

# SPECIAL EVENT PERMIT APPLICATION

## EXTRA SMALL EVENT (1 – 99 Attendees)



Permit Application Fee: \$50                       Refundable Deposit: \$500  
 Alcohol Dispensing Permit: \$50

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_  
 Event Name: \_\_\_\_\_  
 Organizer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Organizer's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Are you a non-profit organizations?  Yes  No ID #: \_\_\_\_\_

### Event Details

Brief Description of Event: \_\_\_\_\_

Locations of the Event: \_\_\_\_\_

Set-Up Date: \_\_\_\_\_ Set-Up Times: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Dismantle Date: \_\_\_\_\_ Dismantle Time: \_\_\_\_\_

Event Caterer: \_\_\_\_\_

Will alcohol be consumed at the event?  Yes  No If yes, Security Company: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Please read the entire "Alcohol Dispensing Limitations and Requirements" section on page 6 of the Policies and Procedures document for all details\*\*

Has insurance been purchased for the private event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Page 4 of the Policies & Procedures for details
Will there be any inflatable structures at the event? <small>**Absolutely no water based inflatable structures are allowed in City parks**</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Page 7 of the Policies & Procedures for details
Will the event require streets to be closed or traffic limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Page 5 of the Policies & Procedures for details
Will tents exceeding 400 sq./ft. or stages be used at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be equipment to heat food? (Grills, burners, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be pyrotechnics or fireworks at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be amplified music or a PA system? <small>**Please be courteous to the neighbors that live around the park or facility**</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Equipment Rental Fees

	Quantity	Fee	Replacement Fee
Water Spigot Deposit		Free	\$75.00
Cones / Candlesticks		Free	\$50.00
A-Frames		Free	\$65.00
Barricades		Free	\$300.00
Volleyball Equipment		\$10.00	\$50.00
Picnic Table + Delivery (1 – 6 Tables)		\$50.00	
Additional Picnic Tables		\$5.00 ea.	
Recycle Bins and Liners		Free	
Trash Cans		\$4.00 ea.	
Canopy (15x15)		\$75.00	
Fencing (up to 200 ft.)		\$100.00	
Additional Fencing Beyond 200 ft.		\$0.20/ft.	

City Office Use Only

If Cones, Candlesticks, A-Frames or Barricades are requested, please email the completed "Loaner Form" to Sally Pincock in the Streets Division.

# Special Event Permit: Policies and Procedures Checklist

I have read the entire *Special Event Permit: Policies and Procedures* and understand all the requirements, limitations, policies and procedures that are associated with each section. By initialing the following statements, I completely understand what is expected of me, as the event organizer, and will comply with each corresponding section.

- \_\_\_\_ Certificate of Insurance  
Initial
- \_\_\_\_ Site Plan  
Initial
- \_\_\_\_ Security Plan  
Initial
- \_\_\_\_ Trash and Recycling Plan  
Initial
- \_\_\_\_ Street Closure Requests – Cones, Candlesticks, A-Frames and Barricades  
Initial
- \_\_\_\_ Concessionaire and Food Vendor Permits and Roster  
Initial
- \_\_\_\_ Alcohol Dispensing Requirements and Limitations  
Initial
- \_\_\_\_ Signage Limitations (Temporary Banners, A-Frames, Yard Signs, etc.)  
Initial
- \_\_\_\_ Route Identifier Markers for Walks, Races and Events  
Initial
- \_\_\_\_ Community Notification  
Initial
- \_\_\_\_ Portable Toilets  
Initial
- \_\_\_\_ Inflatable Structures  
Initial
- \_\_\_\_ Entrance Fees and Event Parking  
Initial
- \_\_\_\_ Tournaments, Camps and Competitions  
Initial
- \_\_\_\_ Cancellation Policy  
Initial

I (the signer) have read this entire Special Event Permit Application and corresponding Policies and Procedures. I agree to abide by ALL rules, regulations and requirements laid out in the stated document. I have attached all required documentation to this application. I understand that failure to comply with ALL requirements, deadlines and commitments may result in termination of my permit and denial of subsequent permit requests.

I (the signer) understand that I am responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Idaho Falls, in addition to all rules and regulations governing the City's Parks and Recreation Department. I agree that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, religion, disability, sexual orientation, gender identity or national origin.

\_\_\_\_\_  
**Event Organizer's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Event Organizer's Signature**

\_\_\_\_\_  
**Date**

## City Office Use Only

Application Fee: \$ 50.00

Park Impact Fee: \$ \_\_\_\_\_

*(\$100 – Required for Events expecting more than 100 attendees)*

Special Event Refundable Deposit \$ 500.00

Alcohol Dispensing Permit: \$ \_\_\_\_\_

*(\$50.00/Day + 3% of Gross Sales – Only for Events with alcohol)*

Facility Rental Fees: \$ \_\_\_\_\_

Equipment Rental Fees: \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**Please email this application to the following marked divisions:**

- Special Event Coordinator
- Clerk's Office
- Fire
- Police
- Streets
- Power
- Legal

### Authorized City Representatives

**Clerk's Office** (Dispensing Permit)

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Department** (Application Review)

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Special Event Coordinator** (Application Review)

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fire Department** (Fire Safety Check)

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Police Department**

Captain – Special Event Dispensing Permit

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Special Event Sergeant

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_



CITY OF IDAHO FALLS  
STREET DIVISION – LOANER FORM

Name of Person Responsible for Equipment: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Name / Company: \_\_\_\_\_

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Event Location: \_\_\_\_\_

<u>Equipment</u>	<u>Quantity</u>	<u>Replacement Cost</u>	<u>Total Replacement Cost</u>
CANDLESTICKS & BASE		\$50.00 (EACH)	
A-FRAME		\$65.00 (EACH)	
CONES		\$50.00 (EACH)	
SIGN AND STAND		\$300.00 (EACH)	
			TOTAL REPLACEMENT COST:\$

Drop-Off Location: \_\_\_\_\_ Pick-Up Location: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*Please be aware you are responsible for the return of ALL listed items above. Your refundable deposit will be used to cover the replacement cost of any unreturned equipment. If your total replacement cost exceeds your deposit, you will be billed for any remaining debt to the City of Idaho Falls.

Thank You,  
Street Division Management



**SPECIAL EVENT  
ALCOHOL DISPENSING PERMIT**

Department Use Only:

State License Attached (If Outside of City Limits)

Approved

Denied

\_\_\_\_\_  
Chief of Police or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

Fee Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Event: \_\_\_\_\_

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

**Alcohol must not be dispensed for more than a total of five (5) hours during permitted event.**

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm

Name of Organization/Group/Person sponsoring the event: \_\_\_\_\_

Address of Organization/Group/Person sponsoring the event: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

Type of Beverage to be dispensed:  Beer  Wine

Licensee (Name on Alcohol Beverage License): \_\_\_\_\_

Address of Licensee: \_\_\_\_\_ State License No.: \_\_\_\_\_

Licensee Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Licensee

\_\_\_\_\_  
Signature of Licensee

Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this City of Idaho Falls, Idaho Special Event Alcohol Dispensing Permit at the above designated premises, subject to provisions of Title 23, Idaho Code and Title 8, Chapter 3 of the City of Idaho Falls Code of Ordinances.