

CHASE COUNTY

CITY OF COTTONWOOD FALLS

220 Broadway Street, Cottonwood Falls, KS 66845

Email: cityclerk@cwfs.org Office: 620-273-6666

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 PARTICIPANTS)*

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
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Signature of Chase County Sheriff	Date
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Signature of City Clerk, City of Cottonwood Falls	Date
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SEAL