with an aggregate amount of $1,000,000. Additional insurance may be required dependent upon the event size and any high risk activities. Coverage must be maintained for the duration of the event including setup and dismantle dates. Event insurance will be primary; any City insurance will be non-contributory.

Events that intend to serve or sell alcoholic beverages at an event must also submit a Certificate of Insurance providing proof of a **Liquor Legal Liability Insurance Policy or properly endorsed General Liability Insurance Policy**. Events that hire a vendor to serve or sell alcoholic beverages, rather than providing the alcohol themselves, must submit a Certificate of Insurance from the vendor providing proof of a liquor legal liability insurance policy or properly endorsed general liability insurance policy. The minimum acceptable limit of liability per claim and aggregate is $1,000,000. **This requirement applies to the business or group which serves or sells the alcohol.**

**The Certificate Holder for all events shall be:**

The City of Colorado Springs

 30 S. Nevada Ave.

 Colorado Springs, CO 80903

**Name of Insurance Carrier:**

**Contact Name:**

**Address:**

**E-Mail:**       **Daytime Phone:**

 [ ]  **I understand that Certificates of Insurance which do not meet the requirements indicated above, or do not have the correct physical address for the City of Colorado Springs will not be accepted as complete.**

# SECTION 26 – AFFIDAVIT OF APPLICATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am authorized to represent and bind the Host Organization. The Host Organization represents and certifies as follows:

1. That the information contained in this Special Event Application is true and correct to the best of my knowledge and belief.

2. That the Host Organization, has read, understands and agrees to comply with the ordinances governing the proposed special event as set forth in the City Code of the City of Colorado Springs, 2001, as amended.

3. To comply with all other laws, rules, regulations and requirements of the City, County, State, and Federal governments, and any other applicable entity which may pertain to or govern the use of the event venue and the overall conduct of the special event.

4. The Host Organization acknowledges that the acceptance of any plans required as a part of the Special Event Application does not constitute an approval or an acknowledgment by the City of the adequacy of the information contained in the plans.

5. To pay all applicable taxes, including possessory interest taxes and understands that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this special event or any other related permit.

6. In accord with the City Code, to pay any costs and fees for City services that are incurred by or on behalf of the special event within 60 days of billing by the City.

Print Name of Organization Contact:

*\*Organization contact will be the Special Event Permit-Holder.*

Title:

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