



**RECREATION DIVISION
SPECIAL USE PERMIT APPLICATION**
APPLICABLE TO EVENTS CONSISTING OF 50 OR MORE PEOPLE
\$15.00 Non-Refundable Application Fee

Application Date: _____

Please complete the following information and return to the attention of Pinetop-Lakeside Parks and Recreation Division. The \$15 application fee must be paid when the application is submitted. The application must be submitted a minimum of 30 days prior to the event.

DO NOT LEAVE ANY BLANKS (MARK N/A AS APPROPRATE): Detailed answers will assist in expediting the application process.

A. Event & Contact Information

Applicant Name: _____

Organization Name: _____

Applicant Mailing Address: _____

Applicant E-mail: _____

Co-Applicant Name: _____

Co-Applicant Mailing Address: _____

Responsible Party for Day of Event: _____ **Phone:** _____

Applicant Name of Event: _____

Date(s) of Activity, Event or Program: _____

Time(s) of Activity, Event or Program (Include start and end times): _____

Number of Attendees: _____ **Number of Participants:** _____

Number of Vendors: _____ **Number of Spectators:** _____

B. Location requested for Event (location is subject to availability): _____

Please attach an area site plan of the event showing the proposed location(s) of all that are applicable: stages; street closure requests; liquor locations; security positions; port-a-johns; tents; etc.



1. Name, Type, Purpose of Activity, Event or Program)describe in detail the proposed use and activity for the park facility/shelter):

C. Parking/Traffic Flow

1. Name(s) authorized flaggers to direct traffic: _____

2. Are you planning to park on-site? _____ If yes, where do you plan to park? Include a detailed number of vehicles you expect? How do you intend o park tem (i.e. parking plan)?

3. Are you planning to park offsite? _____ If yes, where will you be parking? How will you be moving people to the event site?

4. Number of Parking Spaces Required: _____
Be sure to indicate number of parking spaces and the locations of the following: parking areas, traffic flow, personnel directing traffic, and traffic signage on site plan.

D. Security/Law Enforcement

1. Describe the plan for communications to be seed in the event of an emergency [i.e. radio what channels), cell phones, etc.]
2. Will your event involve multiple Law Enforcement Agencies? (list): _____



3. Will a private security company be used? _____
4. How will the security personnel be identified? _____
5. Will your event interrupt the normal traffic flow on any roadway? _____
6. Is there any possibility that your event could need the services of the Pinetop-Lakeside Police Department? (If yes, please explain.)

E. Emergency Medical Care

1. Describe Emergency Medical Services arrangements/plan: _____

2. Indicate routes for EMS and Fire Crew access: _____

Be sure to indicate locations of first aid and emergency services on the site plan.

F. Sanitation

1. **Are you planning to use Town Restroom Facilities? _____ If no, please describe details on portable facilities.**

2. Describe disposal plan/process: _____

3. Drop off/Pick up times: _____

Be sure to indicate location and number of sanitation facilities on the site plan.



G. Food Service

1. Describe all food services planned for this event and list all vendors: _____

**** Be sure to indicate locations of all food service booths on the site plan.****

H. Alcohol

****Please refer to No. ___ in the Rules and Regulations.**

I. Utilities

1. Describe utilities required for this event: _____

 - a. Do you need electricity (if yes please provide detail of need): _____

 - b. Do you need water non-potable (if yes please provide detail of need): _____

2. Will this event require a sound system/application? ____ If yes, describe system to be used:

*****Be sure to indicate all electrical sources and lighting locations on the site plan and attached cut sheets of proposed lighting if appropriate.*****

J. Trash Collection/Removal

1. Will your event have dumpsters on site? _____
2. Number of trash receptacles to be provided: _____ Type: _____



3. Will your event use Town park trash receptacles? (additional fees may apply): _____

4. Describe trash removal plan/schedule: _____

*** Be sure to indicate location of all trash receptacles on the site plan. ***

K. Temporary Road Closure

1. List all roads that may be impacted by your event: _____

How: _____

2. List the roads that will qualify for a temporary road closure to ensure the health, safety, and welfare of the public or the participants of this event:

L. Signage

1. Identify any needed signage and make arrangement with Town Public Works Streets Manager for placement:

*** Be sure to indicate location of signs on the vicinity map and/or site plan. ***

M. Insurance Requirement

1. Certificate of Insurance, specifically stating the dates of the special event, for Commercial General Liability naming the Town of Pinetop-Lakeside as an additional insured. The minimum limits are \$1,000,000 per occurrence and \$2,000,000 aggregate.

N. Please list any other special requirements or potential impacts that this event may incur:

TOWN OF PINETOP-LAKESIDE RECREATION DIVISION

958 S. Woodland Road • Pinetop-Lakeside, AZ 85929

(928) 368-6700 • FAX (928) 368-8528

mspillman@pinetoplakesideaz.gov



O. CERTIFICATION

I hereby certify that the statements made in this application are true and complex to the best of my knowledge, and that I am authorized to execute the application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I understand that all transactions in the course of the event are subject to any applicable city, county, and/or state sales tax. All event participants shall comply with sales tax regulations. I agree to indemnify the Town of Pinetop-Lakeside and its respective officers, agents, and employees from any and all losses, claims, liabilities, damages, costs, and expenses, including reasonable attorney's fees and court costs, resulting from the conduct of the applicant, sponsor or promoter, their employees or agents, with regard to the event applied for.

Signature of Authorized Agent of Applicant

Print Name

Title

Date

*** THIS SECTION FOR STAFF USE ONLY ***

FEES RECEIPT

Application Fee Received: \$15.00 (non-refundable) Check #: _____

Date Received: _____

Estimate of Event Costs: Facility Fee: _____ Security Deposit: _____ Alcohol Permit: _____

Electricity: _____ Restrooms: _____ Staffing: _____ Trash: _____

Other: _____ Total Estimated Costs: _____

Check #: _____ **Date Received:** _____

Staff Signature: _____

PERMIT ISSUED

Event Approved: **YES** **NO** **Date Approved:** _____

Comments: _____



TOWN OF PINETOP-LAKESIDE RECREATION DIVISION
958 S. Woodland Road • Pinetop-Lakeside, AZ 85929
(928) 368-6700 • FAX (928) 368-8528
mspillman@pinetoplakesideaz.gov