



City of
VALLEY FALLS

Incorporated May 17, 1869

Permit Fee: \$50/ DAY

Special Event Application

APPLICANT INFORMATION

| | | |
|-------------------|---------|--------------------|
| NAME: (LAST) | (FIRST) | (M.I.) |
| DATE OF BIRTH: | | SOCIAL SECURITY #: |
| DRIVER LICENSE #: | | PHONE #: |
| EMAIL: | | |

COMMERCIAL/ BUSINESS INFORMATION

| | |
|----------------|-----------|
| BUSINESS NAME: | FED ID #: |
| POSITION HELD: | PHONE #: |

EVENT INFORMATION

| | |
|--|--|
| LOCATION OF EVENT: | |
| EVENT WILL BE ON: <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> CITY STREET <input type="checkbox"/> CITY PARK <input type="checkbox"/> CITY BALLFIELDS | |
| <input type="checkbox"/> OTHER CITY/ PUBLIC PROPERTY: _____ | |
| DATE(S) OF EVENT: | |
| EVENT TIME: | TO |
| ESTIMATED NUMBER OF ATTENDEES/ INVITEES: | |
| WILL FOOD BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO | WILL ALCOHOL BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HOURS ALCOHOL WILL BE SERVED: | TO |
| WILL THERE BE A CHARGE FOR YOUR EVENT OR FOR DRINKS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TYPE OF ALCOHOL SERVED OR SOLD? <input type="checkbox"/> CEREAL MALT BEVERAGES <input type="checkbox"/> LIQUOR <input type="checkbox"/> OTHER _____ | |
| IS THE EVENT: <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> BY INVITATION ONLY | |
| IS THE EVENT ORGANIZER: <input type="checkbox"/> FOR-PROFIT BUSINESS <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> INDIVIDUAL | |
| EVENT DESCRIPTION: | |

ACKNOWLEDGEMENT

BY SIGNING BELOW, THE APPLICANT AGREES:

- 1) To provide proof that they are 21 years or older.
- 2) To be personally responsible that underage persons will not obtain alcoholic beverages and that service will be immediately halted to persons under the influence of alcohol.
- 3) To defend, indemnify, and hold harmless the City of Valley Falls, its agents and employees, for any liability claims that may arise out of this event.
- 4) To provide, if required, a valid Certificate of Insurance with liquor liability naming the City of Valley Falls as additional insured in the amount of \$1,000,000 per occurrence.
- 5) To be personally responsible for any repairs necessary as a result of the event.

APPLICANT SIGNATURE:

DATE:

CITY APPROVAL

APPROVED: YES NO

RESOLUTION #:

SIGNATURE:

DATE:

PRINTED NAME:

TITLE: