



TOWN OF SEVERANCE

3 S. TIMBER RIDGE PARKWAY, P.O. BOX 339, SEVERANCE, CO 80546
PHONE: (970) 686-1218 FAX: (970) 686-6250

APPLICATION FOR SPECIAL EVENT

(TYPE OR PRINT CLEARLY)

Name of Event: _____

Complete Description of Event: _____

Location of Event: _____

Date of Event: _____ Event Time: from _____ to _____

Estimated Number of Participants/Spectators: _____

Name of Applicant: _____ Email: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Organization: _____ Email: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person in Charge of Event: _____ Email: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

For Town Staff Use Only

Application Fee Required: Yes ___ No ___	Authorizing Official: _____
Application Fee Paid: _____	Date: _____ Receipt # _____



General Information

Parking Spaces? Yes ___ No ___

Please Describe: _____

Sound Amplification? Yes ___ No ___

Please Describe: _____

Security? Yes ___ No ___

Please Describe: _____

Alcohol Beverages Present? Yes ___ No ___

Please Describe: _____

Sale of Merchandise? Yes ___ No ___ (If yes, Contact Town for Sales Tax Information)

Sale of Food/Beverage? Yes ___ No ___ (If yes, Contact Town for Sales Tax Information)

Name of Vendors: _____

Will the event involve open burning? Yes ___ No ___

Will the event involve any open flame cooking? Yes ___ No ___

Will the event need traffic control? Yes ___ No ___

Will the event need restroom facilities? Yes ___ No ___

Will the event require use of a canopy or tent? Yes ___ No ___

If yes, will this be staked to the ground? Yes ___ No ___

Does the event sponsor have liability Insurance? Yes ___ No ___

Additional Information: _____

I acknowledge that the information contained in this application is true and complete to the best of my knowledge.

Applicant Name: _____

Applicant Signature: _____ Date: _____



APPROVAL OF SPECIAL EVENTS PERMIT APPLICATION

Additional Requirements by the Town of Severance:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Approval by Administrator:

Name: _____

Signature: _____

Date Approved: _____