

River Bluff Trails Park Special Use and Permit Application

Applicant Information

Are you the applicant organizing this event on behalf of another organization?*			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant	Name:*	Phone:*	Cell:	
	E-Mail:*		Age: * <input type="checkbox"/> Under 21 <input type="checkbox"/> 21+	
Mailing Address	Street:*			
	City:*	State:*	Zip:*	
Secondary Contact	Name:*		Phone:*	
	E-Mail:*			
On-Site Contact	Name:*		Phone:*	

Event Information

Event Name:*	
<i>Admission/Entry Procedure*</i>	
How will your event be attended?	<input type="checkbox"/> Registration Fee <input type="checkbox"/> Entry Fee <input type="checkbox"/> Tickets for Purchase <input type="checkbox"/> By Invitation Only <input type="checkbox"/> Free to Public <input type="checkbox"/> Other
Note: A permittee shall post a sign at each entrance and exit to the closure area visible to all patrons entering the area that includes the amount of the entry fee, if any, and the rules of access to the event area. A permittee must post the sign required under this section during the time the entry fee is in effect.	
Is this event open to the public?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Event Details

Event Dates (Indicate dates OPEN to attendees)		Event Times (Indicate hours OPEN to attendees)		Expected Attendance (Daily attendance)	
Day 1*	Date:	Start Time:	End Time:	Attendees:	Staff/Vol:
Day 2	Date:	Start Time:	End Time:	Attendees:	Staff/Vol:
Day 3	Date:	Start Time:	End Time:	Attendees:	Staff/Vol:
Alternative		Date:		Start Time:	End Time:
Event Set-up Begins*		Date:		Start Time:	End Time:
Event Dismantle*		Date:		Start Time:	End Time:
Event Description:*					

Will the majority of the participants be under the age of 21?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event Location* (Describe in detail, attach a map)	
Specific area of the park:*	

Required Maps

Please include the following details in your event map:

- Boundaries of the activity with entryway and route for a mobile event;
- Electrical – locations of generators and electrical connections;
- Emergency access (20 feet clear for fire truck and public safety access);
- Equipment (stages, booths, tents, fencing, bike racks, risers, by type and size);
- Food vendor locations;
- Recycle and trash receptacles;
- Alcoholic beverage service locations;
- Sanitation facilities;
- Portable toilets;
- Parking provisions

Vendors

<i>Merchandise Sales*</i>	
Does your event include the sale of (non-food) goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Food Vendors*</i>	
Does your event include the sale of food?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alcoholic Beverages

Will alcohol be consumed at your event?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Cooking and Mobile Food Vending

Will there be gas grills, propane stoves, or portable charcoal grills?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Solid Waste

Please describe your event's plan for trash removal/recycling?*	
Will your event use portable toilets?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Water and Electric

Will your event include the use of generators?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Entertainment

Will any type of sound amplifying equipment or devices (other than small personal radio, tape players, etc.) be used in conjunction with this event?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any musical entertainment features related to your event?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Structures

<i>Tents and Canopies*</i>	
Do you plan to erect temporary structures, such as, stages, booths, tables, tents, displays, amusements (bounce house, kiddy rides) etc., for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Public Safety Plan

<i>Security*</i>	
Please describe your procedures for both crowd control and internal security:	
Have you hired a security company to handle security arrangements for this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you planning on utilizing OFF-DUTY City of St. Joseph Police Officers? **If yes, the organizer needs to coordinate this directly with the St. Joseph Police Department (816-271-4701).**	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Preparedness

<i>Emergency Plan (Hazardous weather, fire, etc.)*</i>
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Please describe the emergency procedure plan: (Additional information may be included as an attachment)

Medical Personnel

Will your event have on-site medical personnel?*

Yes No

Transportation/Traffic Plan

*Parking**

Describe the plan for parking:

How many parking spaces will you use for your event?

*Transportation**

Does your event plan to utilize shuttles or transportation services?

Yes No

*Traffic Flow – Pedestrian and Vehicular**

Describe your plan for traffic and pedestrian flow and control:

Collection of Monies/Sales/Fees

****Note:** City of St. Joseph Chapter 21, Article III, Section 21-61 prohibits sales in city parks except by any regular licensed concessionaire acting by and under authority of the Parks and Recreation Director. Permission granted ONLY to those with a concession permit fee. Collection of monies is restricted to approved areas ONLY. Absolutely no solicitation of funds from general parks users allowed.**

Other

Are there any special provisions or information pertaining to your event which have not been addressed on this application?