

Storey County Community Services

SPECIAL EVENT APPLICATION FEE : \$25.00

Today's Date: _____ Name: _____
Residence Address: _____ City: _____ State: _____
Cell Phone: _____ Home Phone: _____
E-Mail: _____ FAX: _____
Contact Person's Name: _____ Cell Phone: _____
Contact number on day of the event: _____
Alternate Event Contact: _____ Business Phone: _____
Cell Phone: _____ Email: _____

Date(s) of Event: _____ Event Time(s): _____
Title of Event: _____ First year of the Event? YES NO
Type of Event/Activity: _____
Location, detailed description of event: _____
Assembly area (Attach written permission from the property owner if applicable): _____

Description of route to be traveled; specify how participants are to cross major roadways, direction of travel, portion of roadway occupied and any other key features: _____

To evaluate your request and issue the permit we require the following information:
Are you representing a charitable or non-profit organization? Yes NO
If yes, name of organization: _____

The primary purpose of the event or activity is:

Fundraising for charity or group:	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Program for community benefits:	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Government activity:	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Private for Profit:	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Film or Photography Production	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other:	_____			

List approximate number of participants: _____ List approximate number of spectators: _____

Will food or beverages be served?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will any non-food items be sold? (T-shirts, posters, etc)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will any alcoholic beverages be sold?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will there be live or recorded music?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will amplified sound equipment be used?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
How many vendors will be on the premises? _____	Profit:	<input type="checkbox"/>	Non-Profit:	<input type="checkbox"/>

Name of Insurer: _____ Limits of liability: \$ _____

Signature

Date