



FOR OFFICE USE ONLY

Permit Number: _____
Date Received: _____
Date Issued: _____ Date Expired: _____
Associated Permits: _____
Permit Fee Total: _____ Deposit Paid: _____

☐ Approved
☐ Denied

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Organized Event Permit | Local or Neighborhood

★ PLEASE ALLOW A MINIMUM OF 30 DAYS FOR PERMIT PROCESSING ★
Applications submitted with less than 30 days in advanced WILL NOT be accepted.

APPLICANT INFORMATION: (if not property owner, a notarized authorization letter for the event must be attached.)

Name: _____ <small>Please PRINT First and Last name</small>	Email: _____
Address: _____ <small>Street Number Complete Street Name City State Zip Code</small>	
Organization Business Name: _____	
Phone: _____	Cell: _____ Fax: _____

PROPERTY OWNER: (IF DIFFERENT THAN APPLICANT YOU MUST PROVIDE **NOTARIZED** AUTHORIZATION FOR USE)

Name: _____ <small>Please PRINT First and Last name</small>	Email: _____
Address: _____ <small>Street Number Complete Street Name City State Zip Code</small>	
Organization Business Name: _____	
Phone: _____	Cell: _____ Fax: _____

Event Type:

- | | |
|--|--|
| <input type="checkbox"/> Motion Picture | <input type="checkbox"/> Grand Opening |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Outdoor Sale | <input type="checkbox"/> Block Party Celebration |
| <input type="checkbox"/> Other: _____ | |

CHECK ALL THAT APPLY:

Additional fees
may apply if 3 or
more items are
selected.

- ☐ The event will occur on more than one calendar day.
- ☐ Any part of the event will occur after 8pm or before 8am.
- ☐ 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 Attendance: _____

Location of Event: _____

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Nearest Cross Street(s): _____

Requested Event Start Date(s):

From: _____

Month | Day | Year

To: _____

Month | Day | Year

Requested Event Hours:

From: _____

A.M. | P.M.

(Circle One)

To: _____

A.M. | P.M.

(Circle One)

Requested Set up Date:

Month | Day | Year

Start Time: _____

A.M. | P.M.

(Circle One)

Requested Set up Date:

Month | Day | Year

Start Time: _____

A.M. | P.M.

(Circle One)

PLEASE NOTE: 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.

		YES	NO
1	Will Electricity be needed on site?	<input type="radio"/>	<input type="radio"/>
2	Will a generator be used to provide electricity on site?	<input type="radio"/>	<input type="radio"/>
	If yes, indicate on the site plan the Kilo_Watt (kW) size and location.	<input type="radio"/>	<input type="radio"/>
3	Will a fence be constructed?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
6	Will food or drink be sold on site?	<input type="radio"/>	<input type="radio"/>
7	Will goods or services be sold on site?	<input type="radio"/>	<input type="radio"/>
8	Will admission, entry, vendor, or participant fees be charged?	<input type="radio"/>	<input type="radio"/>
9	Will this event be held in a park?	<input type="radio"/>	<input type="radio"/>
10	Will alcoholic beverages be sold or served during the event?	<input type="radio"/>	<input type="radio"/>
11	Will a band or amplified sound be on site?	<input type="radio"/>	<input type="radio"/>
12	Will restrooms be available on site?	<input type="radio"/>	<input type="radio"/>
13	Will portable toilet and hand-washing facilities be on site?	<input type="radio"/>	<input type="radio"/>
14	Will there be lighting used for illumination at night?	<input type="radio"/>	<input type="radio"/>
15	Will there be any signs or banners?	<input type="radio"/>	<input type="radio"/>
	If yes, a Temporary Sign Permit is also required	<input type="radio"/>	<input type="radio"/>
16	Is the site located on a developed parking lot?	<input type="radio"/>	<input type="radio"/>
17	Is the site paved?	<input type="radio"/>	<input type="radio"/>
18	Does the event involve a moving route of any kind?	<input type="radio"/>	<input type="radio"/>
19	Does the site have curb, gutter, and sidewalk?	<input type="radio"/>	<input type="radio"/>
20	Does the site have an access driveway?	<input type="radio"/>	<input type="radio"/>
21	Do you have a business license with Commerce City?	<input type="radio"/>	<input type="radio"/>

If yes, please provide number: _____

Provide a Site Plan

(Attach a separate sheet of paper if necessary.)

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

- | | |
|--|--|
| <input type="checkbox"/> Adjacent Streets and buildings | <input type="checkbox"/> Type of parking surface |
| <input type="checkbox"/> Label directional Arrows (North, East, West, South) | <input type="checkbox"/> Number of parking stalls provided |
| <input type="checkbox"/> Location of existing structures | <input type="checkbox"/> Parking areas and driveway entrances |
| <input type="checkbox"/> Proposed temporary structures and their uses | <input type="checkbox"/> Sound systems |
| <input type="checkbox"/> Any proposed fencing (include height and type) | <input type="checkbox"/> Lighting (stage lighting and/or event lighting) |
| <input type="checkbox"/> Restroom facilities or portable toilets | <input type="checkbox"/> Location and size of signs and banners |
| <input type="checkbox"/> Generators or source of electricity | <input type="checkbox"/> Trash containers or dumpsters |
| <input type="checkbox"/> Booth or exhibit areas | <input type="checkbox"/> Vehicles or trailers |

A large empty rectangular box for drawing the site plan. The box is outlined in blue. Four yellow arrows point outwards from the center of the box: one pointing up, one pointing down, one pointing left, and one pointing right.

- 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, a STREET OCCUPANCY PERMIT must be submitted to the public Works Department separately. Please attach copy.

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- 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 arrangements for providing first aid:

- 6 Describe event cleanup and waste removal:

- 7 Describe access arrangements for individuals with disabilities:

Please read and acknowledge the below with your initials.

	I understand that I am required to pay a \$\$\$\$ non-refundable processing fee.
	I also understand there is a separate Organized Event Permit Fee that is required prior to receiving the permit.
	I understand that in the event I violate any of the Organized Event Permit Regulations my permit may be revoked.
	I have read and understand the Commerce City Organized Event Permit Regulations and agree to abide by them.

Applicant's Signature: _____

Date: _____

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LOCAL \ NEIGHBORHOOD EVENTS

Non Refundable Application Fee

Event Type Fee: Local Neighborhood

3 + additional boxes

51-100 People

\$50.00

\$50.00

\$25.00 each

COMMUNITY EVENTS

Non Refundable Application Fee

Event Type Fee: community Neighborhood

3 + additional boxes

101-500 People

\$75.00

\$100.00

\$50.00 each

REGIONAL

Non Refundable Application Fee

Event Type Fee: community Neighborhood

3 + additional boxes

501 and above People

\$100.00

\$500.00

\$75.00 each