



City of
VALLEY FALLS

Incorporated May 17, 1869

Permit Fee: \$50/ DAY

Special Event Application

APPLICANT INFORMATION

NAME: (LAST)	(FIRST)	(M.I.)
DATE OF BIRTH:	SOCIAL SECURITY #:	
DRIVER LICENSE #:	PHONE #:	
EMAIL:		

COMMERCIAL/ BUSINESS INFORMATION

BUSINESS NAME:	FED ID #:
POSITION HELD:	PHONE #:

EVENT INFORMATION

LOCATION OF EVENT:	
EVENT WILL BE ON: <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> CITY STREET <input type="checkbox"/> CITY PARK <input type="checkbox"/> CITY BALLFIELDS <input type="checkbox"/> OTHER CITY/ PUBLIC PROPERTY: _____	
DATE(S) OF EVENT:	
EVENT TIME:	TO
ESTIMATED NUMBER OF ATTENDEES/ INVITEES:	
WILL FOOD BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL ALCOHOL BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOURS ALCOHOL WILL BE SERVED:	TO
WILL THERE BE A CHARGE FOR YOUR EVENT OR FOR DRINKS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF ALCOHOL SERVED OR SOLD? <input type="checkbox"/> CEREAL MALT BEVERAGES <input type="checkbox"/> LIQUOR <input type="checkbox"/> OTHER _____	
IS THE EVENT: <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> BY INVITATION ONLY	
IS THE EVENT ORGANIZER: <input type="checkbox"/> FOR-PROFIT BUSINESS <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> INDIVIDUAL	
EVENT DESCRIPTION:	

ACKNOWLEDGEMENT

BY SIGNING BELOW, THE APPLICANT AGREES:

- 1) To provide proof that they are 21 years or older.
- 2) To be personally responsible that underage persons will not obtain alcoholic beverages and that service will be immediately halted to persons under the influence of alcohol.
- 3) To defend, indemnify, and hold harmless the City of Valley Falls, its agents and employees, for any liability claims that may arise out of this event.
- 4) To provide, if required, a valid Certificate of Insurance with liquor liability naming the City of Valley Falls as additional insured in the amount of \$1,000,000 per occurrence.
- 5) To be personally responsible for any repairs necessary as a result of the event.

APPLICANT SIGNATURE:

DATE:

CITY APPROVAL

APPROVED: ☐ YES ☐ NO

RESOLUTION #:

SIGNATURE:

DATE:

PRINTED NAME:

TITLE: