

APPLICATION FOR SPECIAL EVENTS PARKS & RECREATION ONLY

**PLEASE USE BLACK PEN**

ORGANIZATION REQUESTING AUTHORIZATION (if any) : \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_ NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE SET UP: \_\_\_\_\_ DATE TAKEN DOWN: \_\_\_\_\_

DATE(S) HELD: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ AM - \_\_\_\_\_ AM  
PM - \_\_\_\_\_ PM

General estimated number of individuals expected to attend: \_\_\_\_\_

Provisions will need to be made for:

The following will be utilized during the event:

Electricity

*\*(Additional cost, requires  
KEY deposit & pick up)*

Animals

Gen. Parking

Food sales or concessions

Water

Open fires (other than barbecue)

*Additional outside services other than Parks, relating to streets, meter parking or police services requires a  
City Special Event be filled out with the City Clerk's Office prior to the event.*

<http://www.councilbluffs-ia.gov/146/Special-Event-Permit>

BRIEF DESCRIPTION OF EVENT: \_\_\_\_\_

If additional information is needed by the Parks & Recreation office, who can be contacted, between the daytime hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, during the next two (2) weeks?

NAME: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature of applicant or representative: \_\_\_\_\_

Telephone number (if different from above): \_\_\_\_\_

Address (if different form above) : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FOR CITY USE ONLY

Copies of this application are to be forwarded to Parks, Recreation and Public Department's Recreation Superintendent, Parks Superintendent and Supervisor of Park Maintenance.

From the Council Bluffs: \_\_\_\_\_ Department: \_\_\_\_\_ Initials ( )

COMMENTS ATTACHED

NO COMMENTS ATTACHED