



APPLICATION FOR SPECIAL EVENT PERMIT

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

----- EVENT INFORMATION -----

NAME OF EVENT: _____

EVENT DATE: _____ EVENT HOURS: _____

EVENT LOCATION (Address): _____

PROPERTY OWNER: _____ PHONE: _____

NAME & PHONE NUMBER OF TWO PEOPLE WHO WILL BE ONSITE MANAGING EVENT:

PERSON 1: _____

PERSON 2: _____

DETAILED DESCRIPTION OF EVENT:

NUMBER OF EXPECTED ATTENDEES: _____. IS THIS A HIGHER OCCUPANCY LOAD THAN PERMITTED BY YOUR CERTIFICATE OF OCCUPANCY: YES NO N/A

IF YES, ESTIMATE ATTENDEES OVER NORMAL LIMIT: _____

IS THIS EVENT: PUBLIC PRIVATE (by invitation only)

WILL EVENT BE HELD WITHIN 100 FEET OF A CHURCH OR SCHOOL: YES NO

WILL FOOD BE SERVED: YES NO (IF YES, CONTACT RAY COUNTY HEALTH DEPARTMENT AT 816.776.5413)

WILL YOUR SPECIAL EVENT INCLUDE: DJ/BAND/MUSIC STAGE TENT OPEN FLAMES
 STREET CLOSING ALCOHOL HEATERS SECURITY PYROTECHNICS FOOD

IS EVENT: INDOORS OUTDOORS OTHER: _____

WILL THERE BE SECURITY: ARMED UNARMED HOW MANY: _____

ARE YOU REQUESTING SPECIAL SERVICES FROM THE CITY OF RICHMOND: YES NO

IF YES, EXPLAIN: _____

IF REQUESTING A STREET CLOSURE, HAVE YOU NOTIFIED THE PROPERTY OWNERS EFFECTED BY THE CLOSURE?

YES NO

----- **FOR OUTDOOR EVENTS** -----

WILL THERE BE A TENT: YES NO IF YES, HOW MANY SQUARE FEET: _____

LIST TYPE OF BARRICADE TO BE USED TO ENCLOSE THE EVENT:

PLASTIC SNOW FENCE WOOD BARRICADES CHAIN LINK OTHER: _____

HOW MANY PORTA-POTTIES WILL BE ONSITE FOR THE EVENT: _____

----- **FOR EVENTS REQUESTING ALCOHOL** -----

WHO IS THE LIQUOR LICENSE HOLDER: _____

WHAT BUSINESS ARE THEY WITH: _____

APPLICANT'S SIGNATURE: BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL REQUIREMENTS OF THIS PERMIT AND WILL ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY THE CITY OF RICHMOND AND STATE OF MISSOURI.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

----- **CITY APPROVALS** -----

SITE PLAN FOR EVENT

SPECIAL EVENT FEE(S)

PROPERTY OWNER APPROVAL

COPY OF MISSOURI LIQUOR LICENSE

COPY OF HEALTH DEPARTMENT APPROVAL

(IF APPLICABLE)

APPLICATION RECEIVED BY: _____ DATE: _____

FIRE DEPARTMENT: _____ DATE: _____

POLICE DEPARTMENT: _____ DATE: _____

COMMUNITY DEVELOPMENT: _____ DATE: _____

CITY CLERK: _____ DATE: _____

ACTION BY CITY COUNCIL (IF REQUIRED): _____ DATE: _____

