



# TOWN OF CRESTED BUTTE SPECIAL EVENT APPLICATION

## 1. EVENT INFORMATION:

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location(s) of Event: \_\_\_\_\_

Map Attached Showing Location of Event *Attach map showing location of event*

Diagram Attached Detailing Event *Attach 8 1/2" X 11" diagram detailing the event showing tents, vendors, security, toilets, tables, signage, fencing, booths, ingress and egress, stage, etc.:*

Event Schedule and Description of Event Attached

Name of Organization Holding the Event ("Permittee"): \_\_\_\_\_

*Note: The permittee of an event must be the same "Entity Name" as the named insured on the insurance certificate and the Secretary of State Certificate of Good Standing.*

Event Time(s) (start time of scheduled event to end time of scheduled event each day):

Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Total Time (including setup, scheduled event, breakdown, and clean up):

Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Expected Numbers: Participants: \_\_\_\_\_ Spectators: \_\_\_\_\_

Name of Event Organizer: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Assistant or Co-Organizer (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address of Organization Holding the Event: \_\_\_\_\_

Email Address of Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2. INSURANCE, LIQUOR PERMITS, SECURITY PLANS:**

(a) Do You Intend to Sell or Serve Alcohol?  Yes  No

If Yes, a Special Event Liquor License is Required. You must submit a separate application for a Special Event Liquor License to the Town Clerk at least 30 days prior to the event to ensure adequate time to comply with state regulations.

Special Event Liquor Permit Application is Attached with Appropriate Fees and Diagram

**Describe Plan for Security and Include with Diagram: (All major impact events, as well as events that receive a Special Event Liquor License, are required to have a security plan):**

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**(b) Proof of General Commercial Liability Insurance naming the Town of Crested Butte as Additional Insured, with coverage of no less than \$1,000,000 is required for all special events. If your event is in the Big Mine Ice Arena with over 299 people, you will also need to add the Crested Butte Fire Protection District as Additional Insured. Events selling alcohol also require Liquor Liability Insurance on the Insurance Certificate. (Note: Your application cannot be approved until we receive proof of insurance) Contact the Clerk's Office if you would like to receive an insurance quote through the Town's Insurance Provider.**

Is Proof of Insurance Attached?  Yes  No

**3. ROAD CLOSURES, PARKING/HANDICAPPED PARKING, BUS SERVICE:**

Will Your Event Require Any Road Closures?  Yes  No

If Yes, Explain in Detail Streets Closures and Times of Closures:

Streets: \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Streets: \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Streets: \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

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Streets: \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Will Your Event Impact Mt. Express Bus Service and/or Routes?  Yes  No

If Yes, Explain Impact (include times): \_\_\_\_\_

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**Will Your Event Affect Any Handicapped Parking Spaces?**  Yes  No

**If yes, you must work with the Marshal’s Department to create temporary handicapped parking spaces for the duration of your event.**

**Describe Plan for Parking:** \_\_\_\_\_

**Is Your Event Requesting Any Additional Services from the Town of Crested Butte (such as barricades, utility irrigation locates, traffic control, snow removal, electrical power, trash removal, additional police etc.)?**  Yes  No

**If Yes, explain request for services in detail (attach additional page if necessary):**

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

**Does Your Event Include a Parade?**  Yes  No

**If yes, you must read and sign the following: I understand that if items are to be distributed during the parade (i.e. candy, beads, brochures, etc.), individuals will do so exclusively by foot from along-side the vehicles/floats to minimize the likelihood of spectators running up to the vehicles/floats. I understand and agree that items will not be thrown from any vehicle/float.**

\_\_\_\_\_  
Signature of Event Coordinator

**4. AMPLIFIED SOUND AND NOTIFICATION:**

**Will There Be Amplified Sound at This Event?**  Yes  No

**If Yes, Describe:** \_\_\_\_\_

**Note: If there will be amplified sound during your event, the rules and requirements of Crested Butte Municipal Code Section 10-9-50 must be followed. Residents and businesses within 250’ of the proposed event must receive written notification (7) days prior to the start of the event.**

**Describe Plan for Notifying Businesses and Residents Impacted by Your Event:** \_\_\_\_\_

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

**5. TRASH, RECYCLING, PORTABLE TOILETS AND RESTROOMS:**

**How much trash do you anticipate generating at the event?** \_\_\_\_\_

**What recyclable products will be generated at the event?** \_\_\_\_\_

\_\_\_\_\_

**Describe your DETAILED plan for trash, recycling and clean up. (All events are required to have a plan for handling recycling and garbage during the event and the removal of recycling and garbage after the event.) Please note that any plan should emphasize increased recycling and decreased waste production. If you feel that your event will require assistance from Waste Management, please contact them directly at (970) 641-1986. Note: Any event application without a detailed recycling and refuse plan will not be accepted as a complete application:**

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**Describe Plan for Portable Toilets and/or Restrooms. (Include number of portable toilets and plan to restore bathrooms to their original state following your event): (Required: 1 portable toilet to every 40 attendees)**

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**6. SALES TAX:**

*Have you paid sales tax from your event last year?  Yes  No*

*If No, you must pay delinquent sales tax before your special event application will be considered.*

**Will You Be Selling Products (food, drink, or merchandise) At Your Event?  Yes  No**

**If yes, you must collect sales tax and attach a completed Town of Crested Butte Sales Tax License Application with a List of Vendors to the Clerk's Office.**

- Town of Crested Butte Sales Tax Application is Attached.**
- List of Vendors with your Crested Butte Sales Tax Application.**

**7. BANNER PERMITS:**

**Do you plan to apply for a banner permit to erect a banner at the Pitsker Outfield Fence?  Yes  No**  
**If Yes, you must apply for a banner permit separately through the Front Desk at Town Hall.**

**Are you requesting Town Manager approval for a 1-day banner at the event location for the hours of the event?  Yes  No**

**Town Manager Approval: \_\_\_\_\_**

**Please review your application and make sure all questions are answered. Read, sign, and date the following prior to submitting your application.**

## **8. PLEASE REVIEW, SIGN, AND DATE:**

In consideration for being permitted by the Town to engage in the permitted event, the Permittee, its heirs, successors, executors, assigns, transferees, employees, officers, directors, members, managers, representatives, contractors, subcontractors, agents, assigns, guests and invitees (collectively, the "Releasor/Indemnitor") hereby acknowledge and agree to the following: (i) Releasor/Indemnitor assume all risk of injury, loss or damage to Releasor/Indemnitor, any of them, arising out of or in any way related to the permitted event, whether or not caused by the act or omission, negligence or other fault of the Town, or by any other cause; (ii) Releasor/Indemnitor waive and release the Town from any and all claims, demands and actions for injury, loss or damage arising out of or in any way related to the permitted event, whether or not caused by the act or omission, negligence or other fault of the Town, or by any other cause; (iii) Releasor/Indemnitor agree to defend, indemnify and hold harmless the Town from and against any and all liability, claims, damages and demands, including any third party claim asserted against the Town, on account of injury, loss or damage, including, without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, arising out of or in any way related to the permitted use, whether or not caused by the act or omission, negligence or other fault of the Town, or by any other cause. For purposes hereof, the term "Town" shall include, individually and collectively, its officers, employees, agents, insurers, insurance pools, contractors and subcontractors. By signing this Special Event Application, the Permittee acknowledges and agrees that this assumption of risk, waiver and indemnity extends to all acts, omissions, negligence or other fault of the Town and that said assumption of risk, waiver and indemnity is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding such invalidity, continue in full legal force and effect.

**The undersigned Permittee certifies that all the statements and answers to the above questions are true without any reservations or evasions. The undersigned also understands that the Town of Crested Butte reserves the right to require payment for additional services for major impact events.**

\_\_\_\_\_  
**Print Name Clearly / Signature of Applicant (Permittee)**

\_\_\_\_\_  
**Date**