Organized Event Permit

***PLEASE ALLOW A MINIMUM OF 2 WEEKS FOR PERMIT PROCESSING***
APPLICATIONS SUBMITTED LESS THAN 2 WEEKS IN ADVANCE WILL NOT BE ACCEPTED

APPLICANT: *** (If different from property owner, an owner authorization letter for the event must be attached.)

Name: ___________________________ Organization/Business: ___________________________
Address: ___________________________ E-Mail: ___________________________
Street Number City State Zip Code
Phone #: __________________________ Fax #: __________________________ Cell or Work #: __________________________

PROPERTY OWNER:

Name: ___________________________ Organization/Business: ___________________________
Address: ___________________________ E-Mail: ___________________________
Street Number City State Zip Code
Phone #: __________________________ Fax #: __________________________ Cell or Work #: __________________________

TYPE OF USE:
☐ Public Concert ☐ Circus ☐ Fair
☐ Parade ☐ Grand Opening ☐ Block Party
☐ Motion Picture ☐ Festival ☐ Outdoor Sale
☐ Community Event ☐ Other (describe): ___________________________

CHECK ALL THAT APPLY:
☐ The event will occur on more than one calendar day.
☐ Any part of the event will occur after 8 p.m. or before 8 a.m.
☐ Attendance at the event is anticipated to exceed 200 people.
☐ Alcoholic beverages will be served during the event.
☐ Live or amplified sound will occur during the event.

EVENT TITLE: ___________________________

ESTIMATED DAILY ATTENDANCE: ___________________________ ESTIMATED PEAK ATTENDANCE: ___________________________
LOCATION: ____________________________________________________________

NEAREST CROSS-STREET(s): ___________________________________________________

REQUESTED EVENT START DATE(s): From: ____________________________ To: ____________________________

REQUESTED EVENT HOURS: From: _______ A.M. / P.M. To: _______ A.M. / P.M.
(Circle One)

REQUESTED SETUP DATE: ____________________________ START TIME: _______ A.M. / P.M. (Circle One)

REQUESTED DISMANTLE DATE: ____________________________ END TIME: _______ A.M. / P.M. (Circle One)

Please note for the following - any items marked ‘Yes’ that involve placement, installation, and/or
construction of equipment, structures (e.g., fences, generators, tents, platforms, stages, food trucks,
portable toilets, signs, lighting, etc.), must have legible locations and dimensions shown on the site plan.

1) Will electricity be needed on site? ____________________________ Yes No
2) Will a generator be used to provide electricity on the site? ____________________________
   If yes, indicate on the site plan the Kilo-Watt (kW) size and location.
3) Will a fence be constructed? ____________________________ Yes No
4) Will a tent or other structure (e.g., open or closed sided and similar, shade canopies, etc.),
   air inflated structure (e.g., bounce house and similar), or any other structures be installed or
   erected on site? _____________________________________________________________
   If yes, indicate on the site plan the location and dimensions of all tents, canopies, bounce houses,
   and all other structures.
5) Will a platform, stage (covered or uncovered, portable, truck-mounted, etc.) or overhead structures
   (lighting and/or sound, gridiron, pinrails, etc.) be installed or erected on site for this event?
6) Will food or drink be sold on site? ____________________________ Yes No
7) Will goods or services be sold on site? ____________________________ Yes No
8) Will admission, entry, vendor, or participant fees be charged?
9) Will this event be held in a park?
10) Will alcoholic beverages be sold or served during the event? ____________________________ Yes No
11) Will a band or amplified sound be on site? ____________________________ Yes No
12) Will restrooms be available on site? ____________________________ Yes No
13) Will portable toilet and hand-washing facilities be on site? ____________________________ Yes No
14) Will there be lighting used for illumination at night?
15) Will there be any signs or banners (Temporary Sign Permit required.) ____________________________ Yes No
16) Is the site located on a developed parking lot? ____________________________ Yes No
17) Is the site paved?
18) Does the event involve a moving route of any kind? ____________________________ Yes No
19) Does the site have curb, gutter, and sidewalk?
20) Does the site have an access driveway?
21) Do you have a business license with Commerce City? ____________________________ Yes No

If yes, please indicate the license number: #________

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PROVIDE A SITE PLAN (ATTACH A SEPARATE SHEET IF NECESSARY)

On the site plan, please include and label the following information:

- Adjacent streets and buildings
- North arrow
- Location of existing structures and any proposed temporary structures and their uses
- Any proposed fencing (including height and type)
- Restroom facilities or portable toilets
- Generators or source of electricity
- Stages or grandstands, or related structures
- Type of parking surface
- Number of parking stalls provided
- Parking areas and driveway entrances
- Sound system and lighting
- Location and size of signs or banners
- Trash containers or dumpsters
- Booths or exhibit areas
- Vehicles or trailers
1. List any proposed street closures, including street names, time, and day of closing. Also include the day and time streets will be reopened. Attach a map that identifies sections requested for closure. **If street closures are proposed, Street Occupancy Permit must be submitted to the Public Works Department separately.**

2. Provide a detailed description of the event:

3. Describe scope of setup and assembly:

4. Provide a detailed description of parking for the event:

5. Describe security for the event, including the name, address, and telephone number of any professional security organization that will be used:

6. Describe arrangements for providing first aid:

7. Describe event cleanup and waste removal:

8. Describe access arrangements for individuals with disabilities:

I have read and understand the Commerce City Organized Event Permit Regulations and agree to abide by them.

________________________________________  __________________________
Applicant’s Signature                             Date