

2024 PARK SPECIAL EVENT 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. *Note: This application is ONLY for events contained within a park, trail or open space.*

If your event includes the sale/consumption of alcohol, has more than 10,000 participants/attendance, includes high-risk activities (including fireworks), or requires road closures, you are required to complete the Citywide Special Event Permit Application.

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 types 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.

The Park Special Event Application is due <u>AT LEAST thirty (30) days</u> in advance of your event date.

APPLICATION CHECKLIST:

- Application Signed and Dated
- Event Narrative and Timeline
- Site Plan

Medical Planning Guide

Emergency Planning Guide

Course Map (if applicable)

Park Rules and Regulations – Signed and Dated

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

- Certificate of Insurance
- 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*: <i>*Organization contact will be the S</i>	pecial Event Permit-H	'older.
Organization Type:	🗌 Non-Profit	
Organization Website:		
Street Address:		
City:	State:	Zip:
E-Mail:		Phone:
SECTION 2 – PRIMARY EVEN	NT CONTACT INF	ORMATION
Event Contact*: <i>*Event contact is the primary conta</i>	ict for planning purpo	ses. This contact must be reachable on event day.
Street Address:		
City:	State:	Zip:

E-Mail:

Daytime Phone:

Cell Phone:

SECTION 3 – EVENT INFORMATION

Name of Event:

Event Website:

Event Location (Park Name)/Address:

Event Category (Check all that apply):

- Car/Motorycle Show
 Circus/Carnival
 Concert/Performance
 Festival/Celebration
 Film/Photography
 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. <u>Please keep your description to 150 characters or less</u>):

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:

SECTION 4 – TEMPORARY STRUCTURES, SIGNAGE & LIGHTING

Will you be putting up temporary structures such as staging, tents, temporary lighting, pennants/flags, ec. 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.

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

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

If yes, please review the **Inflatable Attractions Guidelines**.



☐ 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 (available at some locations for \$100/event)?	Yes	🗌 No
Will you need access to park electricity (available at some locations for \$50/event)?	🗌 Yes	🗌 No
Will you be providing your own generator for power? Yes		

If yes, please indicate where the generator will be placed on your site plan.

SECTION 6 – 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 7 – 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 <u>Medical Service Matrix</u>, 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

CSFD Special Events Medical Team

Medical Contact Name:

E-Mail:

Daytime Phone: Cell Phone:

Please complete the Medical Planning Guide and submit a copy with your application. *Reminder: Applications will not be accepted without the submission of the Medical Planning Guide.*

SECTION 8 – EMERGENCY PLAN

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 Phone:
(

Please complete the <u>Emergency Planning Guide</u> and submit a copy with your application. *Reminder*: Applications will not be accepted without the submission of the Emergency Planning Guide.

SECTION 9 - NOISE

Will there be any music or amplified sound at your event?YesNo

If yes, please complete the <u>Noise Hardship Permit Application</u> and submit directly to the Colorado Springs Police Department's Special Events Sergeant.

Cell Phone:

SECTION 10 – 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?

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, <u>www.ColoradoSprings.gov/Finance/Page/Sales-Tax-License-Applications-and-Forms</u> or to call our office at (719) 385-5903 for more information.

SECTION 11 – VENDORS & CONCESSIONAIRES

Will food be sold inside your event boundary?	Yes	No	
If yes, a <mark>Mobile Food Vendor License</mark> is required City of Colorado Springs.	l for any vendor v	vishing to sell foodstuffs	within the
Do you intend to cook food within the event area?	Yes	No	
If yes, contact El Paso County Public Health at <u>h</u> <u>food-establishment-licensing-0</u> or at (719) 578 vendor permits.			
Does your event include any vendor cooking food uti	lizing solid fuels a	and/or LPG? 🗌 Yes	🗌 No
If yes, all cooking vendors must read and sign t	ne <mark>Cooking Requi</mark>	rements at Special Events	<mark>s</mark> document.
Does your event include any single food vendor utiliz than 125 gallons water capacity? Yes	ting Liquefied Pet	roleum Gas (LPG) in amo	ounts more
SECTION 12 -RESTROOMS, TRASH & RECY	CLING		

Do you plan to provide portable restroom facilities at your event?	Yes	🗌 No
Reminder: The City of Colorado Springs recommends two (2) chemical or p	ortable toilets	for every 250 people. Ten
percent (10%) of these facilities must be ADA accessible. This figure is based	l upon the max	ximum number of attendees
at your event during peak time. Read Portable Restrooms Guidance in the Sp	pecial Events H	Planning Guide on Page 18.

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If yes, please provide the total number of ADA accessible toilets: I attest I read the Porta Potty Placement Guidance - Initial:

Name of Portable Restroe	om Compa	ny:	
Contact Name:			
E-Mail:		Daytime Phone:	Cell Phone:
Equipment Drop-Off:	Date	Time	
Equipment Pick-Up:	Date	Time	
Reminder: The City of Color people. It is recommended to number of attendees at your calculating the number of re- If yes, please provid	rado Spring hat the maj r event duri eceptacles r le the total	fority of these be on an accessib ing peak time. Park trash cans o needed for your event. number trash receptacles:	revent? Yes No ceptacle and one (1) recycling bin per 500 le route. This figure is based upon the maximum and dumpsters may not be included in
If yes, please provid	le the total	number recycling bins:	
If yes, please provid	le the total	number of dumpsters/roll-	off containers:
Name of Waste Managem	ent/Recyc	ling 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.

	SECTION	13	-ANIMALS
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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
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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 14 - VIPs

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.

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

SECTION 15 – 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 City of Colorado Springs Office of Accessibility – (719) 385-5175 https://coloradosprings.gov/office-accessibility – (719) 385-5175 https://coloradosprings.gov/office-accessibility/page/office-accessibility Special Events Planning Guide – see pages (Portable Restrooms) 18, (Service Animals) 21, (Accessible Planning and Parking) 25 & 26.

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

SECTION 16 – 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.

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 17 – 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.

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.

7. **CANCELLATION POLICY:** No refunds will be issued for cancelled events made less than 72-hours prior to event. Other requests for refunds will be considered on an individual basis. Refunds will not be issued due to weather conditions existing on your event date. However, one 'rain date' change will be offered if weather conditions prevent your event from taking pace. Changes will be limited to availability.

Print Name of Organization Contact: *Organization contact will be the Special Event Permit-Holder.

Title: Signature: _____

Date: _____