

**City of Sanger
Special Event Application**

Name: _____ Day time Phone _____

Organization: _____ Type: Non profit For profit Service club

Mailing Address: _____ City/Zip: _____

Billing address if different from above:

Reservation Information:

Date requested: _____

Event Times: _____

Set up Times: _____

Location: _____

Type of Event: _____

Expected attendance: _____

Will alcohol be served or sold? Yes No

Will your event include:

A dance? Yes No

Food booths? Yes No

Other vendors? Yes No

Insurance/Hold Harmless

(Please check one)

At the time this application is submitted, I will provide the City of Sanger with a Certificate of Insurance, naming the City of Sanger as an additional insured.

I will purchase the necessary insurance from the City of Sanger at the time this application is submitted.

In submitting this application, the applicant certifies the above information is correct to the best of his knowledge and agrees to abide by all applicable park rules and regulations when using the facility indicated above for its intended purpose only. In signing this application, the applicant agrees to hold the City of Sanger, its elected and appointed officers, its agents and employees free and harmless from such loss, damage, liability cost and expense that may arise during or be caused by such use or occupancy of city owned, rented, used or leased property. Further the applicant and the organization he represents, if any, shall assume full responsibility for adequate care and protection of the aforesaid property and equipment, and will reimburse the City of Sanger in full for any damage, loss or extensive maintenance costs incurred.

Signature Date

The following check list must be completed by each department and returned to 1789 Jensen after the special events meeting and two weeks before event for final approval.

Recreation Department:

Facility use application

Liability Insurance

Approved by: _____ date _____

Public Works

Portable toilets. Number required? _____

Garbage cans. Number required? _____

Stage (location) _____

Barricades. Please attach diagram.

Personnel required? _____

Other: _____

Approved by: _____ date: _____

Finance Department

Business license required

Approved by: _____ date _____

Police Department

Number Security guards _____

Alcohol permit needed _____

Additional information requested:

Approved by: _____ date _____

Fire Department

Day of event inspection needed yes no

Additional information requested:

Approved by: _____ date _____