

Town of Johnstown

2022 SPECIAL EVENT PERMIT APPLICATION

Thank you for considering the Town of Johnstown for your upcoming event. Completion of the Special Event Application is the first step in the planning process to secure the necessary permits for your event.

Please complete all applicable sections of the Special Event Application. Incomplete, illegible, and/or unsigned applications will NOT be processed. An application checklist has been provided below to assist you with the types of information REQUIRED to complete a Special Event Permit Application. Information that is specific to your event may be added to the end of the application. Supplemental documents should be submitted to the Office of the Town Clerk. Delays in providing these documents impact the Town's ability to review and approve applications in a timely manner.

You may submit the Special Event Application as early as six (6) months prior to your event, but no later than forty-five (45) days before your event date.

APPLICATION CHECKLIST:

☐ Application - Signed and Dated
☐ Event Narrative and Timeline
☐ Site Plan
☐ Street Listing Worksheet (if applicable)
☐ Sample of Mitigation Communication (if applicable)
☐ Park Rules and Regulations - Signed and Dated (if applicable)
☐ Certificate of Insurance listing the Town of Johnstown as additionally insured
☐ Traffic Control/Barricade Plan (if applicable due to street closures)
☐ Security Plan
☐ Vendor List (if applicable)
Additional Permits and Licenses (as applicable, ie Park Reservation, Live Music Permit)

NOTE: If you are holding an event that will serve alcohol OR are a private event such as a church gathering or small party you need to fill out the Special Event with Liquor License or Small Gathering Application instead of this form.

Submit completed application and supporting documents to:

TOWN OF JOHNSTOWN
OFFICE OF THE TOWN CLERK
450 S. Parish Avenue
Johnstown, CO 80534
E-Mail: hhill@johnstownco.gov

SECTION 1 – ORGANIZATION INFORMATION

Organization Name:			
Organization Contact*: *Organization contact will		Permit-Holder.	
Organization Type:	For Profit	Non-Profit	
Organization Website:			
Street Address:			
City:		State:	Zip:
Email:			Phone:
SE	CTION 2 – PRIM	ARY EVENT CONTA	ACT INFORMATION
Event Contact*: *Event contact is the prima	ry contact for plannin	ng purposes. This contact	must be reachable on event day.
Street Address:			
City:	State:	Zip:	
Email:			
Daytime Phone:	Cell	Phone:	
	SECTIO	N 3 – EVENT INFOR	RMATION
Name of Event:			
Event Website:			
Event Location/Addres	s:		
Event Category (Check	Show		

Event Timeline:				<u></u>
	Day of the Week	Date	Start Time	End Time
Set-up				
Event Start				
Event End				
Tear-Down				
Page, Event Calendars	, etc. For this purpose, 1	please be sure to inc es you wish to adve	ndvertise your event via lude your event's purpo rtise. Please keep your o please do not publicize	se/benefit, any lescription to 150
Is this a first-time	event?	□No		
If no, how	many years have you	been holding this	event and at what lo	cations?
Prior Year . Prior Year .	Attendance (Actual):	n, if this is a first-	participant fee that tractime event):	cks attendance):
Parti	cipants:	Spectators:		
If av	ailable, please also in	dicate the estimate	ed number of:	
Vend	lors: Supp	oort Staff/Volunted	ers: Media:	
Are patron admiss	ion, entry or particip	oant fees required?	☐Yes	□No
If yes, prov	ide amounts:			
Senior:	Adult:	Military:	Children:	
Are vendor or other	er fees required?	□Yes	□No	

If yes, provide amounts:

SECTION 4 – TOWN PARKS, TRAILS & OPEN SPACES

Will you be using a Town Park, Trail or Open Space?	☐ Yes	□No
If yes, which location?		
If a Town Park, have you reserved it? ☐ Yes ☐ No		
Will you be putting up temporary structures on Park, Trail or ☐ Yes ☐ No	Open Space p	roperty?
If yes, please describe, and indicate temporary structure Reminder: Stakes MAY NOT be used to secure temporary structure.	•	-
SECTION 5 – ELECTR	ICITY	
Will you need to access park electricity? ☐ Yes ☐ N	Го	
Will you need electricity at other locations? ☐ Yes ☐ N	Го	
If yes, please describe the location requested:		
SECTION 6 – PRIVATE P	ROPERTY	
Will you be using private property for all or part of your even	? □ Yes	□ No
If yes, submit written authorization from the private principal indicate location of private property on your site plan.	- •	(s) with this application, and
Will you be putting temporary structures on private property?	☐Yes	□No
If yes, please describe in details:		

SECTION 7 – EVENT NARRATIVE, TIMELINE & SITE PLAN

To ensure appropriate review of your event, a detailed narrative and/or timeline of the event including a description of activities, schedule of entertainment, or other pertinent information must be provided to better assist the Town in reviewing the components of your event.

Applicant must also attach a detailed plan for moving routes and fixed venues. The site plan should be produced in a clear and legible manner and submitted in a $8 \frac{1}{2}$ " x 11 " or $8 \frac{1}{2}$ " x 14 " standard format.

Reminder: Applications will not be accepted without the submission of a Site Plan. A Site Plan is a critical supporting document which helps to ensure that the proper locations are booked for your event.

A detailed site plan should include, but is not limited to the following:

- Maps of staging areas for parades/races
- Route maps for parades/races
- Street closures/barricade placements
- Parking lots
- · Beer gardens
- First aid stations
- Amusement rides/inflatables
- Tents

- Fire lanes
- Trash cans/recycling bins
- Restrooms
- Food, beverage and retail vendors
- Building or tent entrances and exits
- Fireworks fallout zones and launching areas
- Stages

SECTION 8 – RACE, RUN, RIDE (Please attach the route associated with the event.)

Description of the ra	ace, run or ride	•			
Estimated Number	of Participants:				
Are you requesting s	street closures f	for some or your ent	ire route?	Yes	l No
Is this a "rules of th	e road" race, r	ide or run? 🔲 Y	es 🗆	No	
If you have indicated regulations along the staff may not stop tra	route. Stop signs	s, traffic signals and r		_	ected to obey all traffic tring the event; event
The Town of Johnsto for safety and may mach change for the event if	ike recommenda	tions for the course. T	The Town of Jo	ohnstown may	e will review your route also request a course
D		ECTION 9 – SIGNA			J
lighting?	□ No	any signs, banners,	pennants, mag	gs, streamers,	decorations or special
If yes, show locations be used.	on your site pla	an, indicating specif	fically what ty	ype of sign, de	coration or lighting will
Describe the signs, o	lecorations and	l/or lighting to be u	sed during yo	ur event:	
At what times will y	you be using sig	gnage, decorations a	ınd/or lightin	ıg?	
Will signage be placed	inside the ever	nt boundaries?	☐ Yes	□ No	
Will signage be placed	outside the ev	ent boundaries?	□Yes	□ No	
If yes, please	describe:				
Signage Set-Up:	Date:	Time:			
Signage Pick-Up:	Date:	Time:			

SECTION 10 – INFLATABLES, HIGH RISK ACTIVITIES & PORTABLE STRUCTURES

Will inflatable displays, bour ☐ Yes ☐ No	nce houses, hot air ballo	oons or similar devices be used at your event?
If yes, please describe	and indicate where inf	flatables will be located on your site plan:
If yes, please review t	he Inflatable Attraction	ns Guidelines.
Inflatable Set-Up:	Date:	Time:
Inflatable Tear-Down:	Date:	Time:
Will your event include any h ramp-jumping and balloon rice		th risk activities include fireworks, motorcycle No
If yes, please describe	specific activities:	
Will your event include porta bleachers, elevated platforms		icated structures or site-built structures such as rian bridges? Yes No
If yes, please describe	and indicate where ter	mporary structures will be located on your site plan:
Reminder: Bleachers are to be instant and Telescopic Seating and Grand	-	at standards, ICC 300-2012, Standards for Bleachers, Folding
Will your event be located in the Parklets?	ne Downtown Corridon] No	r? If yes, will you be requesting access to Town
disassembly time. Town parklets	are on a first come, fir assembled and disasser	mbled by Town staff. Parklets must be open to the
PARKLET RENDE	RING 8 X 16	PARKLET RENDERING 10 X10
☐ Parklet 1: 8' X 16 '; inclu arm chairs. Describe setup lo		as bases, 1 dining table, 4 dining chairs, 1 bench, 1 coffee table, 2
☐ Parklet 2: 8' X 16 '; inclu arm chairs. Describe setup lo		as bases, 1 dining table, 4 dining chairs, 1 bench, 1 coffee table, 2
☐ Parklet 3: 10' X 10'; inclu 9 bar height chairs. Describe		a bases, 30 linear ft bar top directly attached to the parklet panels,

Preferred assembly time:

Preferred disassembly time:

*Please note each parklet takes approximately 45 minutes to assemble and disassemble by Public Works and are only available for public events within the downtown corridor. All parklets are ADA accessible. Event applicants' liability insurance must cover usage of the parklets.

SECTION 11 – DIVISION OF THE FIRE MARSHAL

Does your event include any static display located within a public and/or private access roadway?
Examples: vendor tents, vendor displays, merchandise displays, vehicles or other items an organizer may want to display on the street. \square Yes \square No
If yes, please indicate locations of all static displays along with locations of fire hydrants and fire department connections on your site plan.
Does your event include any single tent/membrane structure/canopy that is greater than 2400 sq. ft. in size?
If yes, complete and submit the Temporary Membrane Structures, Tents and Canopy Permit Application to the Division of the Fire Marshal no later than 30 DAYS prior to your event.
Does your event include any open burning or flame not contained within a fireplace, BBQ grill or pit, such as a bonfire, pyre or beacon?
If yes, please complete and submit the Open Burning Permit Application to the Division of the Fire Marshal no later than 30 DAYS prior to your event.
Does your event include any single food vendor utilizing Liquefied Petroleum Gas (LPG) in amounts more than 125 gallons water capacity?
If yes, complete and submit the Temporary LPG Use Application to the Division of the Fire Marshal no later than 30 DAYS prior to your event.
Does your event include any vendor cooking food utilizing solid fuels and/or LPG? ☐ Yes ☐ No
If yes, all cooking vendors must read and sign the Cooking Requirements at Special Events document.

SECTION 12 – MEDICAL PLAN

*The Front Range Fire Authority's Medical Division has final authority to determine medical service requirements for all events.

Based on the Emergency Medical Servent's medical plan? (Check all tha		which resources will be 1	required for your
☐ First Aid Station	☐ Certified	Basic Life Support (BLS) Provider
☐ CSFD Special Events Tear	n Licensed	Ambulance Provider	
Name of Medical Services Provider:			
Contact Name:			
Email:	Daytime Phone:	Cell Phon	e:
Please describe your medical plan: Applicable information includes the etypes of resources that will be at the ethours of set-up and dismantle of medical plans.	vent, description of how re		
Properties located in the 2534 area, properties information at https://lfra.org/cospecial-events/ .			
☐ I understand that the Front R determine medical service re	• ,		rity to
As an event organizer, you are require your planning, the Town of Johnstov		cure environment for you	
You are required to hire a private secucompany to protect your property after		rdens. You may also hire	a private security
Will you be hiring a private security	company for your event?	☐ Yes	□No
Name of Security Company:			
Contact Name:			
Email: Daytime Phon	ne:	Cell Phone:	
Please describe your security plan: Applicable information includes the event's communication plan, number certification levels and types of resources that will be at the event, and description of how resources will be managed and deployed.			
☐ I understand that the Town of authority to determine security		-	

SECTION 14 – TRAFFIC PLAN

*The Town of Johnstown Police Department has final authority to determine the minimum number of Police Officers to adequately staff all events, and to determine traffic control requirements for all events. Does your event require any street closures, in any way obstruct vehicular or pedestrian traffic or require a motorcycle/police escort to navigate through Town streets? ☐ Yes \square No If yes, provide contact information for your Traffic Control Company, and complete the Street Listing Worksheet for Traffic Plans, which includes the streets impacted and closure times. Reminder: The event organizer/permit-holder is responsible for contacting the Traffic Control Company of their choice to secure the event date. Name of Traffic Control Company: **Contact Name:** Email: **Daytime Phone:** Cell Phone: **Equipment Drop-Off:** Date: Time: Equipment Set-Up: Date: Time: **Equipment Pick-Up:** Date: Time: Does your event require a motorcycle/police escort? \square Yes \square No If yes, what is the estimated number of participants for the procession? If yes, include a copy of your proposed route with this application. ☐ I understand that the Town of Johnstown Police Chief, or his/her designee, has final authority to determine traffic control requirements for all events. **SECTION 15 – NOISE** □No Will there be any music or amplified sound at your event? \square Yes

If yes, please complete the Noise Hardship Permit Application and submit directly to the Town of Johnstown Police Department's Special Events Sergeant.

SECTION 16 – MITIGATION OF IMPACT

Will your event impact any residential or business are	as?	☐ Yes		□ No
If yes, how do you plan to notify neighbors? (C	Check a	ıll that app	ly.)	
Attach a sample of the notice you plan to distr	ibute to	o impacted	neigl	ibors.
Have you met with the residents, businesses, places of directly impacted by your event? ☐ Yes	worsh		and o	other entities that may be
If yes, attach letters of support to your application. If no, explain:				
☐ I understand that all events are required to pro properties. When notifying, street closures she timeline should be included. Notification must	ould be	illustrated	and	described, and a detailed
SECTION 17 – VENDORS	s & cc	NCESSIC	NAII	RES
Will taxable property or services be sold at your event	?	□Yes	1	\square No
If yes, all vendors/organizers selling taxable tangible personer. The Town of Johnstown sales tax is collected by the Colora				
Collection and reporting of all sales tax revenues on sales in vendors. Participants must work with the Colorado Depart sales tax revenues (3% Johnstown & 2.9% State) directly to additional .8% sales tax that is required if your event is in L Tax to work with them for their .8% sales tax.)	ment of the Co	f Revenue to lorado Dep	o regis artme	ter for a license and to remit at of Revenue. (There is an
The Town of Johnstown requires that each event organizer, Johnstown prior to the event.	, submit	a complete	Vendo	or Listing to the Town of
SECTION 18 – VENDORS	AND (CONCESS	SION	AIRES
Will food be sold inside your event boundary?		Yes		No
Do you intend to cook food within the event area?		Yes		No
Ever contact Wold County Department of Environmental H	aalth C	arriage at be	tage /	· · · · · · · · · · · · · · · · · · ·

If yes, contact Weld County Department of Environmental Health Services at https://www.weldgov.com/departments/health and environmental health/food safety for regulated facilities/applications licenses or at (970) 304-6415 for additional information regarding food and vendor permits.

Reminder: Any single food vendor utilizing Liquefied Petroleum Gas (LPG) in amounts greater than 125 gallons water capacity or any vendor cooking food utilizing solid fuels and/or LPG may require additional permits or inspections by the Front Range Fire Authority. (See Division of the Fire Marshal section of this application for additional details.)

SECTION 19 – ALCOHOL

Reminder: Special Event Liquor Permits are only available for non-profit organizations. Additionally, events which serve alcohol must provide proof of Liquor Liability Insurance and provide additional diagrams and information regarding the sale of alcohol including a separate Special Events form. Please see Insurance Requirements section of this application for additional details.

for additional details.				
Will your event include the sale ar	nd/or consumption of alcoholic be	verages?	☐ Yes	☐ No
If yes, check all that apply:				
SECTIO	N 20 – RESTROOMS, TRASH &	RECYCL	ING	
Do you plan to provide portable re	estroom facilities at your event?	□Ye	s [No
Reminder: The Town of Johnstown red (10%) of these facilities must be ADA a event during peak time.	, ,			•
If yes, please provide the to	otal number of portable toilets:			
If yes, please provide the to	otal number of ADA accessible toil	lets:		
Name of Portable Restroom Comp	pany:			
Contact Name:				
Email:	Daytime Phone:	Ce	11 Phone:	
Equipment Drop-Off: Date:	Time:			
Equipment Pick-Up: Date:	Time:			
Do you plan to provide trash recep	otacles/recycling bins at your even	t? □Ye	s [□No
Reminder: The Town of Johnstown red	commends one (1) trash receptacle and c	one (1) recy	cling bin per	500 people. This

Reminder: The Town of Johnstown recommends one (1) trash receptacle and one (1) recycling bin per 500 people. This figure is based upon the maximum number of attendees at your event during peak time. Park trash cans and dumpsters may not be included in calculating the number of receptacles needed for your event.

If yes, please provide the total number of trash receptacles:

If yes, please provide the total number of recycling bins: If yes, please provide the total number of dumpsters/roll-off containers: Name of Waste Management/Recycling Company: **Contact Name: Email: Daytime Phone:** Cell Phone: **Equipment Drop-Off:** Date: Time: Equipment Pick-Up: Time: Date: Please describe your plan for clean-up and removal of trash, animal waste and recyclables during and after your event: Reminder: You may hire a professional service of your choice and/or use a volunteer team. If Town services are needed because clean-up is inadequate or damages occur, the event will be invoiced. In addition, such failure may result in denial of future approval of a Special Event Permit. **SECTION 21 – ANIMALS** \square No Will animals be part of your event? ☐ Yes If yes, please describe what kind and how many. Do you wish to allow pets at your event? □ Yes \square No Reminder: Per Title II and Title III of the Americans with Disabilities Act (ADA), entities must permit service animals to accompany people with disabilities in all areas where members of the public are allowed to go. **SECTION 22 – VIPS & MEDIA** Will there be high-profile individuals present at your event? High-profile individuals may include, but is not limited to political figures, military personnel, celebrities, etc. □ Yes \square No If yes, please provide a list of individuals, their titles and the date/time in which they are expected to be present. ☐ Yes Will there be live media coverage of the event? \square No If yes, please describe (include time and location): □ Yes Will media vehicles be parked within the event venue? \square No If yes, please indicate their locations on your site plan. **SECTION 23 – VIPS & MEDIA** As required by the federal Americans with Disabilities Act of 1990, as amended, all events, workshops, conferences, hearings, or any other activities held on Town property (Town facilities, including buildings and parks, and public right-of-way) must be accessible to people with disabilities. For more information regarding ADA requirements, the following resources are available: Rocky Mountain ADA Center – http://www.ADAInformation.org or 1-800-949-4232 Accessible Temporary Events – Planning Guide. ☐ I acknowledge that Special Events are required to meet all ADA requirements and are the responsibility of the Event Organizer.

SECTION 24 – INSURANCE

Events are required to have **Commercial General Liability Insurance** in which the "**Town of Johnstown**, its elected and appointed officials, employees and volunteers" are included as Additional Insured with respect to the policies required by the Special Event Permit. The policy must be for a minimum of \$1,000,000, with an aggregate amount of \$2,000,000. Additional insurance may be required dependent upon the event size and any high risk activities. Coverage must be maintained for the duration of the event including setup and dismantle dates. Event insurance will be primary. Town insurance will be non-contributory.

The Certificate Holder for all events shall be:

The Town of Johnstown, 450 S. Parish Ave.
Johnstown, CO 80534

Name of Insurance Carrier:

Contact Name:

Address:

Email:

Daytime Phone:

I understand that Certificates of Insurance which do not meet the requirements indicated above, or do not have the correct physical address for the Town of Johnstown will not be accepted as complete.

SECTION 25 – ASSUMPTION OF THE RISK, WAIVER AND RELEASE,

PLEASE READ THE FOLLOWING CAREFULLY.

You understand that there may be risks of injury, loss or damage, including but not limited to bodily injury, personal injury, sickness, disease, death or property loss or damage, arising out of, resulting from or connected with the Special Event. Recognizing such risks, you voluntarily choose to hold the Special Event and expressly assume all risks, known or unknown, inherent or otherwise, related thereto. In consideration of the Town of Johnstown's grant of authority to permit you to hold the Special Event, you expressly exempt and release the Town of Johnstown, it officers, employees, agents, and insurers, from and against all liability, claims and/or demands on account of injury, loss or damage to you and/or participants, 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, that arise out of, result from or are in any manner connected with the Special Event. You further agree not to sue the Town of Johnstown, its officers, employees, agents and insurers, from and against all liability, claims and/or demands 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, that arise out of, result from or are in any manner connected with the Special Event.

Any claims related to the Special Event shall be governed by Colorado law and exclusive jurisdiction shall be in the County of Weld, State of Colorado.

YOU HAVE CAREFULLY READ AND REVIEWED THIS ASSUMPTION OF THE RISK, WAIVER AND RELEASE, UNDERSTAND IT FULLY AND EXECUTE IT VOLUNTARILY.

☐ I acknowledge the foregoing Assumption of Risk, Waiver and Release.

SECTION 26 – AFFIDAVIT OF APPLICATION

,, on behalf of myself and the Host Organization, represent and	1
certify as follows:	
1. That the information contained in this Special Event Application is true and correct to the best knowledge and belief.	of my
2. That I am authorized to represent and bind the Host Organization to all the provisions contain herein, and the representations contained herein are made on behalf of myself and the Host Organization.	ed
3. That I have read, understand and agree to comply with the ordinances governing the proposed special event as set forth in the Town Code of the Town of Johnstown, as amended, and the Town rules and regulations related thereto.	n's
4. That I agree to comply with all applicable laws, rules, regulations and requirements of the Tov county, state and federal governments, and any other applicable entity which may pertain to or governe use of the event venue and the overall conduct of the special event.	
5. That I acknowledge that the acceptance of any plans required as a part of this Special Event Application does not constitute an approval or an acknowledgement by the Town of the adequacy the information contained in the plans.	of
6. That I agree to pay all applicable taxes, including possessory interest taxes, and understand that payment of any such taxes shall not reduce any consideration paid to the Town pursuant to this spector or any other related permit.	
7. That I agree to pay any costs and fees for Town services that are incurred by or on behalf of the special event within thirty (30) days of billing by the Town.	
Print Name of Organization Contact:	
*Organization contact will be the Special Event Permit-Holder.	
Γitle:	

Date: _____