CITY of CAPE GIRARDEAU

(Generally, a Special Event Plan requires a minimum of 30-60 days' notice)

PARKS & RECREATION DEPARTMENT

PARK USE APPLICATION

Today's Date:	_ Requested Date(s) of E	vent:				Park/Locat	ion:				
Event Name:			E	vent Purp	ose:						
Estimated Attendance	mated Attendance Set Up Time: _		Start Time:				End Time:				
Area of park or trail reque	sted:						Shelt	er#			
Will event be advertised/o Will an admission fee be o Will food be served/sold? Will alcohol be served/sol Will merchandise be sold? Will your event include an *(If yes, you must obtain Will event require going o *Please not Will event have Fireworks List any other requests or	ppen to the public? harged? * d?* vy live animals? a Vendor's or Peddlers Liutside park boundaries? e: All parade events and? Yes No (Prohilitems not addressed aborceptacles Watcation:	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	☐ No m Custo ☐ No ons mus	If yes, ple omer Servi If Yes, es st submit t oved by th Blect	Will event u Qty / Size o Location of Will event r Will event r ase list: ce at City Ha cplain where hrough the o ne Parks & R ric	tilize tents? f tents tents have a band oneed road or sell, 44 N. Loring? Cape Girardesecreation Dir	r sound s street clos mier, Cape au Police ector and	ystem? sures? e Girarde Departm the City	☐ Yes☐ Yes☐ Yes☐ Yes☐ eau)	□ No □ No	
your submission request	est to use our City Parks t. Please complete the fol	lowing co	ontact ir	nformation):					-	
Organization:):					
Type of Organization: (please check one) Non-Profit Email Address:											
Address:											
City:					State:	Zıp	Code:				
appropriate) as w Marking on concr Due to the nature Special events mu general liability a INFLATABLE BOUI		er individent for the ever overtime anything se be prefinsuranting limits	ual or or nt for st wages f g other t epared t ice for \$ of cove	rganization olen or da for excessi than Chalk o provide 1,000,000 trage. TED ON CI	ns named on maged city p ve cleanup. is not perm an emergend listing the C	o the permit so property, cost itted. cy plan with a ity as "addition	t of mater	ials and	utilities (
	Organization Represe	entative S	Signatur	<u></u> е			Date				
Staff Pro	ocessing Application:				Date:						
Parks Division Manager Parks and Recreation Director											
Approve ☐ Disappro	ve Conditions:										