

**CITY OF COLUMBUS
SPECIAL USE PERMIT QUESTIONNAIRE**

Name of Event: _____

Name of City Park or ROW Requested: _____

Event Date(s): _____

Set-Up Time: _____ Clean-Up Time: _____ Total Hours: _____

Estimated Number of People Expected: _____

Alcohol: Yes No

Amplified Noise: Yes No

Open Fire: Yes No

Tents/Canopies: Yes No

Inflatables: Yes No

Portable Toilets: Yes No

Event Fee: Yes No

If yes, what is fee amount: _____

Contact Information:

Customer or Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____

Email Address: _____

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Description of Special Event:

Please include whether the special event will occupy all or part of a city park or the width of any city street, the location of any event areas, and the type of event including any activities planned (floats, animals, etc.). Please attach any other documentation that may be helpful for the City's consideration. If you need additional space, please attach a blank sheet.

If applicable, proposed route including start and end points (please attach a map):

Describe any recording equipment, sound amplification equipment, banners, signs, or other attention-getting devices to be used in connection with the special event:

Street closures/parking restrictions requested, if any:

Please specify if any city equipment or assistance is requested (e.g., traffic control devices, trash containers, traffic assistance, crowd control, etc.):

Please submit on a separate sheet of paper a Traffic Control Plan and include the following:

- a. Detailed map showing the route or event area, including street names.**
- b. Location of all traffic control devices and crossing guards (if applicable).**

Please specify any necessary arrangements for clean-up after the event:

Applicant's Signature

Date

Applicant's Printed Name

Received by (City Representative)

Date