

SPECIAL EVENT

SUPPLEMENTAL QUESTIONNAIRE

Name of Organization: _____

Organization Type:

Name of Contact: _____

501(c)(3)

Primary Phone: _____

Non-Profit

Email Address: _____

Government Agency

Certified Exempt Status (CES)#: _____

Summary of Event:

Timeline of Event – Start to Finish:

SPECIAL EVENT

SUPPLEMENTAL QUESTIONNAIRE

Admission Fees Charged	YES	NO	If YES, Details: _____
Fundraising (exchange of money)	YES	NO	If YES, Details: _____
Food/Beverage Sales/Vendors	YES	NO	If YES, Details: _____
Any Other Money Exchange	YES	NO	If YES, Details: _____
Alcohol Served or Sold	YES	NO	If YES, Details: _____
Amplified Sound or Music	YES	NO	If YES, Details: _____
If YES, Obtaining Noise Permit	YES	NO	If YES, Details: _____
Inflatable Structures (i.e. bounce houses)	YES	NO	If YES, Details: _____
Grilling (charcoal or propane)	YES	NO	If YES, Details: _____
Tent(s) or Structures Staked into Ground	YES	NO	If YES, Details: _____
Stage or Other Large Equipment	YES	NO	If YES, Details: _____
Vehicular Access to Playfield	YES	NO	If YES, Details: _____
Use of Electricity	YES	NO	If YES, Details: _____

By signing below, I affirm that all answers given and statements made on this Event Supplemental Questionnaire are full and true to the best of my knowledge and beliefs. I have read the terms and conditions in the Outdoor Permit Rules and Regulations and agree to abide by them.

Permit Requester Signature

Date

Print Name

