*THIS PERMIT MUST HAVE THE COMPLETED CHECK LIST ATTACHED ALONG WITH REQUIRED DOCUMENTATION.*

**Responsible party applying for the permit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Name or Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_**

**Event Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Profit \_\_\_\_\_\_\_\_\_\_\_ Non-Profit IRS Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Event Liquor License Application \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**

**EVENT CHECK LIST**

* **EVENT INSURANCE OF $2,000,000 GENERAL LIABILITY WITH THE TOWN OF PATAGONIA AS AN ADDITIONAL INSURED CERTIFICATE HOLDER**
* **ROUTE MAP WITH TRAFFIC CONTROL OUTLINE & FIRST AID STATION LAYOUTS.**
* **SAFETY PLAN INCLUDING THE SCC SHERIFF’S DEPARTMENT APPROVAL LETTER**
* **EMERGENCY CONTACT LIST**
* **PARKING PLAN**
* **CAMPING PLAN ( IF AN OVERNIGHT EVENT)**
* **SANITATION PLAN LAYOUT OF PORTA POTTIES**
* **IF FOR NON-PROFIT EVENT, MUST ATTACH NON-PROFIT IRS CLASSIFICATION LETTER**
* **EVENT MUST COMPLY WITH ALL TOWN CODES**

**EVENT DIRECTOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**

**TOWN OF PATAGONIA APPROVAL SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_**

**EVENT FEE FOR USE OF TOWN OWNED PROPERTY: $\_\_\_\_\_\_\_\_\_\_\_\_ CK\_\_ CC\_\_ CASH\_\_**

**FEE RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**