

TOWN OF DEL NORTE RECREATIONAL SPECIAL EVENTS PERMIT REQUEST FORM



DATE OF APPLICATION: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

NAME OF RESPONSIBLE PERSON: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NON-PROFIT# \_\_\_\_\_

PROPOSED ACTIVITY: \_\_\_\_\_

INCLUSIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ HOURS/FROM \_\_\_\_\_<sup>AM</sup> TO \_\_\_\_\_<sup>AM</sup>  
PM PM

LOCATION: \_\_\_\_\_

ARE SPECIAL SERVICES REQUESTED FROM ANY TOWN DEPARTMENTS? IF SO, EXPLAIN:

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

A MAP ON THE REVERSE SIDE OR ATTACHED TO THIS FORM MUST SHOW ROUTE FOR PARADES.

A CERTIFICATE OF INSURANCE LISTING THE TOWN OF DEL NORTE AS ADDITIONAL INSURED MUST BE IN THE TOWN HALL OFFICE NO LATER THAN 3 DAYS BEFORE THE EVENT. IF CLOSURE OF HWY 160 IS REQUIRED CERTIFICATE MUST BE SUBMITTED 3 WEEKS PRIOR TO EVENT. A MINIMUM OF \$1,000,000.00 GENERAL AGGREGATE COVERAGE IS REQUIRED.

I, UNDERSIGNED, AGREE TO ACCEPT RESPONSIBILITY FOR THE ABOVE CONDITIONS.

SIGNATURE OF RESPONSIBLE PERSON: \_\_\_\_\_

PERMIT FEE \$25.00

DATE: \_\_\_\_\_

\*\*\*\*\* FOR TOWN USE ONLY \*\*\*\*\*

POLICE DEPARTMENT  
CHIEFS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

RECOMMEND  APPROVAL  DENIAL

FIRE DEPARTMENT:  
CHIEFS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

RECOMMEND  APPROVAL  DENIAL

BOARD OF TRUSTEES/MAYOR:  
MAYORS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

RECOMMEND  APPROVAL  CONDITIONAL  DENIAL

CERTIFICATE OF INSURANCE ON FILE:  YES,  NO

AMOUNT OF POLICY: \_\_\_\_\_