



## SPECIAL EVENT PERMIT APPLICATION

Complete the application and return to Neighborhood & Community Services.

**Email:** [emily.angel@bgky.org](mailto:emily.angel@bgky.org)

**Mail-in:** Attn: Neighborhood Services

**Fax-in:** 270-393-3077

P.O. Box 430

**Drop-off:** Monday thru Friday, 7:30am – 4:30pm

Bowling Green KY 42102-0430

707 E. Main Avenue

Bowling Green, KY 42101

*Applications must be submitted at least 45 days prior to the first day of the event. Applications will be considered on a first-come, first serve basis. Incomplete applications will not be considered. To receive a permit you must complete this form and it will be pending multiple departmental reviews and our staff availability.  
Please write legibly or type and fill out form completely.*

1. **Event Name:** \_\_\_\_\_

2. **Event Date(s):** \_\_\_\_\_

3. **Please list the event location (Name of Park and/or Street(s) and Private Address):**

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

4. **Name of organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**First contact person:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Second contract person:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

5. **Organization Type:**

**Non-Profit:** \_\_\_\_\_ **Government:** \_\_\_\_\_ **Corporation:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**(explain)** \_\_\_\_\_

6. Purpose of event: \_\_\_\_\_

7. Give a brief description of the event: \_\_\_\_\_  
\_\_\_\_\_

8. Is this a first time event? \_\_\_\_\_ If "No", how many years has this event been held? \_\_\_\_\_

Please list any variations from previous year: \_\_\_\_\_  
\_\_\_\_\_

9. Event Type (check all that applies): Carnival \_\_\_\_\_ Concert \_\_\_\_\_ Fireworks \_\_\_\_\_  
Run/Walk \_\_\_\_\_ Festival \_\_\_\_\_ Sporting Event \_\_\_\_\_ Other \_\_\_\_\_ (explain) \_\_\_\_\_

10. Provide event schedule (specify day, date and times); specify schedule for setup ("S"), event day ("E") and tear down of event ("T"). If you need more room, list on a separate sheet of paper.

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

11. Please estimate attendance: Per day: \_\_\_\_\_ Peak attendance during event: \_\_\_\_\_

12. Is this a charity or fund raiser event? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please list organization's name, contact, phone number and address:

<u>Organization Name</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Address</u>
--------------------------	---------------------	---------------------	----------------

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

13. Will this event be open to the public? \_\_\_\_\_ Invitation only? \_\_\_\_\_

14. Will you be charging admission? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Will you be taking up donations? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Will the event include special amusements including such things as animals, mechanical rides, inflatables, climbing walls, dunking booths, water slides or portable pools?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please describe: \_\_\_\_\_

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

17. List all streets you propose to close:

<u>Street (indicate cross streets)</u>	<u>Closing Date and Time</u>	<u>Opening Date and Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more room, list on a separate sheet of paper.

18. Will food be served at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the event include food vendors? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how many? \_\_\_\_\_

- Please list the names and phone numbers of each food vendor:

<u>Vendor Name</u>	<u>Vendor Phone</u>
_____	_____
_____	_____
_____	_____

If you need more room, list on a separate sheet of paper.

19. Will there be booth vendors at your event? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" how many? \_\_\_\_\_

- Please list the names and phone numbers of each booth vendor:

<u>Vendor Name</u>	<u>Vendor Phone</u>
_____	_____
_____	_____
_____	_____

If you need more room, list on a separate sheet of paper.

20. Will alcoholic beverages be served at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please answer the following:

1) Who will hold the license to sell alcohol?  
\_\_\_\_\_

2) What type of alcoholic beverages will be available?

Beer \_\_\_\_\_ Wine \_\_\_\_\_ (Distilled Spirits) \_\_\_\_\_

Please list dates and times alcoholic beverages will be served:  
\_\_\_\_\_

21. Do you plan to have live entertainment or music at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please answer the following questions:

1) If the entertainment will require a stage, please indicate the number of stages to be constructed \_\_\_\_\_ and the desired location(s) for placement:  
\_\_\_\_\_

2) Will recording equipment, sound amplification equipment or other attention getting devices be used? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe equipment: \_\_\_\_\_

3) What type of music will be played at the event? \_\_\_\_\_

22. Will electrical wiring be utilized for your event? Yes \_\_\_\_\_ No \_\_\_\_\_

23. Will you be using generators? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Will you be requesting use of City electrical service? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Will tents be erected for your event? Yes \_\_\_\_\_ No \_\_\_\_\_ if "Yes", how many \_\_\_\_\_

26. Will you require access to water? Yes \_\_\_\_\_ No \_\_\_\_\_

27. Have you arranged for security at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who will be providing security: \_\_\_\_\_

28. Describe your plans for Emergency Medical Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Describe your plans for trash removal (list the names of organization(s) or individual(s) responsible for the removal of trash): \_\_\_\_\_  
\_\_\_\_\_

30. Describe your plans for restroom facilities: \_\_\_\_\_

---

---

**INSURANCE REQUIREMENTS**

Depending on the type of event, you may be asked to provide the City with a certificate of insurance. If you or your group/organization is not currently insured and insurance is requested, you may obtain a quote for your event by contacting any local insurance office.

---

**\*\*This application will not be processed unless a site map is included. Indicate location of tents, stages, portable rest rooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc. Also, indicate where streets will need to be blocked.**

All information in this application and the enclosed site map is accurate to the best of my knowledge. I understand that if any changes are made to the site layout, I must submit a revised application and site map to the Neighborhood Services Office.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*If you have any questions regarding filling out the application, you may call the Neighborhoods Services Office at 270-393-3641 or email [Emily.Angel@bgky.org](mailto:Emily.Angel@bgky.org)*