



PARK PERMIT APPLICATION

*** Please note:**

- This is a request for a Park Permit for your event or activity only.
- Additional information may be requested before an application is deemed complete.
- This application does not constitute a permit or approval for your event or activity nor does it ensure a permit will be issued.
- Upon approval of this request, permit requirements must be met to proceed with the event or activity.
- Applications may be submitted 1 year prior to event/activity date.
- Other requirements may apply.

** Please complete the following sections.

Date of Request:

CONTACT INFORMATION

<input type="checkbox"/> FOR-PROFIT Corp., LLC or partnership	<input type="checkbox"/> NON-PROFIT Corp., LLC or partnership
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> AGENT FOR GROUP

Organization: (if applicable)	Non-Profit Tax ID #: <i>(if applicable)</i>	
Primary Contact and Title:	Business License (Issued by/Number): <i>(if applicable)</i>	
Day Phone:	Email Address:	
Street Address:	Cell Phone:	
City:	State:	Zip:
Alternate Contact and Title:	Email Address:	
Day Phone:	Cell Phone:	
Street Address:		
City:	State:	Zip:

EVENT / ACTIVITY INFORMATION

Type of Permit Requested: <input type="checkbox"/> Special Event <input type="checkbox"/> Annual <input type="checkbox"/> Concessionaire <input type="checkbox"/> Filming <input type="checkbox"/> Special Use (Misc.) <input type="checkbox"/> Other:		
Rentals Requested (<i>Field Sports Park Only</i>): <input type="checkbox"/> Clubhouse <input type="checkbox"/> R/P Multi-Use <input type="checkbox"/> R/P 200yd <input type="checkbox"/> R/P 50yd <input type="checkbox"/> T/S Field <input type="checkbox"/> T/S Range		
Event/Activity Name:	Type of Event/Activity: (Ex: Race, Equestrian, Biking)	
Park(s) Requested:	Area(s) Requested: (Ex: Park Entrance, Group Site, Trails)	
Date(s) / Time(s) of Event / Activity:	Date(s) / Time(s) of Set-up:	Date(s) / Time(s) of Clean-up:
Estimated Attendance: Total: _____ Participants: _____ Spectators: _____ Youth (under 18): _____		
Is this a new or repeat event/activity? <input type="checkbox"/> New <input type="checkbox"/> Repeat	Will you charge an entry or use fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the event/activity go outside of park boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food/beverages be offered to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is vehicle access on trails requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will food/beverages be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is amplified sound desired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will electricity or a generator be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an overnight event/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will merchandise be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL EVENT / ACTIVITY INFORMATION

Please describe your event/activity, including its primary intent and any related activities:

Please list any equipment or supplies that you would like to bring in for your event/activity: (Ex: canopies, stage, vehicles, etc)

Please provide a general timeline of your event/activity:

Describe your response plan in the event of an emergency or natural disaster. Include medical care, park evacuation of your group, training of staff, and equipment/supplies provided.

Please note any other requests or information that pertains to your permit request:

***Please WRITE IN additional information if applicable:**

PROXY AGENT INFORMATION

FIRST NAME	LAST NAME	PHONE #	EMAIL

***Please attach the following if applicable:**

- A map or diagram of your proposed route or set-up
- A detailed proposal of your event/activity
- Additional sheets if necessary for further information on the above questions
- Field Sports Park Qualifications Checklist
- Field Sports Park Proxy Roster **All proxies must complete page 1 & sign page 3 of this application and submit to permits for review*
- Additional Applications of Page 1 for each proxy

Standard Permit terms and conditions apply and can be found at: <https://www.sccgov.org/sites/parks/AboutUs/Pages/Special-Event-Permits.aspx>. Other requirements may apply.

Privacy policy information can be found at: <https://www.sccgov.org/sites/scc/Pages/Privacy-Policy.aspx>

By signing below, I certify that the information I provide here is true and correct and that I am authorized to submit this information on my behalf and on behalf of the people or organization that I represent:

Print Name

Signature

Date

Applications must be signed and dated to be considered completed.

Only DocuSign or "Wet" Signatures are accepted.

Wet signed documents may be scanned and emailed to parkpermits@prk.sccgov.org

To be completed by Parks Staff:

Operations Approval:

Signature _____

Date _____

Reviewed with (as applicable):

- Maintenance
- Natural Resources
- Other: _____

Pre-Event Meeting Required with:

- Maintenance
- Natural Resources
- Other: _____

Comments:
