



parks · recreation · cultural services

**SPECIAL EVENTS**

## 2016 SPECIAL EVENT PERMIT APPLICATION

**Thank you for considering the City of Colorado Springs for your upcoming event.**

Completion of the Special Event Permit Application is the first step in the planning process to secure the necessary permits for your event.

Please complete all applicable sections of the Special Event Application. **Incomplete, illegible, and/or unsigned applications will NOT be processed.** Information that's specific to your event may be added to the end of the application. An application checklist has been provided below to assist you with the types of information REQUIRED to complete a Special Event Permit Application. Supplemental documents should be submitted to the City's Special Events Coordinator. Delays in providing these documents impact the City's ability to review and approve applications in a timely manner.

### APPLICATION CHECKLIST:

- Application signed and dated
- Insurance information complete in Section 25
- Copy of IRS 501(C) tax exemption letter
- Site plan
- Event narrative and timeline
- Traffic control and barricade plan
- Parking and shuttle plan
- Sample of communications to be distributed to impacted community

**The following list of documents may be provided throughout the application process or a minimum of 30 DAYS in advance of the event:**

- Certificate of insurance
- Vendor list
- Security plan designed by the Colorado Springs Police Department
- [Additional permits and licenses](#)

**You may submit the Special Event Permit Application as early as twelve (12) months prior to your event and no later than ninety (90) days in advance of your event date.**

**CITY OF COLORADO SPRINGS  
OFFICE OF SPECIAL EVENTS  
1401 Recreation Way  
Colorado Springs, CO 80905  
P: (719) 385-5940  
Email: [events@springsgov.com](mailto:events@springsgov.com)  
[Coloradosprings.gov/specialevents](http://Coloradosprings.gov/specialevents)**

## SECTION 1 – ORGANIZATION INFORMATION

**Organization Name:**

**Organization Type:**  For Profit  Non-Profit (attach IRS 501(C) documentation)

**Organization Website:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Day of Event Contact:**

**Day Phone:**

**Cell:**

## SECTION 2 – APPLICATION INFORMATION

*\*Applicant must be a Chief Officer or authorized representative of the Host Organization*

**Event Contact\*:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Day of event contact:**

**Day Phone:**

**Cell:**

## SECTION 3 – EVENT INFORMATION

**Name of Event:**

**Event Website:**

**Event Address:**

**Event Category:** (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Festival/Celebration    | <input type="checkbox"/> Circus/Carnival     | <input type="checkbox"/> Museum Attraction |
| <input type="checkbox"/> Motorcycle/Car Show     | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Recreation        |
| <input type="checkbox"/> Parade/Procession/March | <input type="checkbox"/> Dance               | <input type="checkbox"/> Exhibit           |
| <input type="checkbox"/> Sports                  | <input type="checkbox"/> Fundraiser          | <input type="checkbox"/> Film/Photography  |

**Other:**

**Is this a first time event?**

- No       Yes

**If no, how many years have you been holding this event?**

**If no, at what location(s):**

**Is the event part of a larger marketing campaign (i.e. Hill Climb, State Games)?**

- No       Yes

**If yes, describe:**

**Estimated Attendance:**

**TOTAL:                  PER DAY:                  PEAK:                  LAST YEAR (actual):**

**Describe your event (the description provided may be used to advertise your event via the City's Facebook Page, Event Calendars, etc. For this purpose please be sure to include your event's purpose/benefit, any entertainment that will be present, and activities you wish to advertise. Please keep your description to 150 characters or less):**

**Address and general description of location:**

**DATES/TIMES:**

	Day of Week	Date	Start Time	End Time
<b>Set-Up</b>				
<b>Event Start</b>				
<b>Event End</b>				
<b>Tear-Down</b>				

**Are patron admission, entry or participant fees required?**

No  Yes

**If yes, provide amounts:**

**SENIOR: \$**

**ADULT: \$**

**MILITARY: \$**

**CHILDREN: \$**

**Are vendor or other fees required?**

No  Yes

**If yes, provide amounts:**

## SECTION 4 – CITY PARKS, TRAILS AND OPEN SPACE

**Will you be using a **City park, trail or open space**?**

No  Yes

**If no, proceed to SECTION 5 – WATER AND ELECTRICITY**

**If yes, which location?**

**Will you be putting up temporary structures on park, trail or open space property?**

No  Yes

**If yes, indicate temporary structures on Site Plan.**

*Reminder: Stakes are not allowed to secure temporary structures on City property.*

**Will you need access to Park electricity?**

No  Yes

**If yes, indicate number of hours needed:**

**Will you need access to Park water?**

No  Yes

**I understand the **Parks, Recreation and Cultural Services Rules and Regulations****

## SECTION 5 – WATER AND ELECTRICITY

**Is your event in a City Park?**

No  Yes

**If yes, proceed to Section 6 – PRIVATE PROPERTY**

**Will you need water or electricity for your event?**

No  Yes

**If yes, submit request to Colorado Springs Utilities at:**

<https://www.csu.org/pages/sponsorship-r.aspx> OR 719-668-3835

## SECTION 6 – PRIVATE PROPERTY

**Will you be using private property for all or part of your event?**

No  Yes

**If no, proceed to SECTION 7 – SIGNAGE AND LIGHTING**

**If yes, submit written authorization from the private property owner(s) with this application and indicate location of private property on your Site Plan.**

**What is the address of the private property?**

**Is the time frame for using the private property different than the event?**

No  Yes

**If yes, what time:**

**Will you be putting temporary structures on the private property?**

No  Yes

**If yes, describe in detail:**

## SECTION 7 – SIGNAGE AND LIGHTING

**Does your event include the use of any signs, banners, pennants, flags, streamers, decorations or special lighting?**

No  Yes

**If no, proceed to SECTION 8 – INFLATABLES AND HIGH-RISK ACTIVITIES**

**If yes, show locations on your Site Plan, indicating specifically which type of sign and light will be used.**

**Describe the signs and lights to be utilized during your event:**

**At what times will you be using signage and lighting?**

**Will signage be placed inside the event boundaries?**

No  Yes

**If yes, describe:**

**Will signage be placed outside the event boundaries?**

No  Yes

**If yes, describe:**

**Signage Setup                      Date:                      Time:**

**Signage Pickup                      Date:                      Time:**

**Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?**

No  Yes

**If yes, describe:**

## SECTION 8 – INFLATABLES, HIGH-RISK ACTIVITIES AND PORTABLE STRUCTURES

**Will inflatable displays, hot air balloons or similar devices be used at your event?**

No  Yes

**If yes, describe:**

**If yes, where will inflatables be located (show locations on Site Plan):**

**Inflatable Setup                      Date:                      Time:**

**Inflatable Teardown                      Date:                      Time:**

**Will your event include any high-risk activities? High-risk activities include fireworks, motorcycle ramp-jumping and balloon rides.**

No  Yes

**If yes, describe the specific activities:**

**Does the scope of work proposed for the event include portable structures, prefabricated structures or site built structures such as bleachers, elevated platforms and temporary pedestrian bridges?**

No  Yes

**If yes, describe:**

## SECTION 9 – DIVISION OF THE FIRE MARSHAL

Does the event include any static display located within a public and/or private access roadway? Examples: vendor tents, vendor displays, merchandise displays, vehicles or other items an organizer may want to display on the street.

No  Yes

If yes, provide a Site Plan showing locations of all static displays along with locations of fire hydrants and fire department connections.

Does your event include any single tent/membrane structure/canopy that is greater than 2400 sq. ft. in size?

No  Yes

If yes, complete and submit the **Temporary Membrane Structures, Tents and Canopy Permit Application** to the Division of the Fire Marshal no later than 30 DAYS PRIOR to your event.

Does your event include the use of any firework display, pyrotechnics, rockets, theatrical flame effects, flame eaters, torch juggling, etc?

No  Yes

If yes, complete and submit the **Fireworks, Pyrotechnic and Flame Effect Production Permit Application** to the Division of the Fire Marshal no later than 30 DAYS PRIOR to your event.

Does your event include any open burning or flame not contained within a fireplace, BBQ grill or pit? Examples: Bonfire, pyre, beacon, etc.

No  Yes

If yes, complete and submit the **Open Burning Permit Application** to the Division of the Fire Marshal no later than 30 DAYS PRIOR to your event.

Does your event include any single food vendor utilizing Liquefied Petroleum Gas (LPG) in amounts more than 125 gallons water capacity?

No  Yes

If yes, complete and submit the **Temporary LPG Use Permit Application** to the Division of the Fire Marshal no later than 30 DAYS PRIOR to your event.

Does your event include any vendor cooking food utilizing solid fuels and/or LPG?

No  Yes

If yes, have all cooking vendors read and sign the **Cooking Requirements at Special Events** document.

## SECTION 10 – MEDICAL PLAN

*The Colorado Springs Fire Department's Medical Division has final authority to determine event medical service requirements.*

**Based on the **Emergency Medical Services Resource Matrix**, which resources will be required for your event's medical plan?** (check all that apply)

First Aid Station

Certified BLS Provider

CSFD Special Events Team

Licensed Ambulance Provider

**NAME OF MEDICAL SERVICES PROVIDER:**

**Contact Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Cell:**

**Fax:**

**Please describe your medical plan:**

*Information may include the event's medical communication plan, number, certification levels and types of resources that will be at the event, description of how resources will be managed and deployed and hours of set-up and dismantle of medical aid stations.*

## SECTION 11 – SECURITY PLAN

**As an event organizer, you are required to provide a safe and secure environment for your event. To facilitate your planning, the Colorado Springs Police Department will design and implement your Security Plan. The CSPD will determine the minimum number of Police Officers to adequately staff your event, and has final authority to determine your event security requirements.**

**You are required to hire a private security company for Beer Gardens. You may also hire a private security company to protect your property after event hours.**

**Will you be hiring a private security company for your event?**

No

Yes

**If yes, provide the security company's contact information.**

**NAME OF SECURITY COMPANY:**

**Contact Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Cell:**

**Fax:**

**Day of Event Contact:**

**Day Phone:**

**Cell:**

## SECTION 12 – NOISE

**Will there be any music or amplified sounds at your event?**

No

Yes

**If no, proceed to SECTION 13 – TRAFFIC PLAN**

**If yes, complete the **Noise Hardship Permit Application**.**

## SECTION 13 – TRAFFIC PLAN

**Does your event require any street closures, in any way obstruct vehicular or pedestrian traffic or potentially require a motorcycle/police escort to navigate through the streets?**

No

Yes

**If no, proceed to SECTION 14 – HOODING PARKING METERS**

**If yes, provide contact information for your Traffic Control Company and a Traffic Control Plan and map. Complete and submit the **Street Listing Worksheet for Traffic Plans** and include the streets impacted and times of closures and reopening.**

**NAME OF TRAFFIC CONTROL COMPANY:**

**Contact Name:**

**Email:**

Phone:

Cell:

Day of Event Contact:

Day Phone:

Cell:

Equipment Drop Off

Date:

Time:

Equipment Setup

Date:

Time:

Equipment Pickup

Date:

Time:

Does your event require a motorcycle/police escort?

No

Yes

## SECTION 14 – HOODING PARKING METERS

Will your event require parking meters to be hooded?

No

Yes

**If no, proceed to SECTION 15 – PARKING AND SHUTTLE PLAN**

**If yes, please provide the following information:**

**Which streets will be impacted including the start and end locations and sides of the streets are to be hooded.** *Example: Tejon street starting at Platte and ending at Colorado on both the east and west sides of the street.*

Will you be printing your own hoods?

No

Yes

Will you be hooding your own meters?

No

Yes

**If no, meters will be hooded by CSPD Parking Enforcement and the Event Organizer will be charged for the service provided.**

**If yes, please note that all meters must be hooded before the last pay period for the meters.** *Example: A two hour meter needs to be hooded prior to 4PM the day before an event to ensure there is no parking the following morning.*

## SECTION 15 – PARKING AND SHUTTLE PLAN

**Will your event involve the use of parking and/or shuttle service?**

No  Yes

**If no, proceed to SECTION 16 – CONCESSIONAIRES**

**If yes, include information in the Traffic Plan.**

**Will you have off-site parking?**

No  Yes

**If yes, where will parking be located?**

**What time will parking be available?**

**Do you have property owner authorization to use the property for parking?**

No  Yes

**Name of Parking Property Owner:**

**Email:**

**Phone:**

**Cell:**

**Day of Event Contact:**

**Day Phone:**

**Cell:**

**Will you be using shuttles to transport attendees?**

No  Yes

**If yes, show the location of pick-up and drop-offs on the Traffic Plan.**

**Pickup times:**

**Drop off times:**

**Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event?**

No  Yes

**If yes, describe and include in your Traffic Plan.**

**Is there designated parking /special access for vendors, entertainers, VIPs, etc?**

No  Yes

**If yes, include a sample(s) of parking passes/permits.**

## **SECTION 16 – CONCESSIONAIRES**

*The City Sales and Use Tax Ordinance require charitable and religious organizations to collect City of Colorado Springs sales tax on the sale of taxable property or taxable services to individuals selling at retail.*

**Will taxable property or taxable services be sold at your event?**

No  Yes

**If no, proceed to SECTION 17 – FOOD CONCESSIONS OR PREPARATION**

**If yes, all vendors selling taxable property or taxable services must collect and remit City of Colorado Springs sales tax.**

- Submit a complete **Vendor Listing** to the City of Colorado Springs Sales Tax Department.
- Vendors that hold a permanent City of Colorado Springs Sales Tax License may remit the sales tax due on their regular sales tax return. *The license number must be provided before the event.*
- Envelopes will be provided to accommodate the collecting of City sales tax.

**Will the Event Organizer coordinate the collection and reporting of sales tax for all vendors?**

No  Yes

**If yes, the event organizer must:**

- Supply a complete **Vendor Listing**.
- Provide a plan for regulating and controlling concessionaires:  
*Envelopes will be provided to accommodate the collecting of City sales tax.*

**Will the Event Organizer be selling taxable property or taxable services at the event?**

No  Yes

**If yes, the event organizer must:**

- Obtain a **Temporary Sales Tax License**.
- Provide the City of Colorado Springs Sales Tax License Number if a permanent license is held. **License#**
- Remit the collected sales tax before the due date indicated on the application/return.

**Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?**

No  Yes

**If yes, describe in detail:**

## SECTION 17 – FOOD CONCESSIONS OR PREPARATION

**Does your event include food concessions and/or preparation areas?**

No  Yes

**If no, proceed to SECTION 18 – ALCOHOL**

**Do you intend to cook food in the event area?**

No  Yes

**If yes, contact El Paso County Public Health at**

**<http://www.elpasocountyhealth.org/services/special-event-vendors> or**

**(719) 578-3199 for additional regulations and information regarding food and vendor permits.**

## SECTION 18 – ALCOHOL

**Does your event involve the consumption of alcoholic beverages?**

No  Yes

**If no, proceed to SECTION 19 – RESTROOMS AND SANITATION**

**If yes, check all that apply:**

- Free/Host Alcohol
- Sale
- Beer
- Wine
- Liquor

**Does your event involve the consumption of alcoholic beverages in a City Park?**

No  Yes

**If yes, complete and submit the following to the Parks Department no later than 60 DAYS PRIOR to your event:**

- **Park Beer Garden Policy and Permission to Serve Alcohol Application.**
- Site Plan showing the location of the Beer Garden.

If yes, applicant must also submit an application for a **Special Event Liquor Permit** to the City Clerk's Office no less than **30 DAYS PRIOR** to the proposed event. Special Event Liquor Permits are only available for non-profit organizations and require a separate public hearing.

**Does your event involve the consumption of alcoholic beverages outside a City Park?**

No  Yes

If yes, applicant must submit an application for a **Special Event Liquor Permit** to the City Clerk's Office no less than **30 DAYS PRIOR** to the proposed event. Special Event Liquor Permits are only available for non-profit organizations and require a separate public hearing.

If yes, please note that you will be required to provide proof of Liquor Liability Insurance. Please see Section 25 for details.

## SECTION 19 – RESTROOMS AND SANITATION

*The City of Colorado Springs recommends two (2) chemical or portable toilets for every 250 people. Ten percent (10%) of these facilities must be ADA accessible. This figure is based upon the maximum number of attendees at your event during peak time.*

**Do you plan to provide portable restroom facilities at your event?**

No  Yes

**If no, proceed to SECTION 20 – TRASH AND RECYCLING**

**Total number of portable toilets:**

**Number of ADA accessible portable toilets:**

**NAME OF RESTROOM COMPANY:**

**Contact Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Cell:**

**Fax:**

**Day of Event Contact:**

**Day Phone:**

**Cell:**

**Equipment Setup**                      **Date:**                      **Time:**

**Equipment Pickup**                      **Date:**                      **Time:**

## **SECTION 20 – TRASH AND RECYCLING**

*You may hire a professional service of your choice and/or use a volunteer team. If City services are needed because clean-up is inadequate or damages occur, the event will be billed. In addition, such failure may result in denial of future approval of a Special Event Permit.*

### **NAME OF SANITATION AND RECYCLING COMPANY:**

**Contact Name:**

**Street Address:**

**City:**                                      **State:**                                      **Zip:**

**Email:**

**Phone:**                                      **Cell:**                                      **Fax:**

**Day of Event Contact:**

**Day Phone:**                                      **Cell:**

**Equipment Setup**                      **Date:**                      **Time:**

**Equipment Pickup**                      **Date:**                      **Time:**

**Please describe your plan for cleanup and removal of trash, animal waste and recyclables during and after your event:**

**Type of guest trash receptacles:**

**Number of guest trash receptacles\*:**

**Number of dumpsters or roll off containers\*:**

**Number of recycling containers\*:**

*\*Park trash cans and dumpsters may not be included in calculating the number of receptacles needed for your event.*



**If no, explain:**

**If yes, attach letters of support.**

**Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event?**

No  Yes

**If no, explain:**

**If yes, list:**

**How do you plan to notify impacted neighbors? (check all that apply)**

- Flyers – door to door
- Phone
- Email
- Face to face contact
- Other:**

**Attach sample of the notice you propose to distribute three weeks prior to the event.**

## SECTION 23 – MARKETING/PROMOTION/MEDIA

**Will you be marketing, promoting or advertising your event?**

No  Yes

**If yes, describe how will it be promoted:**

**Do you have a media sponsor(s) for your event?**

No  Yes

**If yes, list:**

**Will there be live media coverage during the event?**

No  Yes

**If yes, describe (include time and location):**

**Will media vehicles be parked within the event venue?**

No  Yes

**If yes, indicate locations on Site Plan and describe the safe entry and exit of the vehicles:**

## SECTION 24 – ADA ACCESSIBILITY

As required by the federal Americans with Disabilities Act of 1990, as amended, all events, workshops, conferences, hearings, or any other activities held on City property (City facilities, including buildings and parks, and public rights-of-way) must be accessible to people with disabilities.

**For more information regarding ADA requirements, the following resources are available to assist event organizers:**

**ROCKY MOUNTAIN ADA CENTER**

[www.adainformation.org](http://www.adainformation.org)

**1-800-949-4232**

**Accessible Temporary Events: Planning Guide**

**Revised ADA Requirements: Service Animals**

**I acknowledge that Special Events are required to meet all ADA requirements and are the responsibility of the Event Organizer.**

## SECTION 25 – SITE PLAN, NARRATIVE AND TIMELINE

To ensure appropriate review of your event, attach a detailed plan for moving routes and fixed venues. The site plan should be produced in a clear and legible manner and submitted in an 8 1/2" x 11" or 8 1/2" x 14" standard format.

To supplement the site plan, provide a detailed narrative and/or timeline of the event including a description of activities, schedule of entertainment, or other pertinent information that will better assist the City in reviewing the components of your event.

**Please note applications will not be accepted without the submission of a Site Plan. A Site Plan is a critical supporting document which helps to ensure that the proper locations are booked for your event.**

## SECTION 26 – GENERAL INSURANCE REQUIREMENTS

Events are required to have Commercial General Liability Insurance that in which the “**City of Colorado Springs, its elected and appointed officials, employees and volunteers, are included as Additional Insured with respect to the policies required by this permit.**” The policy must be for a minimum of \$1,000,000, with an aggregate amount of \$1,000,000. Additional insurance may be required dependent upon the event size and any high risk activities. Coverage must be maintained for the duration of the event including setup and dismantle dates. Event insurance will be primary; any City insurance will be non-contributory.

### LIQUOR LIABILITY INSURANCE REQUIREMENTS

Events that intend to serve or sell alcoholic beverages at an event must also submit a Certificate of Insurance providing proof of a liquor legal liability insurance policy or properly endorsed general liability policy. Events that hire a vendor to serve or sell alcoholic beverages, rather than providing the alcohol themselves, must submit a Certificate of Insurance from the vendor providing proof of a liquor legal liability insurance policy or properly endorsed general liability policy. The minimum acceptable limit of liability per claim and aggregate is \$1,000,000. This requirement applies to the business or group which serves or sells the alcohol.

**The following address must be used for the Certificate Holder:**

**The City of Colorado Springs  
30 S. Nevada  
Colorado Springs, CO 80903**

**Is your certificate of insurance included with this application?**

No       Yes

**NAME OF INSURANCE CARRIER:**

**Contact Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Cell:**

**Fax:**

**Certificates of Insurance that do not include the correct verbiage indicated above, or do not have the correct physical address for the City of Colorado Springs, will not be accepted as complete.**

**SECTION 27 – AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, am authorized to represent and bind the Host Organization.  
The Host Organization represents and certifies as follows:

- 1. That the information contained in this Special Event Application is true and correct to the best of my knowledge and belief.**
- 2. That the Host Organization, has read, understands and agrees to comply with the ordinances governing the proposed special event as set forth in the City Code of the City of Colorado Springs, 2001, as amended.**
- 3. To comply with all other laws, rules, regulations and requirements of the City, county, state, and federal governments, and any other applicable entity which may pertain to or govern the use of the event venue and the overall conduct of the special event.**
- 4. The Host Organization acknowledges that the acceptance of any plans required as a part of the Special Event Application does not constitute an approval or an acknowledgment by the City of the adequacy of the information contained in the plans.**
- 5. To pay all applicable taxes, including possessory interest taxes and understands that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this special event or any other related permit.**
- 6. In accord with the City Code, to pay any costs and fees for City services that are incurred by or on behalf of the special event within 60 days of billing by the City.**

**Print Name of Applicant/Host Organization:**

**Title:**

**Signature:** \_\_\_\_\_

**Date:**

**Print Name of Professional Event Organizer:**

**Title:**

**Signature:** \_\_\_\_\_

**Date:**