

City of O'Fallon Parks & Recreation Department

APPLICATION FOR SPECIAL USE/EVENT

Today's Date _____ Facility Requested: _____

Date(s)/Day(s) Requested _____ Type of Event _____

Time(s) _____ Number Expected to Attend _____

Requestor Information:

Name: _____ Contact Number: _____

Address: _____ City: _____ Zip Code _____

Email: _____

Please answer the following questions regarding your event:

1. Will your proposed event require any type of special equipment/vendors ? _____
If yes, please list. _____

Name and contact information of suppliers/vendors: _____

2. Please check any of the following that will be a part of your proposed event:

_____ Concession Sales	_____ Merchandise Sales
_____ Admission Fees	_____ Alcohol Sales
_____ Electrical Needs	_____ Port a Johns
_____ Tent set up	_____ Vendors
_____ Special Signage	_____ Live Entertainment

If you have answered yes to any of the above items, please include detailed information regarding proposed fees or special requests attached to your event.

Do not print any literature publicizing this event until you have received an **approved** copy of your special use authorization form signed and dated by a representative of the City of O'Fallon Park Department.

FOR OFFICE USE ONLY

Approved _____

Denied _____

Reason for denial _____

Signed by _____ Date _____

(Director of Parks & Recreation)

Documentation Required:

____ Health Permit

____ Liquor License

____ Liability Insurance

____ Concessions List

____ Merchandise List

____ Fees List

Fee Required \$ _____

Damage Deposit \$ _____

Total \$ _____

Date Paid _____

Received By _____