

# Evergreen Park & Recreation District Park Use Permit Application



## Type of Permit (A permit is required for any scheduled park activity of 25 or more attendees)

Please check **all** appropriate boxes for the type of permit in which you are interested:\*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Festival/Event       | <input type="checkbox"/> Non-Profit Group | <input type="checkbox"/> Fundraiser                     |
| <input type="checkbox"/> Free Public Function | <input type="checkbox"/> Public Event     | <input type="checkbox"/> Special Occasion/Private Group |
| <input type="checkbox"/> Ticketed Event       | <input type="checkbox"/> Private Event    |   |

\* Based on information provided on application, EPRD staff will be able to help determine appropriate type of permit.

Please check the appropriate box for the park/venue in which you are interested:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Stagecoach Park Field | <input type="checkbox"/> Stagecoach Park Shelter | <input type="checkbox"/> Alderfer Ranch Shelter | <input type="checkbox"/> Commercial Film/Photo Shoot       |
| <input type="checkbox"/> Marshdale Turf Field  | <input type="checkbox"/> Marshdale Park Shelter  | <input type="checkbox"/> Arrowhead Park Shelter | <input type="checkbox"/> Evergreen Lake, Park & Lake House |
| <input type="checkbox"/> Buchanan Park Field   | <input type="checkbox"/> Wulf Park Shelter       | <input type="checkbox"/> Kittredge Park         | Other EPRD Park _____                                      |

Does this organization have a non-profit 501(c)3 status?  Yes  No *(A copy of the IRS letter of determination or letter of registration or certificate from the Colorado Secretary of State must be submitted at time of application for permit fee discount.)*

## Event and Contract Information

**Instructions: Before completing the application please read the appropriate guidelines for the park selected above.**

Applicant Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit/Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business/Home Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Cell: \_\_\_\_\_

On-site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

May EPRD give your name(s) and phone number(s) to the public  Yes  No

Name(s), Phone number(s), and/or website for public inquires \_\_\_\_\_

Name of Event \_\_\_\_\_ # of Attendees \_\_\_\_\_

Organization/sponsor affiliated with event: \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Set-up Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Breakdown Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

## Alcoholic Beverages

The sale of alcoholic beverages is strictly prohibited except under special licensing/permitting rules for designated locations. (Check with the EPRD Staff for sites permitted for alcohol sales and all applicable rules and regulations).

Does your function/event include the sale of alcohol?  YES  NO

Does your function/event include the consumption of alcohol?  YES  NO

## Event Features

**Food and Beverages** - Food vendors must contact Environmental Health for proper licensing and approval. Please describe the food and beverages intended for sale/distribution. \_\_\_\_\_

**Electricity** - (Only certain parks may have electricity)  Yes Hours needed: \_\_\_\_\_

**Water** - (Only certain parks may have water)  Yes Hours needed: \_\_\_\_\_

**Amplified Sound (Sound System)** - Please describe your need for amplified sound, including hours of sound, PA systems, amps, etc. Amplified sound request must be approved by Evergreen Park & Recreation District.

\_\_\_\_\_  
\_\_\_\_\_

**Please describe event in detail:**

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**What, if any, fees will be charged for admission or participation in the event?**

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**Will any of the proceeds be returned to EPRD? If so, approximately what percentage?**

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**Please explain how the following will be addressed:**

Crowd Control \_\_\_\_\_  
\_\_\_\_\_

Traffic Congestion \_\_\_\_\_  
\_\_\_\_\_

Parking \_\_\_\_\_  
\_\_\_\_\_

Additional Rest Room Facilities, if applicable \_\_\_\_\_  
\_\_\_\_\_

Additional Trash/Recycling Receptacles, if applicable \_\_\_\_\_  
\_\_\_\_\_

**What, if any, assistance are you requesting from EPRD staff? Items listed will be reviewed and discussed with staff upon receipt of application.**

*Refer to Park Permit Rental Fees for EPRD staff rates.*

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Internal Use Only:**

Parks Dept Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Athletics Dept Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Lake House Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_