

# EVERGREEN PARK & RECREATION DISTRICT

## - Park Use Permit Application -



### TYPE OF PERMIT (A permit is required for any scheduled park activity of 25 or more attendees)

Please check all appropriate boxes for the type of permit in which you are interested:\*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Festival/Event       | <input type="checkbox"/> Non-Profit Group | <input type="checkbox"/> Fundraiser                     |
| <input type="checkbox"/> Free Public Function | <input type="checkbox"/> Public Event     | <input type="checkbox"/> Special Occasion/Private Group |
| <input type="checkbox"/> Ticketed Event       | <input type="checkbox"/> Private Event    |   |

\* Based on information provided on application, **EPRD** staff will be able to help determine appropriate type of permit.

Please check the appropriate box for the park/venue in which you are interested:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Alderfer Ranch Shelter | <input type="checkbox"/> Commercial Film / Photo Shoot     | <input type="checkbox"/> Marshdale Turf Field   | <input type="checkbox"/> Stagecoach Park Shelter      |
| <input type="checkbox"/> Arrowhead Park Shelter | <input type="checkbox"/> Evergreen Lake, Park & Lake House | <input type="checkbox"/> Marshdale Park Shelter | <input type="checkbox"/> Wulf Park Shelter            |
| <input type="checkbox"/> Buchanan Park Field    | <input type="checkbox"/> Kittredge Park                    | <input type="checkbox"/> Stagecoach Park Field  | <input type="checkbox"/> Other <b>EPRD</b> Park _____ |

Does this organization have a non-profit 501(c)3 status?  Yes  No

(A copy of the IRS letter of determination or letter of registration or certificate from the Colorado Secretary of State must be submitted at time of application for permit fee discount.)

### EVENT AND CONTRACT INFORMATION

**Instructions: Before completing the application please read the appropriate guidelines for the park selected above.**

Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business/Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

On-site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

May **EPRD** give your name(s) and phone number(s) to the public?  Yes  No

Name(s), Phone number(s), and/or website for public inquires: \_\_\_\_\_

Name of Event: \_\_\_\_\_ # of Attendees: \_\_\_\_\_

Organization/sponsor affiliated with event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Set-up Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Breakdown Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

### ALCOHOLIC BEVERAGES

**The sale of alcoholic beverages is strictly prohibited except under special licensing/permitting rules for designated locations.**

Check with the **EPRD** Staff for sites permitted for alcohol sales and all applicable rules and regulations.

Does your function/event include the sale of alcohol?  YES  NO

Does your function/event include the consumption of alcohol?  YES  NO

### EVENT FEATURES

**Food and Beverages** - Food vendors must contact Environmental Health for proper licensing and approval. Please describe the food and beverages intended for sale/distribution. \_\_\_\_\_

**Electricity** - (Only certain parks may have electricity)  Yes, Hours needed: \_\_\_\_\_

**Water** - (Only certain parks may have water)  Yes, Hours needed: \_\_\_\_\_

**Amplified Sound (Sound System)** - Please describe your need for amplified sound, including hours of sound, PA systems, amps, etc. Amplified sound request must be approved by **EVERGREEN PARK & RECREATION DISTRICT**.

\_\_\_\_\_  
\_\_\_\_\_

Please describe event in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, if any, fees will be charged for admission or participation in the event?

\_\_\_\_\_  
\_\_\_\_\_

Will any of the proceeds be returned to EPRD? If so, approximately what percentage?

\_\_\_\_\_  
\_\_\_\_\_

Please explain how the following will be addressed?

Crowd Control: \_\_\_\_\_  
\_\_\_\_\_

Traffic Congestion: \_\_\_\_\_  
\_\_\_\_\_

Parking: \_\_\_\_\_  
\_\_\_\_\_

Additional Rest Room Facilities, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Additional Trash/Recycling Receptacles, if applicable: \_\_\_\_\_  
\_\_\_\_\_

What, if any, assistance are you requesting from EPRD staff? Items listed will be reviewed and discussed with staff upon receipt of application.

*Refer to Park Permit Rental Fees for EPRD staff rates.*

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Internal Use Only:**

Parks Dept Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Rec/Athletics Dept Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Lake House Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_