

SPECIAL EVENT PERMIT APPLICATION

CITY OF BUTLER
22 W Ohio, Butler, MO 64730
660-679-4182 FAX 660-679-6658

Date: _____

Permit No: _____

For parades and running/walking events, applications must be submitted 30 days prior to event. For all other events, applications must be submitted 90 days prior to event. There will be a \$100.00 event fee for use of City services/supplies. N/A for non-profit.

APPLICANT INFORMATION

Name: _____ E-mail: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax: _____

Phone where you can be reached at during the event: _____

EVENT ORGANIZER *(circle one)*

[Same as above]

[Professional/Hired]

[Other]

Name: _____ E-mail: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Phone where you can be reached at during the event: _____

Are the Event Organizer and/or Applicant insured for this type of event? [Yes] [No]

List Names and Phone Numbers of Event Staff

EVENT INFORMATION

Title of Event: _____

Purpose of Event: _____

Event location: _____

Set-up Date(s): _____ Time: _____

Event Date(s): _____ Time: _____

Clean-up Dates(s): _____ Time: _____

Property Owner: _____ Do you have a contract with them? _____

Property Owners Phone: Home _____ Work _____ Cell _____

Expected Attendance (including event crew, participants and spectators): _____

Ticket Sales: *(circle all that apply)* [Phone] [Internet] [Business/Organizations]
[At the Gate] [Other]

Intended Audience: *(circle all that apply)* [Kids] [Teenagers] [Young Adults] [Adults] [Senior Citizens]

Specialized Audience: *(explain)* _____

Will a fireworks or pyrotechnics permit be requested? _____

Hours of Event *(explain in detail)*:

Is this an Outdoor Event? [Yes] [No] Will there be music? [Yes] [No]

Will there be provisions for disposal of sanitary waste and sewage for the event, including toilet facilities, and the disposal of garbage, trash, and refuse? [Yes] [No]

Will you be requesting any services/supplies from the City of Butler? If so, please list requested services and/or supplies: _____

Contact Person/Company(s) responsible: _____

Will there be Security? [Yes] [No] Type of Security: [Professional Company] [Off-Duty Law Enforcement]

Name of Security Agency: _____ Armed? [Yes] [No] Licensed? [Yes] [No]

Will the entrances and exits be monitored by security? [Yes] [No]

Will alcohol be served? [Yes] [No] Will alcohol be permitted on the premises? [Yes] [No]

Will there be food sales? [Yes] [No] Will food be permitted to be brought in? [Yes] [No]

EVENT SPECIFICS: *(circle all that apply)* [Pyrotechnics/Fireworks] [Lasers] [Other]

Will a stage be built? [Yes] [No]

Will Medical Personnel be on site? [Yes] [No]

Does the organization holding the event have a current 501 (C)3 not-for-profit registration? [Yes] [No]

Are you going to need Emergency Services to close the street(s) for this event? [Yes] [No]

Please attach a copy of a map for the event location and/or route. Note location of any streets that will be involved. Note the start and finish if a route is involved. Note any important locations that would be helpful to police, fire, medical, and EMA.

Checklist:

Have surrounding property owners been notified?

Has proof of insurance been provided and is the City listed as an additional insured?

Has license for alcohol been obtained?

Have security measures been identified?

Has the court been notified and coordinated with if event is being held on the Square?

Has a layout of event been provided to City Hall?

Are arrangements made for shelter in case of severe weather?

Was weather monitoring requested?

Has parking been identified and approved?

Have outside communities been notified if needed?

Are fire extinguishers needed?

I hereby certify that the answers and other information on this application are true and correct and that I have read and understand the above procedure and requirements as they pertain to the City Special Events Regulations and by signing this form, acknowledge compliance with these rules.

Signature of Applicant: _____

Date: _____

Printed Name: _____

OFFICE USE ONLY:

Approved _____

Denied _____

Date: _____

Police Chief Signature: _____

Date: _____

Fire Chief Signature: _____

Date: _____

Emer Mgmt Asst. Dir. Signature: _____

Date: _____

Public Works Signature: _____

Date: _____

City Administrator Signature: _____

Date: _____

Timeline: City Staff and event coordinator will meet at these intervals:

Date:

Signature:

90 days out for events- application turned in _____

60 days- check in _____

30 days- check in _____

30 days out for runs/walks and
parades- application turn in _____

2 weeks- check in _____

72 hrs- final check in _____

Regulations-

- Must maintain a fire lane around the Square- 20 ft
- No permanent markings on brick
- No deviations from approved plan without approval from City Event Committee Staff
- No open fires without approval
- Parades need to follow established routes
- Alcohol area will be established

*****City Council reserves the right to deny any application or shut down any event for matters of public safety*****