



City of Green River Special Event Application

Please submit this completed form and submit relevant attachments to the Parks and Recreation Department for review and consideration. Forms must be submitted 30 days in advance of the event to allow time for processing. Applicants should understand until all signatures are attained your event is NOT approved. Advertisements, deposits, and fees paid in advance for your event before receiving approvals are done so at applicants' risk and are highly discouraged.

APPLICATION DATE: _____ EVENT TITLE: _____

NAME OF PRIMARY CONTACT PERSON: _____

ADDRESS OF PRIMARY CONTACT PERSON: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

NAME OF SECONDARY CONTACT PERSON: _____

ADDRESS OF SECONDARY CONTACT PERSON: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

ON SITE CONTACT NAME: _____ PHONE: _____

TYPE OF ORGANIZATION: NON-PROFIT _____ PUBLIC AGENCY _____ PRIVATE BUSINESS _____

EVENT DATE(S): _____ EVENT TIME(S): _____

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EVENT DATE(S): _____ EVENT TIME(S): _____

ESTIMATED ATTENDANCE: _____

PROPOSED LOCATION: _____

(Please contact the Green River Recreation Center at (307) 872-0511 or www.cityofgreenriver.org to confirm location availability before submitting this application.)

TYPE OF EVENT: RUN/WALK: _____ CONCERT: _____ PARADE: _____ SOCIAL EVENT: _____

RODEO: _____ SPORTING EVENT: _____ STREET FESTIVAL: _____ WEDDING: _____

OTHER - DESCRIPTION OF EVENT:

REQUIRED: ADEQUATE INSURANCE TO COVER YOUR EVENT. COMMERCIAL EVENTS MUST CARRY A \$1,000,000 LIABILITY POLICY. PROVIDE A COPY OF THE CERTIFICATE OF LIABILITY

ALCOHOL SOLD: YES _____ NO _____ ALCOHOL SERVED: YES _____ NO _____

IF YES, WHAT MEASURES ARE PLANNED TO PREVENT UNDERAGE ALCOHOL CONSUMPTION? _____

(ALCOHOL PERMIT QUESTIONS - CALL GREEN RIVER FINANCE DEPARTMENT AT 307-872-6145)

FOOD VENDORS: YES _____ NO _____ NUMBER OF FOOD VENDORS: _____

MERCHANDISE VENDORS: YES _____ NO _____ NUMBER OF MERCHANDISE VENDORS: _____

VENDORS MUST MEET STATE AND LOCAL REQUIREMENTS, CALL THE GREEN RIVER DEVELOPMENT SERVICES AT 307-872-6140

WILL YOU NEED ELECTRICITY: YES _____ NO _____ WATER: YES _____ NO _____

IF YES, EXPLAIN: _____

STREET/SIDEWALK CLOSURES REQUIRED: YES _____ NO _____

(IF YES, ATTACH A MAP WITH PREFERRED CLOSURES)

TRAFFIC CONTROL NEEDED: YES _____ NO _____

(IF YES, ATTACH A DIRECTIONAL MAP AND DETAILS)

IS THERE A PARKING/SHUTTLE/VALET PLAN? YES _____ NO _____

(IF YES, ATTACH PLAN)

<p style="text-align: center;">PARADES ONLY – (PLEASE ATTACH THE PARADE ROUTE)</p> <p>NUMBER OF PERSONS IN PARADE: _____ NUMBER OF VEHICLES IN PARADE: _____</p> <p>NUMBER OF HORSES IN PARADE: _____</p> <p>POLICE ESCORT REQUESTED FOR PARADE: YES _____ NO _____</p> <p>FIRE DEPARTMENT ESCORT REQUESTED FOR PARADE: YES _____ NO _____</p> <p>PARADES ON FLAMING GORGE OR UINTA ARE REQUIRED TO OBTAIN A PERMIT THROUGH THE WYOMING HIGHWAY PATROL AS WELL AS THE GREEN RIVER POLICE DEPARTMENT. CALL TE GREEN RIVER POLICE DEPARTMENT FOR DETAILS AT 307-872-0555</p>

WILL SECURITY BE PRESENT: YES _____ NO _____ (IF YES, ATTACH CONTRACT)

SECURITY FIRM NAME: _____

NAME OF SECURITY REPRESENTATIVE: _____

NUMBER OF UNIFORMED SECURITY: _____ SECURITY WILL BE ARMED: YES _____ NO _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

NUMBER OF VOLUNTEERS/CHAPARONES/EVENT STAFF: _____

IS THE EVENT OPEN TO THE PUBLIC? YES _____ NO _____

ADMISSION FEE: YES _____ NO _____

IF YES, GENERAL PUBLIC: \$ _____ SENIOR: \$ _____ CHILD: \$ _____ OTHER: \$ _____

AMPLIFIED OR ELEVATED SOUND LEVELS INVOLVED: YES _____ NO _____

IF YES, DESCRIBE: _____

HOURS OF AMPLIFIED OR ELEVATED SOUND: FROM: _____ TO: _____

ADVERTISING USED: INVITATION: _____ LOCAL MEDIA: _____ REGIONAL MEDIA: _____

SIGNS: _____ BANNERS: _____ OTHER: _____

WILL THERE BE ANY SET-UP OF TEMPORARY STRUCTURES, INCLUDING TENTS, CANOPIES, AWNINGS, FENCING, INFLATABLES, OR STAGES? YES ___ NO ___ WILL STAKES IN THE GROUND BE USED? YES ___ NO ___

IF YES, EXPLAIN:

(Lines need to be marked in advance to prevent damage to the water system)

ARE ACCESSIBLE RESTROOMS OR PORTABLE TOILETS READILY AVAILABLE? YES _____ NO _____
NUMBER OF TOILETS AVAILABLE: _____

WILL A WATER STATION BE AVAILABLE? YES _____ NO _____

DO YOU HAVE TRASH CANS SCHEDULED FOR DROP OFF AND PICK UP? YES _____ NO _____
IF YES, NUMBER/ SIZE OF REQUESTED TRASH CANS: _____

WILL MEDICAL SERVICES BE PRESENT? YES _____ NO _____

WILL FIREWORKS OR OTHER PYROTECHNICS BE INVOLVED? YES _____ NO _____

WILL THERE BE FIRE PITS/OPEN FIRE? YES _____ NO _____

WILL YOUR EVENT FEATURE ANIMALS? YES _____ NO _____

IF YES, EXPLAIN _____

DO YOU HAVE FRESH WATER AVAILABLE FOR YOUR ANIMALS? YES _____ NO _____

DO YOU HAVE ARRANGEMENTS TO DISPOSE OF ANIMAL WASTE? YES _____ NO _____

DO YOU HAVE ANY QUESTIONS, COMMENTS, OR CONCERNS YOU WOULD LIKE ADDRESSED
CONCERNING YOUR EVENT? IF SO, PLEASE EXPLAIN: _____

APPLICANT MUST CLEAN UP AFTER THE EVENT AND ARRANGE TO HAVE ITEMS SUCH AS GARBAGE
CANS, PORTABLE TOILETS, AND BARRICADES, ETC. PICKED UP.

APPLICANT IS RESPONSIBLE FOR ATTAINING ALL PERMITS, PAYING ALL FEES, AND DEPOSITS REQUIRED
FOR THE APPROVED EVENT.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S PRINTED NAME: _____

