



SPECIAL EVENT PERMIT APPLICATION

Application Instructions

Please submit with this application a copy of your **Site Plan** that must outline all relevant information for the event inclusive of site location, size of all structures/tents, parking/traffic/pedestrian mitigation, access points, alcohol service/consumption area and number of vendors and locations, sanitation/security/emergency services plan.

Please submit your application no later than 30 days prior to (but no more than one (1) year in advance of) your event to allow sufficient time to review and process the permit.

Insurance Requirements: The City of Castle Pines must be listed as an Additional Insured with the following limits of liability: \$ 500,000 per person/\$ 1,000,000 per occurrence.

Applicant Information

Name: _____ Address: _____
City: _____ State/Zip: _____
Home/Cell Phone: _____ Fax: _____
Work Phone: _____ E-mail: _____

Event Information

Name of Event: _____
Date(s) of Event: _____ Type of Event _____
Address/Location of Event: _____
Actual Time of Event: _____ Estimated Attendance: _____
Set up: Time in _____ Time out: _____
Event Coordinator Name & Phone Number: _____
(Individual who will be the contact the day of your event and available for any emergencies)

TYPE OF EVENT: Picnic/Family Reunion Run/Walk Bike Race Tournament

Parade (over 30 participants) Festival/Event (public function) Other: _____

Turf Field Reservation (2 hr. increments): _____ \$30 - half field _____ \$60 - full field

Pavilion Rentals (2 hour increments): _____ \$50 Pavilion #2 or #3 (16 people) _____ \$70 Pavilion #1 (32 people)

Special Event Application Fee: \$100 Required Clean-Up Deposit: \$500

ALCOHOL PERMIT:

- If you have applied for and received a Special Event Liquor Permit with the City Clerk, this permit will allow for possession and consumption as authorized by the Colorado Liquor Laws.
- **NO GLASS CONTAINERS** are permitted in the park.

SPECIAL EVENT FEATURES: (Please complete this section if you will be having an event of 100+ people)

Food and Beverage – Only approved and licensed vendors may sell or distribute food and beverages. **Vendors must complete a temporary permit application through the Tri-County Health Department.** Please describe the food and beverage intended for sale/distribution.

Vendors and Booths – All vendors must be approved and licensed through the City. Please describe activities planned and identify types of vendors.

Sheriff's Department/Security Contract – A Douglas County law enforcement officer may be required based on the size and nature of the event or at the discretion of City staff. Applicant is required to pay additional fees for such services. Please contact the Douglas County Sheriff's Department for more information at (303) 660-7505.

South Metro Fire Rescue Approval --Please email brad.gleason@southmetro.org for SMFR permit and approval

Electricity Needs: _____

Amplified Sound – amplified sound must comply with the City Park Rules and Regulations. Please describe plans for amplified sound including hours of sound, PA System, microphone, speakers, amps, etc. NO sound allowed after 10 PM.

Entertainment – Please describe the type of entertainment (if any) to be featured at this event (bands, DJs, dancers, etc.)

Equipment (Tents, canopies, stages, fences, barricades, bounce houses, etc.) Parking on or driving on sidewalks and park grass/turf field is strictly prohibited. Please describe equipment to be used including dimensions of stages, platforms, canopies, booths, fences, barricades and other structures. Include detailed information on trucks, grills, etc. for consideration.

Street Closures – Applicant request must be made 15 days prior to street closure. Applicant shall close off the entire street, intersection to intersection, for a block party. No partial street closures will be allowed. Applicant is responsible for obtaining signatures supporting the closure for a block party i.e. at least 80% of adjacent property owners prior to the closure. LOCATION OF CLOSURE: _____ (include route map)

Date(s) of Closure: _____ Time of Closure: From: _____ To: _____

PURPOSE OF CLOSURE: _____

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Trash Receptacles – a copy of the trash removal/service agreement is required. Applicant is responsible for fees.

Delivery Date and Time: _____ Removal Date and Time: _____

Portable Toilets – A copy of the portable toilet service agreement is required. (One portable toilet is required per 150 people).

Delivery Date and Time: _____ Removal Date and Time: _____

REIMBURSEMENT AND INDEMNIFICATION AGREEMENT

In consideration of the granting of a special event permit by the City of Castle Pines ("the City") for an event that is to occur on (date) _____, 20__ from (time) _____ to _____ at (location) _____ (the "Event"), and pursuant to Section 11-7-100 of the City of Castle Pines Municipal Code, the undersigned, as an individual applicant or as a sponsoring organization applying for a special event permit from the City for the Event, does hereby agree to reimburse the City for any costs incurred by the City in repairing damage or injury due to the actions of the undersigned, and/or by the undersigned's officers, employees or agents, or any person under the undersigned's control, including event participants. Further, the undersigned hereby agrees to defend the City against and indemnify and hold the City harmless from any liability to any person or entity resulting from any damage or injury occurring in connection with the Event proximately caused by the actions of the undersigned and/or by the undersigned's officers, employees or agents, or any person who is under the undersigned's control, including event participants. The undersigned further agrees to comply with the requirements of Castle Pines Ordinance #14-09 (attached) and the Park Rules listed below as outlined in Ordinance #11-06.

Individual Applicant: (Must be signed in the presence of a notary public)

Print Name:
Signature:
Address:
City, State, Zip:
Phone:
Driver's License / Expiration Date:

Signed before me in the State of Colorado, County of _____, this ____ day of _____, 20__, by

Notary

Sponsoring Organization: (if applicable) (Must be signed in the presence of a notary public)

Print Organization Name:
Signature:
Print Authorized Officer's Name and Title:
Address:
City, State, Zip:
Phone:
Driver's License / Expiration Date:

Signed before me in the State of Colorado, County of _____, this ____ day of _____, 20__, by _____.

Notary

ELK RIDGE PARK

PAVILION AND PARK RESERVATION GUIDELINES

- Fermented malt beverages and vinous alcohol (wine) are allowed during business hours. If your group plans to sell alcohol, you must qualify and apply for a Special Events Liquor Permit
- Bring your Park Permit with you the day of your event.
- Pick up all trash at the conclusion of your event and ensure that the area is restored to the same condition as existed prior to the event. Trash that is placed on top of the receptacles will blow around the park and will result in the forfeiture of your deposit.
- Dogs are prohibited on the turf field.
- Dog owners shall comply with all animal control ordinances adopted by the City and shall pick up their dog's excrement or waste.
- Dogs in the park must be on a leash and are prohibited on the turf field.
- NO open fires, camping or soliciting are allowed.
- NO person shall discharge, fire or shoot any firearm, air gun, slingshot, bow and arrow or other projective on or within the park.
- NO permanent or above-ground structures are allowed in the park unless otherwise authorized or approved by the City. **NO STRUCTURES REQUIRING STAKES CAN BE USED ON THE ARTIFICIAL TURF FIELD.**
- Do not allow children to throw rocks into the playground area – it is unsafe.
- NO chalk is allowed anywhere in the park.
- Please report any issues at Elk Ridge Park to Larry Nimmo at (303) 705-0216.
- Deposit checks shall be shredded after the reserved area has been inspected by City staff.

Staff Use Only	Comments/Recommendations (attach separate sheet if necessary)	Approved or Denied	Initials
Public Works/Parks: street closure/facilities			
Community Development: land use issues/signs			
City Clerk: vendor permits/liquor license/park permits			

Placed on Events Calendar: _____

Pavilion Fees: \$50/Small Pavilion \$70/Large Pavilion \$_____

Turf Field: (\$30 - half field or \$60 - full field) \$_____

Clean-up Deposit: \$500 Application Fee: \$100 \$_____

TOTAL FEE DUE: \$_____

Method of Payment (check/cash/credit) Check# _____

DATE PAID: _____

SUBMITTALS CHECKLIST AND REFERRAL AGENCIES:

- Completed application with Site Plan
- Certificate of Insurance
- Special Event Liquor Permit
- Trash Removal
- Portable Toilets
- Street Closure
- Douglas County Sheriff – traffic control
- South Metro Fire & Rescue
- Castle Pines North Metro District/Parker Water & Sanitation
- Tri County Health Department

City Manager Approval: _____ Date: _____

Conditions of Approval (if any):

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