CHASE COUNTY

CITY OF COTTONWOOD FALLS

Special Event Request

NAME OF EVENT: _____ **DATE OF EVENT:** _____

STARTING & ENDING TIMES:

Start Time: _____ Ending Time: _____

SPONSORING ORGANIZATION: *(Describe type of organization making request)*

_____

_____

CONTACT PERSONS: *(TWO NAMES REQUIRED)*

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

DESCRIPTION OF EVENT: *(DETAILED SUMMARY OF EVENT/NUMBER OF PARTIPANTS)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Continue on Reverse Side

SPECIAL REQUEST: *(DETAILED SUMMARY OF SPONSORS REQUEST)*

Security: (List Concerns) _____

_____

Recommended by Sheriff: ***Yes*** ***No*** ***Approved by City:*** ***Yes*** ***No***
Comments: _____

_____

Traffic Control: (Where & When)

_____

_____

Recommended by Sheriff: ***Yes*** ***No*** ***Approved by City:*** ***Yes*** ***No***
Comments: _____

_____

Barricades: (Where & When) _____

_____

Recommended by Sheriff: ***Yes*** ***No*** ***Approved by City:*** ***Yes*** ***No***
Comments: _____

Street Closure: (Where & When) _____

Recommended by Sheriff: ***YES*** ***No*** ***Approved by City:*** ***Yes*** ***No***
Comments:_____

EVENT SECURITY: At the recommendation of the Sheriff, an ***Event Security Officer*** may be required by the City. All related expenses shall be paid by the Sponsoring Organization.

Required: *(Terms / Time-Frame)*

_____

_____

Not Required: _____

VENDORS: *(Note: All Vendors Are Required To Purchase A Special Permit To Sell Food &/or Merchandise. Contact the Cottonwood Falls City Clerk's Office)*

Sponsoring Organization *shall defend, indemnify, and hold harmless the City of Cottonwood Falls, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of Sponsoring Organization's use of Premises, or from the conduct of Sponsoring Organization's business, or from any activity, work or thing done, permitted, or suffered by Sponsoring Organization in or about the Premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Cottonwood Falls.*

_____

Signature of Applicant **Date**

_____

Signature of Chase County Sheriff **Date**

_____

Signature of City Clerk, City of Cottonwood Falls **Date**

SEAL