



## PARK PERMIT APPLICATION

**\* Please note:**

- This is a request for a Park Permit for your event or activity only.
- Additional information may be requested before an application is deemed complete.
- This application does not constitute a permit or approval for your event or activity nor does it ensure a permit will be issued.
- Upon approval of this request, permit requirements must be met to proceed with the event or activity.
- Applications may be submitted 1 year prior to event/activity date.
- Other requirements may apply.

\*\* Please complete the following sections.

Date of Request:
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### CONTACT INFORMATION

<input type="checkbox"/> FOR-PROFIT Corp., LLC or partnership	<input type="checkbox"/> NON-PROFIT Corp., LLC or partnership
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> AGENT FOR GROUP

Organization: (if applicable)	Non-Profit Tax ID #: <i>(if applicable)</i>	
	Business License (Issued by/Number): <i>(if applicable)</i>	
Primary Contact and Title:	Email Address:	
Day Phone:	Cell Phone:	
Street Address:		
City:	State:	Zip:
Alternate Contact and Title:	Email Address:	
Day Phone:	Cell Phone:	
Street Address:		
City:	State:	Zip:

### EVENT / ACTIVITY INFORMATION

Type of Permit Requested: <input type="checkbox"/> Special Event <input type="checkbox"/> Annual <input type="checkbox"/> Concessionaire <input type="checkbox"/> Filming <input type="checkbox"/> Special Use (Misc.) <input type="checkbox"/> Other		
Rentals Requested ( <i>Field Sports Park Only</i> ): <input type="checkbox"/> Clubhouse <input type="checkbox"/> R/P Multi-Use <input type="checkbox"/> R/P 200yd <input type="checkbox"/> R/P 50yd <input type="checkbox"/> T/S Field <input type="checkbox"/> T/S Range		
Event/Activity Name:	Type of Event/Activity: (Ex: Race, Equestrian, Biking)	
Park(s) Requested:	Area(s) Requested: (Ex: Park Entrance, Group Site, Trails)	
Date(s) / Time(s) of Event / Activity:	Date(s) / Time(s) of Set-up:	Date(s) / Time(s) of Clean-up:
Estimated Attendance: Total: _____ Participants: _____ Spectators: _____ Youth (under 18): _____		
Is this a new or repeat event/activity? <input type="checkbox"/> New <input type="checkbox"/> Repeat	Will you charge an entry or use fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the event/activity go outside of park boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food/beverages be offered to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is vehicle access on trails requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food/beverages be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is amplified sound desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will electricity or a generator be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an overnight event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will merchandise be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL EVENT / ACTIVITY INFORMATION**

Please describe your event/activity, including its primary intent and any related activities:

Please list any equipment or supplies that you would like to bring in for your event/activity: (Ex: canopies, stage, vehicles, etc)

Please provide a general timeline of your event/activity:

Describe your response plan in the event of an emergency or natural disaster. Include medical care, park evacuation of your group, training of staff, and equipment/supplies provided.

Please note any other requests or information that pertains to your permit request:

**\*Please WRITE IN additional information if applicable:**

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**PROXY AGENT INFORMATION (Field Sports Park Only)**

FIRST NAME	LAST NAME	PHONE #	EMAIL

**\*Please attach the following if applicable:**

- A map or diagram of your proposed route or set-up
- A detailed proposal of your event/activity
- Additional sheets if necessary for further information on the above questions
- Field Sports Park Qualifications Checklist
- Field Sports Park Proxy Roster *\*All proxies must complete page 1 of this application and submit to permits for review*
- Additional Applications of Page 1 for each proxy

Standard Permit terms and conditions apply and can be found at: <https://www.sccgov.org/sites/parks/AboutUs/Pages/Special-Event-Permits.aspx>. Other requirements may apply.

Privacy policy information can be found at: <https://www.sccgov.org/sites/scc/Pages/Privacy-Policy.aspx>

By signing below, I certify that the information I provide here is true and correct and that I am authorized to submit this information on my behalf and on behalf of the people or organization that I represent:

Print Name

Signature

Date

**To be completed by Parks Staff:**

Operations Approval: \_\_\_\_\_  
Signature Date

Reviewed with (as applicable):  
 Maintenance  
 Natural Resources  
 Other: \_\_\_\_\_

Pre-Event Meeting Required with:  
 Maintenance  
 Natural Resources  
 Other: \_\_\_\_\_

Comments:  
\_\_\_\_\_

\*Response required within 2 weeks from request date.