PARK SPECIAL EVENT APPLICATION

Completion of the Park Special Event Application is the first step in the planning process to secure the necessary permits for your event. *Note: This application is ONLY for events contained within a park, trail or open space.*

If your event includes the sale/consumption of alcohol, has more than 10,000 participants/attendance, includes high-risk activities (including fireworks), or requires road closures, you are required to complete the City of Colorado Springs Citywide Special Event Permit Application.

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

The Park Special Event Application is due AT LEAST thirty (30) days in advance of your event date.

APPLICATION CHECKLIST:

Application - Signed and Dated, Event Narrative, and Timeline Site Plan Medical Planning Guide Emergency Planning Guide Course Map (if applicable) Park Rules and Regulations - Signed and Dated

The following documents may be provided throughout the application process or a minimum of 30 DAYS inadvance of the event:

Certificate of Insurance (If necessary) Vendor List (if applicable) Additional Permits and Licenses (as applicable)

Submit completed application and supporting documents to:

Woodmen Heights Metropolitan District 614 N Tejon St Colorado Springs, CO 80903 Phone: (719) 447-1777 rebecca.h@wsdistricts.co

Be	fore Proceeding, please indicate which park the e	event will be h	eld at.
	Aspen Meadows Park *COMING SOON*		Springwood Terrace Park
	Camille Open Space		Trails at Forest Meadows Park
	Cumbre Vista Park		Trails at Forest Meadows Open Space
	Bristlecone Park		Vernon Open Space
	Forest Meadows Park		
П	Ouail Brush Creek Park		

SECTION 1 - ORGANIZATION INFORMATION

Organization Name:		
Organization Contact *Organization contact		nt Permit-Holder.
Organization Type:	For Profit	Non-Profit
Organization Website	2:	
Street Address:		
City:	State:	Zip:
E-Mail:	Phone:	
SECTION 2 - PRIMARY Event Contact*: *Event contact is the primary Street Address:		NFORMATION ning purposes. This contact must be reachable on event day.
City:	State:	Zip:
E-Mail:		-
Daytime Phone:	Cell Pho	ne:
SECTION 3 - EVENT I	NFORMATION	
Name of Event:		
Event Website (if app	licable):	
Event Location/Addr	ress:	
Event Category (Checomological Car/Motorycle Solution Carnival Concert/Perform Festival/Celebra Film/Photograph Fundraiser Parade/Processio Sports/Recreation Other:	Show nance tion ny on/March	

	TT *	
Event	1 ime	lıne:

	Day of Week	Date	Start Time	End Time
Set Up				
Event Start				
Event End				
Tear Down				

Describe your event:	Please k	teep your	description	to 150 cl	haracters (or less):

Īs	this a	first	time	event?	Yes	No
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If no, how many years have you been holding this event and at what locations?

Estimated Attendance

Prior Year Attendance (Per Day):

Prior Year Attendance (Aggregate, for Multi-Day Events):

Current Year Estimated Attendance (Per Day):

Current Year Estimated Attendance (Aggregate, for Multi-Day Events) Estimated number of:

Vendors:	Support Staff/Volunteers:	Media:

SECTION 4-TEMPORARY STRUCTURES, SIGNAGE & LIGHTING

Will you be putting up temporary structures such as staging, tents, temporary lighting, pennants/flags, etc.on Park, Trail or Open Space property?

Yes No

If yes, please describe, and indicate temporary structures on your site plan.

Reminder: Stakes MAY NOT be used to secure temporary structures on City property.

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

Yes No

If yes, please review the City of Colorado Springs - Inflatable Attractions Guidelines

If yes, please describe and indicate where inflatables will be located on your site plan:

SECTION 5 - EVENT NARRATIVE, TIMELINE & SITE PLAN

To ensure appropriate review of your event, a detailed narrative and/or timeline of the event including a description of activities, schedule of entertainment, or other pertinent information must be provided to better assist the District in reviewing the components of your event.

Applicant must also 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.

A detailed site plan should include, but is not limited to the following:

- Maps of staging areas for parades/races
- Route maps for parades/races
- Street closures/barricade placements
- Parking lots
- Fire lanes
- Trash cans/recycling bins
- Restrooms
- Food, beverage and retail vendors

- Beer gardens
- First aid stations
- Amusement rides/inflatables
- Tents
- Building or tent entrances and exits
- Fireworks fallout zones and launching areas
- Stages

Reminder: 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 6 - MEDICAL PLAN

All events are required to submit a medical plan. The plan should include the event's medical communication plan, number of, certification levels and types of resources that will be at the event, description of how resources will be managed, and location of medical aid stations.

The Medical Service Matrix identifies the **minimum requirements** for special events in the City of Colorado Springs. The Colorado Springs Fire Chief or his/her designee has final authority to determine event medical service requirements. Other factors which may impact medical service requirements include, but are not limited to, alcohol sale or consumption, type of event/event activities, potential for hot or cold weather issues, and CSPD threat analysis.

Based on the <u>Medical Service Matrix (https://coloradosprings.gov/office-special-events/page/host-special-event)</u>, which resources will be required for your event's medical plan? (Check all that apply).

First Aid Station
Licensed Ambulance Provider
Certified Basic Life Support (BLS) Provider
CSFD Special Events Medical Team

Medical Contact Name:

Daytime Phone:	Cell Phone:
	Daytime Phone:

Please complete the Medical Planning Guide and submit a copy with your application.

Reminder: Applications will not be accepted without the submission of the Medical Planning Guide.

SECTION 7 - EMERGENCY PLAN

An Emergency Response Plan is required for all events in order to identify and mitigate possible risk to event participants, spectators and volunteers, and must be included with the Special Events Application. Examples of emergencies include, but are not limited to: Severe Weather, Fire, Active Hostile Attack, and/or Medical Emergency. The Police Department, Fire Department, and Office of Emergency Management can help you gain a better understanding of these risks.

Four key areas should be addressed when drafting your Emergency Response Plan:

- Weather forecasting, tracking and reporting
- Communication with event participants, spectators, volunteers, public safety officials and media
- Transportation planning and evacuation routes
- Locations of and access to shelter

Emergency Management/Safety Contact Name:

E-Mail: Daytime Phone: Cell Phone:

Please complete the **Emergency Planning Guide** and submit a copy with your application.

Reminder: Applications will not be accepted without the submission of the Emergency Planning Guide.

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Will there be any music or amplified sound at your event?

Yes

No

If yes, please contact the Police Department's Special Events Sergeant.

SECTION 9-VENDORS & CONCESSIONAIRES

Will taxable property or services be sold at your event?

Yes

No

If yes, all vendors/organizers selling taxable tangible personal property or taxable services must collect and remit City of Colorado Springs sales tax, and must be licensed (permanent or temporary) for each event.

Please see the following for more clarification:

- Vendors/Organizers that hold a permanent City of Colorado Springs Retail Sales Tax License may remit the sales tax due on their regular sales tax return. The City of Colorado Springs license number must be provided before the event.
- If a permanent license is not held, a Temporary Sales Tax License must be obtained by each
- vendor/organizer before the event takes place and a cash bond may be required depending on the scope of
- the event. The City of Colorado Springs license number must be provided before the event.
- The event organizer may also obtain the Sales Tax License (Retail or Temporary) and allow each vendor who participates in the event to submit their sales tax through that license. To accommodate that option, envelopes can be provided to each vendor and then collected at the conclusion of the event to be turned in with the license holders' sales tax return by the due date.
- The City of Colorado Springs requires that each event organizer, regardless of license status, submit a complete Vendor Listing to the City of Colorado Springs Sales Tax Department prior to the event.

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

Yes No.

If yes, the event organizer must:

- Follow steps above to see what requirements need to be met.
- Provide the City of Colorado Springs Sales Tax License Number if a Permanent License or Temporary License is held.
- Remit the collected sales tax before the due date indicated on the license form or on your sales tax return form.

If no, the event organizer must:

- Submit a complete Vendor Listing to the City of Colorado Springs Sales Tax Department prior to the event.
- Direct each vendor to view City license requirements on the city of Colorado Springs website, www.ColoradoSprings.gov/Finance/Page/Sales-Tax-License-Applications-and-Forms or to call our office at (719) 385-5903 for more information.

SECTION 10 - VENDORS & CONCESSIONAIRES

Will food be sold inside	your event I	boundary?			
		Yes	No		
If yes, a Mobile Food Ver Colorado Springs.	ndor Licens	e. is required for any ver	ndor wishing to sell foo	dstuffs with	in the City of
		Yes	No		
Do you intend to cook for	ood within t	he event area?			
If yes, contact El Paso C and vendor permits.	County Publ	Yes lic Health at (719) 578-3	No 3199 for additional inf	ormation r	egarding food
Does your event include	any vendor	cooking food utilizing	solid fuels and/or LPG	? Yes	No
Does your event include than 125 gallons water ca		ood vendor utilizing Liq Yes No	uefied Petroleum Gas	(LPG) in an	nounts more
SECTION 11 -RESTROO Do you plan to provide p Reminder: The City of Co Ten percent (10%) of these attendees at your event du	oortable res lorado Sprin e facilities m	troom facilities at your and street that the s	hemical or portable toil		1 1
If yes, please provide the	e total num	ber of portable toilets:			
If yes, please provide the	total numb	per of ADA accessible to	llets:		
Name of Portable Restro	om Compa	ny:			
Contact Name:					
E-Mail:		Daytime Phone:	Cell Phon	e:	
Equipment Drop-Off:	Date	Time			
Equipment Pick-Up:	Date	Time			
Do you plan to provide	trash recept	tacles/recycling bins at y	vour event? Yes	s N	No
Reminder: The City of Co people. This figure is base	-		±		*

cansand dumpsters may not be included in calculating the number of receptacles needed for your event.

If yes, please provide	the total number tr	ash receptacles	•		
If yes, please provide	e the total number ro	ecycling bins:			
If yes, please provide	e the total number of	f dumpsters/ro	ll-off containe	ers:	
Name of Waste Mana Contact Name:	ngement/Recycling C	ompany:			
E-Mail:	Γ	D aytime Phone	•	Cell Phone:	
	ff: Date: Time:				
	Date: Time:				
Please describe your your event:	plan for clean-up and	d removal of tr	ash, animal wa	ste and recycla	bles during and after
Reminder: You may hi needed because clean- result in denial of futur	up is inadequate or do	amages occur, ti	ne event will be		
SECTION 12 -ANIMA Will animals be part		Yes	No		
If yes, please describe	e what kind and how	many:			
Do you wish to allow	pets at your event?	Yes	No		
Reminder: Per title II animals to accompany					1

SECTION 13 - VIPs

Will there be high-profile individuals present at your event? High-profile individuals may include, but is not limited to political figures, military personnel, celebrities, etc.

Yes

No

If yes, please provide a list of individuals, their titles and the date/time in which they are expected tobe present.

SECTION 14 - 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:

Rocky Mountain ADA Center - 1-800-949-4232

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

SECTION 15 - INSURANCE

Events are required to have Commercial General Liability Insurance in which the "City of Colorado Springs, its elected and appointed officials, employees and volunteers", and "The Woodmen Heights Metropolitan District" are included as "Additional Insured" with respect to the policies required by the Special Event 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.

The Certificate Holder for all events shall be:

Woodmen Heights Metropolitan District #2 614 N Tejon St Colorado Springs, CO 80909

Name of Insurance Carrier:	
Contact Name:	
Address:	
E-Mail:	
Daytime Phone:	

I understand that Co	rtificates of Insurance which do not meet the requirements indicated above, or do not
have the correct phy	sical address for Woodmen Heights Metropolitan District will not be accepted as
complete.	(signature)

SECTION 16 - AFFIDAVIT OF APPLICATION

Signature:_____

Ι,	am authorized to represent and bind the Host Organization. The Host
Org	am authorized to represent and bind the Host Organization. The Host ganization represents and certifies as follows:
1. kno	That the information contained in this Special Event Application is true and correct to the best of my wledge.
2. pro	That the Host Organization, has read, understands and agrees to comply with the ordinances governing the posed special event as set forth in the City Code of the City of Colorado Springs, 2001, as amended.
_	To comply with all other laws, rules, regulations and requirements of the City, County, State, and Federal remments, and any other applicable entity which may pertain to or govern the use of the event venue and the rall conduct of the special event.
Apj	The Host Organization acknowledges that the acceptance of any plans required as a part of the Special Event plication does not constitute an approval or an acknowledgment by the City of the adequacy of the information tained in the plans.
	To pay all applicable taxes, including possessory interest taxes and understands that the payment of any such es shall not reduce any consideration paid to the City pursuant to this special event or any other related permit.
	In accord with the City Code, to pay any costs and fees for City services that are incurred by or on behalf of special event within 60 days of billing by the City.
eve wea	CANCELLATION POLICY: No refunds will be issued for cancelled events made less than 72-hours prior to nt. Other requests for refunds will be considered on an individual basis. Refunds will not be issued due to ather conditions existing on your event date. However, one 'rain date' change will be offered if weather ditions prevent your event from taking pace. Changes will be limited to availability.
	nt Name of Organization Contact:
*O	rganization contact will be the Special Event Permit-Holder.
Titl	e:

Date:_____