

SPECIAL EVENT PERMIT APPLICATION

Date of Application:		Permit Application Number:			
SECTION I: APPLICANT INFORMATION					
Name of Applicant (must be on site during the event)					
Phone Number		Cell Phone Number		Fax Number	
Business Address			City		State Zip Code
Corporation / Organization Name or D.B.A.			E-mail Address		
State of Incorporation		Tax ID #		City Sales Tax ID #	
SECTION II: EVENT INFORMATION					
Name of Event					
Event Date(s)	Hours of Event		Set Up		Take Down
Location of Event/ Address					
Sponsors of the Event					
Brief Description of Event					
*If the event involves the participation of a charity, the applicant is required to provide an acknowledgement letter from the charity.					
Charity Name				501(c)3 Number	
Charity Contact Name				Contact Phone Number	
Charity Address				Charity Phone Number (if different from above)	
Has this event ever been held at another location? () Yes () No If yes, please provide the appropriate references:					
Location #1					
Date:			Location:		
Contact Name			Phone Number		
Location #2					
Date:			Location:		
Contact Name			Phone Number		
Has the Applicant/Organization ever had a liquor license or event permit denied, revoked or suspended? () Yes () No If Yes, please explain:					

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Will there be an admission charge? () Yes () No If yes, list all price categories:		
Anticipated daily attendance:		Anticipated peak attendance:
Will there be entertainment? () Yes () No If yes, please complete the following:		
Group	Performance Location	Scheduled Time
Will novelty items be sold? () Yes () No If yes, please describe below:		
Item	Vendor Selling	Price(s)
Will there be a contracted concessionaires/caterers? () Yes () No If yes, please provide the following information:		
Name of Concessionaire/Caterer		Address
Phone No.	Items to be sold	
How close are the nearest residences to the event?		
What type of advertising/promotion will be done prior to the event?		
Radio: () Yes () No	If yes, stations:	
TV: () Yes () No	If yes, stations:	
Newspaper Ads: () Yes () No	If yes, newspapers:	
Press Releases: () Yes () No	If yes, how many?	
Fliers/Posters: () Yes () No	If yes, where distributed:	
*PLEASE ATTACH ANY PLANNED PROMOTIONAL MATERIALS		
SECTION III: EVENT SPECIAL FEATURES		
WILL THE EVENT INCLUDE ANY OF THE FOLLOWING? (Indicate on site plans)		
TENTS OR CANOPIES () Yes () No If yes, provide the following:		
Company:		
Address:		
Contact:	Phone:	
Number of Tents:	Size(s):	
*Tents over 200 sq. ft. and canopies over 400 sq. ft. require permits from the City of Maricopa Fire Department.		
OPEN FLAMES OR COOKING () Yes () No If yes, provide the following:		
Company:		
Address:		
Contact:	Phone:	

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FIREWORKS () Yes () No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
*Fireworks require permits from the City of Maricopa Fire Department.			
TEMPORARY FENCING () Yes () No If yes, provide the following:			
*Provide accurate dimensions of fenced area.			
Company:			
Address:			
Contact:		Phone:	
PORT-A-JOHNS () Yes () No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
ELECTRICAL SERVICES / GENERATORS () Yes () No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
*Use of generators requires an additional electrical permit from Development Services.			
CARNIVAL / AMUSEMENT RIDES () Yes () No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
*An additional special permit from the City of Maricopa Fire Department is required.			
SIGNS / BANNERS () Yes () No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
INFLATABLES () Yes () No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
OTHER – Description of any other activities at the event:			
SECTION IV: STREETS / TRAFFIC			
DOES THE EVENT PROPOSE CLOSING, BLOCKING, OR USING ANY OF THE FOLLOWING:			
CITY STREETS () Yes () No If yes, provide the following:			
Street	From/To	Date(s)	Time(s)
CITY SIDEWALKS () Yes () No If yes, provide the following:			
Sidewalk	From/To	Date(s)	Time(s)

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CITY ALLEYS () Yes () No If yes, provide the following:			
Alley	From/To	Date(s)	Time(s)
PUBLIC PARKING LOTS () Yes () No If yes, provide the following:			
Parking Lot		Date(s)	Time(s)
PUBLIC BICYCLE PARKING () Yes () No If yes, provide the following:			
Bicycle Rack Location:			
What alternative bicycle parking will be provided (include location)?			
SECTION V: USE OF CITY FACILITIES			
Will any City facilities be used? () Yes () No If yes, provide the following:			
Facility	Person Contacted	Phone	
Will any City electric or water hookups be used? () Yes () No If yes, provide the following:			
Electric Location	Service Needed (in amps)		
Water Location	Service Needed		
SECTION VI: EVENT SECURITY			
Will the event be using private security? () Yes () No If yes, provide the following:			
Security Company			
Address			
Contact Person			
Number of personnel contracted for:			
SECTION VII: ALCOHOL			
*Glass containers or glass bottles are NOT allowed in City parks.			
Will there be alcohol at the event? () Yes () No If yes, please answer the following:			
*Beer and wine only are allowed on City property.			
Will alcohol be sold? () Yes () No			
Will alcohol be given away? () Yes () No			
Is alcohol included in the admission price to the event? () Yes () No			
*If you answered Yes to any of the above, a Special Event Liquor License is required.			
Charity's or Organization's Name	501 (c)3 Number		
*A letter from the charity or organization agreeing to participate as the agent for the special event liquor license is required and must accompany the original event application.			

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Name of Contact at Charity or Organization	Phone Number
On-Site Agent Responsible for Liquor	
How will attendees over the age of 21 be identified?	
Have the alcohol servers received training regarding the sale and service of alcoholic beverages? () Yes () No If yes, where & when?	
What controls will be used to keep underage attendees from obtaining alcohol at the event?	
*A site plan showing locations of alcohol service areas, type and height of fencing, and security check areas must be provided and correspond to the description of the controls above.	
Will more than 50% of the gross revenues derived from the event be derived from alcohol sales? () Yes () No	
SECTION VIII: PARADE INFORMATION	
Assembly Area	
Disassembly Area	
Number of Units	
Description of the units (e.g., motorized, animals, floats, sound amplification)	
*Attach a proposed route and indicate assembly and disassembly areas.	
SECTION IX: INSURANCE REQUIREMENTS	
Proof of applicable insurance that will be in effect during the license period must be attached.	
The certificate must show general liability including:	
<ul style="list-style-type: none"> • Bodily Injury • Comprehensive Form • Premises Operations • Contractual • Independent • Contractors • Products/Completed • Operations • Hazard • Personal Injury • Broad Form Property Damage 	

**I certify that the statements made in this application are true and complete to the best of my knowledge.
Incomplete applications may not be processed.**

Print Name	Signature	Date