



SPECIAL EVENT APPLICATION

All information must be typed or printed legibly to be considered.

What type of event? _____

Please provide a brief description of the event.

Anticipated Event Sponsors: _____

Anticipated Event Goal: _____

Is this a fundraiser? ____ If yes, who/what will it benefit? _____

What month were you planning for? _____

What day were you planning for? _____

How many hours were you considering? _____

Do you anticipate additional hours for set-up? _____

Do you anticipate additional hours for clean-up? _____

Estimated Crowd size of this event? _____

Expected maximum number of people to be assembled at one time? _____

WHAT ACTIVITIES DO YOU ANTICIPATE AT YOUR EVENT: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Shows/Performances | <input type="checkbox"/> Carnival Rides |
| <input type="checkbox"/> Animals/Petting Zoos | <input type="checkbox"/> Food/Drinks/Concessions | <input type="checkbox"/> Tents |
| <input type="checkbox"/> Games/Booths | <input type="checkbox"/> Races | <input type="checkbox"/> Other _____ |

Do you intend to set-up/utilize any tents or booths? _____

Do you intend to charge a booth rental fee? _____ if yes, how much? _____

Do you intend to charge an admission fee for guest/spectators? _____ If yes, how much? _____

Do you intend to sell any items? Check all that apply.

- Alcohol Food Non-Alcoholic Beverages T-Shirts/Souvenirs Other _____

WHAT AREAS DO YOU ANTICIPATE NEEDING TO USE FOR YOUR EVENT? (check all that apply)

Parks: Tower Highland Hills Rossford Other _____

Amenities: Armory Com Ctr Amphitheater Shelters #1 Shelter # 2 Shelter # 3
 Ball field Basketball Courts Volleyball Court(s) Tennis Courts Trails
 Other _____



SPECIAL EVENT APPLICATION (pg2)

Do your plans include closing any streets? _____

Do your plans include restricting parking? _____

Name of Applicant(s)/Organization(s):* _____

Address of Applicant/Organization: _____

City, State, Zip: _____

Does this organization have a National Affiliation? _____ If yes, who? _____

Does this group have non-profit status as defined by the Internal Revenue Service? _____

Chairperson or Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone # _____ Cell # _____

Fax#: _____ Email : _____

I (print) _____, title _____
understand that the application will be reviewed by the City of Fort Thomas and a recommendation made as to whether this event shall be permitted. I understand that a second application, that includes insurance and permits, may be required prior to final approval.

Date: _____

Signature of Applicant