

# CITY of CAPE GIRARDEAU

(Generally, a Special Event Plan requires a minimum of 30-60 days' notice)

PARKS & RECREATION DEPARTMENT

## SPECIAL EVENT APPLICATION

Today's Date: \_\_\_\_\_ Requested Date(s) of Event: \_\_\_\_\_ Park/Location: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Purpose: \_\_\_\_\_

Estimated Attendance \_\_\_\_\_ Set Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Area of park or trail requested: \_\_\_\_\_ Shelter # \_\_\_\_\_

Will event be advertised/open to the public?  Yes  No Will event utilize tents/Inflatables?  Yes  No

Will an admission fee be charged?  Yes  No Qty / Size of tents \_\_\_\_\_

Will food be served/sold?\*  Yes  No Location of tents \_\_\_\_\_

Will alcohol be served/sold?\*  Yes  No Will event have a band or sound system?  Yes  No

Will merchandise be sold?\*  Yes  No Will event need road or street closures?  Yes  No

Will your event include any live animals?  Yes  No If yes, please list: \_\_\_\_\_

\*(If yes, you must obtain a Vendor's or Peddlers License from Customer Service at City Hall, 401 Independence, Cape Girardeau)

Will event require going outside park boundaries?  Yes  No If Yes, explain where? \_\_\_\_\_

*\*Please note: All parade events and applications must submit through the Cape Girardeau Police Department*

Will event have Fireworks?  Yes  No (Prohibited unless approved by the Parks & Recreation Director and the City Fire Department)

List any other requests or items not addressed above:

Portable Toilet (\$80 per unit) Qty: \_\_\_\_\_  Water  Electric  Barricades  
 Extra Trash Receptacles  Banners/Signs  Additional Parking  Other: \_\_\_\_\_

Please submit a description of activities to be held at your event along with a layout/map: \_\_\_\_\_

*Thank you for your request to use our City Parks for your event. We will review and respond back to you within 10 business days of your submission request. Please complete the following contact information:*

Organization: \_\_\_\_\_ Contact (Please print): \_\_\_\_\_

Type of Organization: (please check one) Non-Profit \_\_\_\_\_ Private \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone(if different): \_\_\_\_\_

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

### IMPORTANT INFORMATION - Please initial that you agree and will comply with the following:

\_\_\_\_\_ The event applicant, sponsor and any other individual or organizations named on the permit shall be responsible for any expenses incurred by the City as a result of the event for stolen or damaged city property, cost of materials and utilities (as appropriate) as well as any city employee overtime wages for excessive cleanup.

\_\_\_\_\_ Marking on concrete or asphalt areas with anything other than Chalk is **not** permitted.

\_\_\_\_\_ Due to the nature or size of the event please be prepared to provide an emergency plan with a map.

\_\_\_\_\_ Events open to the public must provide a Certificate of Insurance for \$1,000,000 listing the City as "additionally insured" for general liability and property damage stating limits of coverage.

\_\_\_\_\_ Your event must conclude by 11:00 p.m. per City Ordinance.

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Date

Staff Processing Application: \_\_\_\_\_ Date: \_\_\_\_\_

Parks Division Manager \_\_\_\_\_ Date \_\_\_\_\_

Parks and Recreation Director \_\_\_\_\_ Date \_\_\_\_\_

Approve  Disapprove  Conditions: \_\_\_\_\_