



Community Events Application

For Information on availability or assistance with filling out this form please contact one of the following

Jorge Rico— Superintendent
Parks Department
City of Fort Morgan
1600 N. Main Street
jorge.rico@cityoffortmorgan.com
970-542-6311

Monty Waite —Superintendent
Recreation Department
City of Fort Morgan
1239 E. Kiowa Ave
monty.waite@cityoffortmorgan.com
970-542-3909



Community Event Application Timeline

60 Days Prior to Event: Application is due and must include the following:

- Documentation of liability insurance and endorsement
- Map/Narrative of event
- Proof of non-profit status if requesting discounted/waived fees

45 Days Prior to Event: Deadline for City Approval/Denial

30 Days Prior to Event:

- All Fees/Deposits are due and and/any changes or modifications to the original event application need to be addressed.

10 Days Prior to Event:

- On-site walk through will be planned if necessary.
- Last chance to submit refund request for canceled event.

3 Days Prior to event:

- Email will be sent out with any details that need to be shared with those involved with the event.

Name of Organization: _____

Address of Organization: (if billing address is different
please list billing address) _____

City _____ State _____ Zip Code _____

Phone Number of Organization: _____

Name of Event Organizer: _____

Will Organizer be at the event? Yes ____ No ____

Organizer's Phone Number _____

Organizer's email _____

Name of Secondary Contact: _____

Phone Number: _____

Email: _____

Name of Event: _____

Type of Event: (e.g. tournament, run/walk, concert)

**For parades, please refer to the parade application.*

Is the event ____ open to the community OR ____ private
(invitation only)?

Will there be an admission fee charged for event?
____ Yes ____ No

I.R.S. Tax Exempt Number _____

Please provide a copy of your IRS 501 (c) designation.

If you are not tax exempt, please write n/a.

Date Application Submitted _____

Received by: _____

**All Organizers must provide documentation of liability insurance for their event and an endorsement.
See event guidelines packet for details.**

Date(s) of Event _____

Times of Event

Start Time: _____ am/pm

End Time: _____ am/pm

Start Time: _____ am/pm

End Time: _____ am/pm

Start Time: _____ am/pm

End Time: _____ am/pm

Anticipated attendance:

Daily _____ Total _____

Will you need set-up and tear down
days in addition to the Event Dates
listed on the left? ***Please list on the
right or answer n/a in the place for
dates.***

Set Up Dates: _____ Y/N _____

Start Time: _____ am/pm

End Time: _____ am/pm

Tear Down Dates: _____ Y/N _____

Start Time: _____ am/pm

End Time: _____ am/pm

Please mark all City services and/or facilities you are planning to utilize.

***Items with asterisks need questions answered below.**

___ Park- _____

___ Band Shell

___ Glenn Miller Park Gazebo

___ Picnic Tables*

(20 picnic tables are kept at City Park May-September. Check this box if more are required during that time.)

___ City Utilities*

(electricity or water)

___ Banners*

___ Street Closures

(please indicate/ include in notes)

___ Trash Services

☐ Riverside Shelter A

☐ Riverside Shelter B

☐ Riverside Shelter C

☐ Riverside Shelter D

☐ Disc Golf Courses

☐ Riverside Nature Trails

☐ Riverside Pool

☐ Riverside Volleyball Courts

☐ Riverside Basketball Courts

☐ Riverside Baseball Field A

☐ Riverside Baseball Field B

☐ Riverside Baseball Field 1

☐ Riverside Baseball Field 2

☐ Riverside Baseball Field 3

☐ Riverside Baseball Field 4

☐ Riverside Baseball Field 5

☐ Jaycee Park Shelter

☐ Jaycee Soccer Fields

☐ Optimist Park Shelter

☐ Fulton Heights Park Shelter

☐ Brenda Joy Park Shelter

☐ Gateway Park Shelter

☐ Old Fort Park Shelter

☐ Glenn Miller Park

☐ George Cox Park

☐ Twamore Trails

*** Riverside Park map is attached to packet**

Picnic Tables

How many tables? _____ How many days? _____

Pick Up Date _____ Return Date _____

(Tables must be picked up and returned Monday-Friday from 7:30am-3:00 pm. Tables cannot be delivered)

Show Mobile (City Functions only)

Electricity available for sound system? ___ Yes ___ No. Is it a ___ 110V outlet or ___ 220V outlet?

Delivery Location Address (Can only be delivered within Fort Morgan city limits and on level, paved surfaces)

Delivery Date _____ Pick Up Date _____

Utilities

___ Electricity ___ Water

Explanation of electrical and/or water needs

Banners (first come, first serve)

Fees associated with the design and creation of the banner(s) is at the Organizer's expense. Banners cannot be displayed for more than *three weeks* at a time and *only once in a calendar year*

___ Main Street ___ Sherman Street

Display Dates

1. Will alcohol be served at your event? ____Yes ____No

*To serve alcohol you must be designated non-profit with a Colorado Special Events Permit. Contact the City Clerk's Office at 970-542-3963 to start the process for a Special Event Liquor Permit. Please allow **45 days** prior to your event to get an alcohol license.*

2. Will there be vendors or catering at your event? ____Yes ____No

A posted Colorado State sales tax license is required for all vendors.

Food vendors must have a Colorado Retail Food License and the event organizer is responsible for notifying the Northeast Colorado Health Department (NCHD) to fill out an event coordinator application. For more information please contact the NCHD at 970-522-3741 or visit their website at www.nchd.org.

4. Will you be utilizing tents? ____Yes ____No

Tent stakes may not be longer than 10 inches without Park Staff authorization. Tent locations must be clearly marked on your event map.

5. Will there be amplified sound at your event? ____Yes ____No

All Community Events must comply with City's noise ordinance.

6. Will additional security be hired? ____Yes ____No

7. Will portable restrooms be brought to the site? ____Yes ____No

Please include a narrative of your event below and include any details that will be helpful in the planning process. Include additional pages if needed.



Intersection Closures and Parade Route Map

Instructions:

Please indicate any intersection closures you are requesting by placing an "X" on the map at the specific intersection(s). If you are applying for a parade permit, please use one solid line to show the route. Please indicate the start and end point for the parade as well as the direction of parade traffic. Use the dedicated space to the right to list any pertinent details that will be helpful in the planning process.

Parade Route Details:

For Office Use Only

Name of Event: _____

# of Shelters _____	___ 1/2 Day Fee \$ <u>30</u> ___ Full Day Fee \$ <u>50</u> ___ Shelter Damage Deposit \$ <u>50</u>	Total Cost \$ _____ Total Deposit \$ _____
# of Parks Deposits _____	Damage Deposit \$ <u>250</u>	Total Deposit \$ _____
# of Picnic Tables _____	Fee \$ <u>10.00</u> x # of Days _____ Deposit Per Table \$ <u>15</u>	Total Cost \$ _____ Total Deposit \$ _____
# of Soccer Fields with Prep _____ No Prep _____	Game Prep Per Day Fee \$ <u>75</u> Fields Per Hour _____ Total Hours _____	Total Cost \$ _____
# Soccer Goals/Nets Rentals _____ # of Days _____	Daily Fee \$ <u>50</u> Damage Deposit \$ <u>150</u>	Total Cost \$ _____ Total Deposit \$ _____
Disc Golf Course # of Days _____	Fee Per Day \$ <u>50</u> Damage Deposit \$ <u>50</u>	Total Cost \$ _____ Total Deposit \$ _____
# of Baseball Fields _____ # of Days _____	Prep Per Day Fee \$ <u>35</u> Practice, No Prep Hourly Fee \$ <u>15</u> Tournament, Per Field, Per Day \$ <u>100</u>	Total Cost \$ _____
Band Shell # of Days _____	Per Day with Power \$ <u>120</u> Per Day No Power \$ <u>75</u> Damage Deposit \$ <u>250</u>	Total Cost \$ _____ Total Deposit \$ _____
Showmobile # of Days _____	Weekend Fee \$ <u>300</u> Week Day Fee per Day \$ <u>150</u> Showmobile Deposit \$ <u>250</u>	Total Cost \$ _____ Total Deposit \$ _____
Trash Services # of Rollouts _____ # of 3yd Cont. _____	3 Yard Container \$ <u>27.35 per dump</u> Rollouts \$ <u>6.83 per dump</u>	Total Cost \$ _____
Use of Power Pedestals: How many _____	Daily fee \$ <u>20</u> # of Pedestals _____	Installation Fee \$ <u>100</u> Total Cost \$ _____
Police # of Officers _____ # of hours _____	Hourly fee per officer \$ <u>55</u> Total # of hours _____	Total Cost \$ _____
Street Closures:	Daily Fee Per Intersection \$ <u>100</u> # of Intersections _____	Total Cost \$ _____

Total Fees Due \$ _____	In-Kind Requested ___Yes___No
Total Deposits Due \$ _____ (not subject to in kind)	Amount Approved \$ _____
Total Amount Due \$ _____ Date Payment Received _____ Received by _____	

