



**TERMS AND CONDITIONS OF SPECIAL USE PERMIT**  
**2 WEEKS ADVANCE APPLICATION REQUIRED. \*NOT VALID FOR ALCOHOL PERMIT REQUEST\***

Please Complete the Following:

Name of Organization/Applicant:		Name of Event:
Category: <input type="checkbox"/> Private Individual <input type="checkbox"/> Commercial <input type="checkbox"/> Nonprofit/Civic <input type="checkbox"/> Government/School <input type="checkbox"/> Other (specify)		
Home Phone:	Work Phone:	Cell Phone:
Email:		Date of Event:
Address:		
City:	State:	Zip:

**EVENT LOCATION DETAILS**

Location Requested: (Check selection below) <input type="checkbox"/> Other	
BLUE HERON PARK <input type="checkbox"/> Community Stage	<input type="checkbox"/> North Picnic Shelter <input type="checkbox"/> South Picnic Shelter
COLVER PARK <input type="checkbox"/> Sports Field	<input type="checkbox"/> Concession Stand <input type="checkbox"/> Picnic Shelter
Arrival Time:	End Time:   Estimated Attendance:

**SPECIAL USE PERMIT REQUESTED (Check all that apply)**

<input type="checkbox"/> Parade	<input type="checkbox"/> Closing road(s) in area	<input type="checkbox"/> Selling food # of vendors ____
<input type="checkbox"/> Amplified sound (\$25.00 fee)	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Selling non-food concessions
<input type="checkbox"/> Tent/canopy larger than 200 sq ft.	<input type="checkbox"/> Event involving animals	<input type="checkbox"/> Catered Event
<input type="checkbox"/> Charging admission	<input type="checkbox"/> Water beyond standard use	<input type="checkbox"/> Alcohol Served or Sold
<input type="checkbox"/> Vehicle access beyond parking lot		(Alcohol Use Permit must be submitted)
<input type="checkbox"/> Other (specify) _____		

Describe your activity or event, including route, location of street closure, cross streets, neighborhood, direction, landmarks, anything that will assist us in understanding and processing your request. Please describe what type of amplified sound to be used. (Attach supplemental page, diagrams or map if needed)

*I hereby certify that I/we are the authorized representative(s) of the above organization, that the above statements are true to the best of my knowledge and I/we agree on the behalf of our group to assume liability at all costs for any misuse or damage to public property, to be bound to the policies and regulations of the City of Phoenix, and to adhere to any additional requirements imposed by the City of Phoenix. I further understand that if any information on this permit request is found to be fraudulent or a misrepresentation of the facts, the permit may be revoked. I agree to indemnify, defend and hold harmless the City, its officers, representatives, employees, agents and assigns from any and all claims solely attributable to a permittee's activities conducted during the event.*

APPLICANT SIGNATURE: _____	Date: _____
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**You will be notified when your permit has completed processing.** All city, county and federal laws and ordinances must be followed. A copy of approved permit must be available for inspection at event or activity. Emergency vehicle access must be maintained at all times. Any temporary directional pavement markings needed shall be made with temporary tape and not paint. The City of Phoenix has the right to revoke this permit at any time.



**Insurance Requirements (if required)**

Organization or Individual applicant will obtain and/or provide insurance in the amount of \$1,000,000 General Liability (Per Occurrence) and a Certificate Of Insurance must be provided naming to the City of Phoenix, it's council, officers & boards, commissions, agents, volunteers and employees, as additional insured's.

**The Certificate of Insurance must be provided prior to approval of the Special Use Permit**

Permit Approved  Yes  No

Insurance Required  Yes  No

SIGNATURE: \_\_\_\_\_  
Public Works Superintendent

Date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
City Manager

Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Phoenix Mayor or Designee

Date: \_\_\_\_\_

City Notes (Additional Requirements i.e. Insurance, Alcohol Permit, etc.)

**Fees & Charges Payable by: check, credit card (\$3 fee) or money order. NO CASH**

**Total Fees & Charges**

Paid by:  Credit (\$3 fee)  Money Order

Check # \_\_\_\_\_

Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Copied to:  City Hall  Public Works  Planning Department  Police Department  Fire Department