



EVENT PERMIT APPLICATION

Thank you for contacting the Town of Silverthorne with regard to your event. This Event Permit Application has been designed to meet a variety of needs from the large scale public event to smaller private events. Please consider this Event Permit Application a tool to help us mutually access the scope of the permit necessary for your event.

Will You Need to Fill Out This Entire Application?

The Town suggests that you use the following criteria to guide you in the application process: Below are sixteen items that require permits or review approval from the Town. If your event includes three or more items from the list below, the Town suggests that you complete the entire application packet. After thoroughly considering all of these items, if you determine that two items or less pertain to your event, please complete only the individual forms that pertain to those items and submit those forms to the Events Coordinator.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	1.	Will the event be located on Town-owned property?	<i>(See pages 4 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	2.	Will the event estimated attendance be over 50?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	3.	Will the event occur on a Holiday weekend?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	4.	Will the event occur after 10:00 pm?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	5.	Will alcohol be served and/or sold?	<i>(See pages 4 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	6.	Will food be served and/or sold?	<i>(See pages 4 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	7.	Will vender sales take place?	<i>(See pages 5 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	8.	Will tents or temporary structures be used?	<i>(See pages 7, 9 and Attachment C.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	9.	Will temporary signs or temporary banners be used?	<i>(See pages 6, 9 and Attachments B and B-1.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	10.	Will portable restroom facilities be needed?	<i>(See pages 5 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	11.	Will extra trash removal arrangements be made?	<i>(See pages 5 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	12.	Will security be necessary?	<i>(See pages 6 and 9.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	13.	Will sound amplification be used?	<i>(See page 4 and Attachment A)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	14.	Will the event require on-street parking?	<i>(See pages 8, 9 and Attachments D and D-1.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	15.	Will streets be blocked off?	<i>(See page 8, 9 and Attachment E.)</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	16.	Will street traffic or public pedestrian traffic be altered or controlled?	<i>(See pages 8 and 9.)</i>

A completed event permit application must be submitted no later than **10 days** prior to the event date to allow for appropriate review. For events where alcoholic beverage service is proposed, a completed application must be submitted, **60 days** prior to the event date.

Submit a completed application to: **Recreation and Culture Department**
 430 Rainbow Drive
 P.O. Box 1309
 Silverthorne, CO 80498
 Ph: 970-262-7390
 Fax: 970-468-8158

Please keep in mind that acceptance of your completed application should in no way be construed as final approval or confirmation of your request.



Town of Silverthorne
Event Permit Application

EVENT PERMIT APPLICATION	REVIEW & APPROVAL
(For Town Use Only)	ROUTING SHEET

Please review and route to the Department Directors or designated staff listed below. Please note if there are any "Items of Interest" identified for your Department's attention. If an "Item of Interest" or other issue related to the proposed event requires specific instructions or code enforcement, please personally follow up with the applicant and record any required subsequent actions or conditions of approvals in the "Conditions of Approval / Comments" section provided below.

Permit Application Date: _____
Event Name: _____
Event Location: _____
DUE DATE For Application Review, Approval/Denial: _____

Department / Director	Event Item(s) of Interest	Event Permit Approval / Denial	Approval / Denial Signature & Date
Administration & Finance <u>Donna Braun</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<u>Conditions of Approval / Comments:</u>			
Community Development <u>Mark Leidal</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<u>Conditions of Approval / Comments:</u>			
Public Safety <u>Mark Hanschmidt</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<u>Conditions of Approval / Comments:</u>			
Public Works <u>Bill Linfield</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<u>Conditions of Approval / Comments:</u>			
Recreation & Culture <u>Joanne Cook</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<u>Conditions of Approval / Comments:</u>			
Town Manager <u>Ryan Hyland</u>		<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<u>Conditions of Approval / Comments:</u>			



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EVENT INFORMATION

The Town of Silverthorne reserves the right to cancel and/or postpone use of Town roads, buildings, parks, trails and open space at any time due to inclement weather and its effect on the facility and or grounds conditions.

Permit Application Date: _____
Event Name: _____
Event Location: _____

Anticipated Event Attendance

Total: _____ **Per Day:** _____

Event Date / Time

Event location and adjacent areas must be returned to "pre-event" condition.

Setup	Date: _____	Time: _____	Day of Week: _____
Event Starts	Date: _____	Time: _____	Day of Week: _____
Event Ends	Date: _____	Time: _____	Day of Week: _____
Dismantle/Clean-up	Date: _____	Time: _____	Day of Week: _____

Sponsoring Organization / Applicant's Contact Information

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Town Resident: _____

Event Manager's Contact Information

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____

On-Site Emergency Contact Information

The On Site Contact must be available at the event site and in possession of the approved Event Permit. During the event, the On-Site Contact shall have the cell phone assigned to the listed cell phone number.

Name: _____
Address: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____

Description of Event Scope of Activities



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ALCOHOLIC BEVERAGE SERVICE

N/A

If you plan to sell and/or serve alcohol, please contact the Town Clerk at 970-262-7304 to discuss applicable Colorado Department of Revenue Liquor Enforcement Division guidelines and requirements. Also, please review the Security and Event Site Plan Exhibit sections of this application.

Yes No Will alcoholic beverages be served for free?

Yes No Will alcoholic beverages be sold?

Hours during which alcohol will be served? From: _____ To: _____

What kind of alcohol will be served? _____

FOOD SERVICE

N/A

If any food or beverages will be served or sold at the event, the applicant must obtain an approved permit from the Summit County Environmental Health Department at 970-668-4070.

Yes No Will food or beverages be provided or sold at the event?

Yes No Will the event be professionally catered?

If the event will be professionally catered provide the catering company name and Silverthorne Business License number.

Licensed Caterer:

Name: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Business Lic. No.: _____

INSURANCE

N/A

If the event is conducted on Town owned property or roads, the applicant will need to take out an insurance policy which names the Town as "additionally insured." Please contact the Events Coordinator at 970-262-7390 for guidelines and requirements.

Yes No Will the event be conducted on Town owned property or roads?

NOISE

N/A

If there will be any amplified sound, live music or mechanical noise at the event, the applicant will be required to obtain approval of a Noise Permit from the Public Safety Department, see Attachment A – Noise Permit Application.

Yes No Will there be amplified sound at the event?

Yes No Will there be live music at the event?

Yes No Will there be mechanical noise at the event?



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SALES TAX REVENUE

N/A

If the event's sponsoring organization has Non-Profit status (as defined by Federal regulations), please attach proof of Non-Profit status.

If any type of vender sales will occur, please inform all vendors of Colorado state sales tax and Off-Site Sales Permit requirements. Please attach a valid copy of each owner/operator's Town of Silverthorne business license. Please contact the Town Revenue Administrator at 970-262-7302 for guidelines and requirements

Yes No Does the event's sponsoring organization have non-profit status?

Yes No Will admission be charged?

If **yes**, what will be the admission fee? _____

Yes No Will the event have vendors?

SANITATION

N/A

Any temporary sanitation facilities placed at the event must be removed on the first business day following the event.

A ratio of one (1) chemical or portable toilet minimum, for every 250 people or portion thereof attending your event, is suggested. Ten percent (10%) of these facilities must be ADA accessible. This figure is based upon the maximum number of attendees at your event during peak time.

Restroom Facilities

Yes No Will the event provide portable toilets?

Yes No Will the event provide portable hand washing sinks?

If **yes**, please complete the following information and identify locations on the Event Site Plan exhibit:

Number of ADA approved portable toilets: _____

Number of regular toilets: _____

If **no**, please provide information as to the availability of existing restroom facilities in the immediate area of the event site that will be available to the event attendees during the event, (include ADA accessible and non-ADA accessible facilities), and identify location(s) on the Event Site Plan exhibit. Please provide proof of restroom facility owner's permission for event use of the existing facilities.

Description of Existing Restroom Facilities

Waste Facilities

Yes No Will the event provide trash receptacles?

Yes No Will the event provide recycling receptacles?

Yes No Will special trash removal arrangements be made?

If **yes**, please complete the following information and identify locations on the Event Site Plan exhibit:

Number of trash receptacles: _____

Number of recycling receptacles: _____



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SIGNAGE

N/A

If the event will have temporary signs the applicant will be required to obtain approval of a Temporary Signage Permit from the Community Development Department, see Attachment B – Temporary Signage Permit. Please contact the Community Development Department for allowable event temporary signage guidelines and requirements. Please note that any signs proposed on state highways or interstates require CDOT approval.

Yes No Will the event have temporary signs?

If the event will have temporary banners the applicant will be required to obtain approval of a Temporary Banner Permit from the Community Development, see Attachment B-1 – Temporary Banner Permit.

Yes No Will the event have temporary banners?

SECURITY

N/A

The applicant is required to provide a safe and secure environment for the event. This is accomplished by anticipating potential problems and concerns related to the event and the surrounding environment. Please contact the Public Safety Department at 970-262-7320 for additional information.

Yes No Will security be used for the event?

If **yes**, please provide the following information:

Security provided by:

Name: _____
Address: _____
Cell Phone: _____
Work Phone: _____
Business Lic. No.: _____

Description of Security Detail

(Including crowd control, and internal security or venue safety and identify locations on the Event Site Plan Exhibit.)



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TENTS AND OTHER TEMPORARY STRUCTURES

N/A

Some tents/canopies/membranous structures require fire department permits and inspections. See Attachment C - Lake Dillon Fire Protection District Guidelines and Requirements.

Booths

Yes No Will booths be used at the event?

If **yes**, please complete the following information:

How many booths will be used at the event? _____

What is the purpose of the booths? _____

Canopies

Yes No Will canopies and/or tents be used at the event?

If **yes**, please complete the following information:

How many canopies will be used? _____

What will be the canopies sizes? _____

What is the purpose of the canopies? _____

Tents

Yes No Will tents be used at the event?

If **yes**, please complete the following information:

How many tents will be used? _____

What will be the tents sizes? _____

What is the purpose of the tents? _____

Other: describe any additional proposed structures



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TRAFFIC FLOW AND PARKING CONTROL

N/A

It is important that the applicant/organizer plan for the safe arrival and departure of event attendees, participants and vendors. Accessible parking and/or access must also be included in your traffic control plan. Traffic signage must comply with the Manual Uniform Traffic Control Device (MUTCD) specifications.

Event Parking

Please provide a description of where event attendees will park, include ADA accessible parking and Emergency Vehicle access, and identify locations on the Event Site Plan Exhibit.

On-Street Parking

If on-street parking is requested, the applicant is required to obtain approval of an On-Street Parking Permit from the Public Safety Department, see Attachment D – On-Street Parking Permit Application and identify locations on the Event Site Plan Exhibit.

Yes No Will the event require on-street parking?

Street Closures

If street closures are requested, the applicant is required to obtain approval of a Street Closure Permit from the Public Safety Department, see Attachment E – Street Closure Permit Application.

Yes No Will your event require street closures?

If **yes**, provide a list of requested street closures and identify location on the Event Site Plan Exhibit:

AFFIDAVIT OF APPLICANT

I certify that all statements and answers to the above questions were made by me; and are true to the best of my knowledge and belief. I also agree to comply with the provisions set forth, in this application.

Signature: _____ Date: _____
Print Name: _____



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EVENT SITE PLAN EXHIBIT REQUIREMENTS

*This application will **not be accepted** without a detailed site plan outlining areas to be used and how they will be used.*

Include the following information on Event Site Plan Exhibit as it applies to your event:

- Emergency Vehicle Access: mark route location.
- Medical Personnel: mark locations of medical personnel.
- Parking Areas: mark locations of on-site, off-site and on-street parking.
- Restroom Facilities: mark locations of existing permanent facilities or proposed temporary facilities.
- Security: mark locations of security personnel for crowd control.
- Signage: mark locations of all types of proposed event signage, (including both directional and commercial.)
- Street Closures: mark locations.
- Tents & Other Temporary Structures: mark locations.
- Traffic Control: mark locations.
- Waste & Recycling Receptacles: mark locations.

If alcoholic beverages are being served, attach an enlarged detailed plan exhibit of the alcoholic beverage service area including the following items:

- Fencing Diagram: mark locations
- Security Personnel & Gates: mark locations
- ID Stations: mark locations and include an explanation of the type of ID system that will be used.
- Hours of alcoholic beverage service.
- Hours of set-up and tear down.
- Provide a list of the number of id checkers and servers of alcohol and whether or not the servers have alcohol server training certification.

Please check off the following item(s), as they apply to your event that you have attached:

EXHIBITS

- Event Site Plan Exhibit(s)
- Other:

LICENSES & CERTIFICATIONS

- Additionally Insured Policy (Silverthorne)
- Non Profit Status (Federal)
- Business License (Silverthorne)
- Proof of Residency (Silverthorne)

PERMITS

- Food & Beverage Service Permit (County)
- On-Street Parking Permit (Silverthorne)
- Event Noise Permit (Silverthorne)
- Special Events Liquor Permit (State)
- Event Temporary Signage Permit (Silverthorne)
- Off-Site Sales Permit (State)
- Event Temporary Banner Permit (Silverthorne)



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ATTACHMENT A: EVENT NOISE PERMIT APPLICATION

N/A

The Silverthorne Town Code Section 2-4-34 indicates that an application for a noise permit requires the following information.

Permit Application Date: _____
Event Name: _____
Event Location: _____

Applicant Name: _____
Applicant Address: _____
Applicant Phone: Cell: _____ Office: _____ Home: _____

Event Property Owner/Manager Name: _____
Event Property Owner/Manager Address: _____
Event Property Owner/Manager Phone: Cell: _____ Office: _____ Home: _____

Date(s) for operation of sound amplification equipment: _____
Time(s) for operation of sound amplification equipment _____

Description of the sound amplification equipment to be used for this Event:

Location to include a diagram of where the sound amplification equipment will be operated:



Town of Silverthorne
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Attachment A

The Silverthorne Town Code Section 2-4-34 Unnecessary Noise states the following:

- (a) Noise generally prohibited. "It shall be unlawful for any person to make, continue or cause to be made or continued any unnecessary or unusual noise which either annoys, injures or endangers the comfort, repose, health or safety of others, whether in the operation of any machine or the exercise of any trade or calling of for any other reason unless the making and continuing of the same is necessary for the protection or the preservation of property or health, safety, life or limb of some person."
- (b) "Vehicle sound systems, loud speakers, radios and sound-amplifying equipment. It shall be unlawful for any person to use or operate any sound system, loud speaker, radio or any other sound-amplifying device in or on a motor vehicle in an excessive manner, which can or does annoy, injure or endanger the comfort, repose, health or safety of others."
- (c) "No person shall operate equipment that amplifies sound and/or emits vibrations that can be heard or felt away from the immediate vicinity of the vehicle, or other place of use of such equipment, unless the person shall have first applied for and received a permit from the Chief of Police or the Community Development Director."
- (d) Mufflers
- (e) Sirens, whistles, gongs and red lights.
- (f) Outdoor speakers, loud speakers and public address systems and any other device to make and/or amplify sound. It shall be unlawful for any person, business, or organization to use outdoor speakers, loud speakers, public address systems or any other device to make and/or amplify sound in an excessive manner which can of does annoy, injure or endanger the comfort, repose, health or safety of others and emits sound or vibrations that can be felt or heard outside of the property boundary, unless the person, business or organization has applied for and received a permit from the Chief of Police or the Community Development Director."
- (g) Any person desiring to use sound amplification equipment for a special event must apply for and receive a permit from the Chief of Police or the Community Development Director. No permit shall be valid for more than two (2) days or valid prior to 9:00 a.m. or after 12:00 a.m. (midnight) on the dates for which the permit is issued for. The Chief of Police of the Community Development Director may grant with conditions, deny or revoke any permit once issued.

(FOR PUBLIC SAFETY & COMMUNITY DEVELOPMENT DEPARTMENT USE ONLY)

This EVENT NOISE PERMIT is:

Denied Approved Approved with the following conditions

Conditions of Approval

Chief of Police:

Date:

**Community
Development Director:**

Date:



Town of Silverthorne
Event Permit Application

ATTACHMENT B: EVENT TEMPORARY SIGNAGE PERMIT APPLICATION

N/A

Please refer to the Town Code Section 4-9-5 (7) for further information regarding banners.

Permit Application Date: _____
 Event Name: _____
 Event Location: _____

 Applicant Name: _____
 Applicant Address: _____
 Applicant Phone: Cell: _____ Office: _____ Home: _____

 Event Property Owner/Manager Name: _____
 Event Property Owner/Manager Address: _____
 Event Property Owner/Manager Phone: Cell: _____ Office: _____ Home: _____

TEMPORARY SIGNAGE DESCRIPTION	
Size:	_____ height x _____ width = _____ square feet
Type of Material:	_____
Text / Wording:	_____
Colors:	_____
Quantity of Signs:	_____
Proposed Location(s):	_____
Display Dates:	_____

(FOR COMMUNITY DEVELOPMENT DEPARTMENT USE ONLY)

This EVENT TEMPORARY SIGNAGE PERMIT is:

Denied
 Approved
 Approved with the following conditions

Conditions of Approval

Approved By: _____ Date: _____

Print Name: _____



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ATTACHMENT B-1: EVENT TEMPORARY BANNER PERMIT APPLICATION

N/A

Permit Application Date: _____
 Event Name: _____
 Event Location: _____

 Applicant Name: _____
 Applicant Address: _____
 Applicant Phone: Cell: _____ Office: _____ Home: _____

 Event Property Owner/Manager Name: _____
 Event Property Owner/Manager Address: _____
 Event Property Owner/Manager Phone: Cell: _____ Office: _____ Home: _____

EVENT TEMPORARY BANNER DESCRIPTION

Size:	_____ height x _____ width = _____ square feet
Type of Material:	_____
Text / Wording:	_____
Colors:	_____
Proposed Location on Permanent Structure:	_____
Colors:	_____
Display Dates:	_____

EVENT TEMPORARY BANNER INSTALLATION CONDITIONS

- Event temporary banner shall be hung no higher than 15 feet above the ground at the highest point and attached at all corners to a permanent structure.
- Event temporary banner permit is valid for the days of the event only.

(FOR COMMUNITY DEVELOPMENT DEPARTMENT USE ONLY)

This EVENT TEMPORARY BANNER PERMIT is:

Denied
 Approved
 Approved with the following conditions

Conditions of Approval

Approved By: _____ Date: _____

Print Name: _____



Town of Silverthorne
Event Permit Application

(INSERT)

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)
(7 pages total)



Town of Silverthorne
Event Permit Application

INSERT

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)



Town of Silverthorne
Event Permit Application

INSERT

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)



Town of Silverthorne
Event Permit Application

INSERT

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)



Town of Silverthorne
Event Permit Application

INSERT

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)



Town of Silverthorne
Event Permit Application

INSERT

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)



Town of Silverthorne
Event Permit Application

INSERT

(Attachment C: Copy of Lake Dillon Fire and Rescue Tents & Canopies Permit Packet-2007)



Town of Silverthorne
Event Permit Application

ATTACHMENT D: EVENT ON-STREET PARKING PERMIT APPLICATION

N/A

An On-Street (Town Right of Way) Parking Permit is issued for events, parties and similar one-time short duration events. Permits for event parking may be issued for up to three (3) days. The Directors of Public Safety and Public Works must approve the permit.

Permit Application Date: _____

Event Name: _____

Event Location: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: Cell: _____ Office: _____ Home: _____

Event Property Owner/Manager Name: _____

Event Property Owner/Manager Address: _____

Event Property Owner/Manager Phone: Cell: _____ Office: _____ Home: _____

Event Property Owner/Manager Phone: _____

Number of vehicles expected at event: _____

Number of vehicles to be parked on-street: _____

Date(s) for parking vehicles on-street (Town right of way): _____

Time(s) for parking vehicles on-street (Town right of way): _____

(FOR PUBLIC SAFETY & PUBLIC WORKS DEPARTMENT USE ONLY)

This **EVENT ON-STREET PARKING PERMIT** is:

Denied Approved Approved with the following conditions

LOCATION: _____

Conditions of Approval

Chief of Police: _____ **Date:** _____

Public Works Director: _____ **Date:** _____



Town of Silverthorne
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ATTACHMENT D: EVENT STREET CLOSURE PERMIT APPLICATION **N/A**

Applicant shall identify the streets proposed for closure and appropriate barricades and other traffic control devices, (all traffic control must meet the "Manual on Uniform Traffic Control Devices Standards"), on the on the Event Site Plan Exhibit

Placement of all traffic control devices and barricades is the responsibility of the applicant or their traffic control provider, unless the Town notes otherwise. The Town reserves the right to stop any activity if proper traffic control devices are not in place during the event.

Applicant is responsible for notifying all adjacent property owners impacted by any street closure by sending notification to the appropriate owner/manager. Additionally the applicant must petition said owners/managers, noting everyone spoken to about the event and obtaining 50% or better approval from said owners/managers. No street closure will be approved without an attached notification letter and petition. A sample petition is include in the Event Street Closure Permit Application for your convenience.

Permit Application Date: _____

Event Name: _____

Event Location: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: Cell: _____ Office: _____ Home: _____

Event Property Owner/Manager Name: _____

Event Property Owner/Manager Address: _____

Event Property Owner/Manager Phone: Cell: _____ Office: _____ Home: _____

Barricade Company: _____

Traffic Control Supervisor: Cell: _____ Office: _____ Home: _____

(FOR PUBLIC SAFETY & PUBLIC WORKS DEPARTMENT USE ONLY)

This EVENT STREET CLOSURE PERMIT is:

Denied

Approved

Approved with the following conditions

LOCATION: _____

Conditions of Approval

Chief of Police: _____ **Date:** _____

Public Works Director: _____ **Date:** _____



Town of Silverthorne
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EVENT STREET CLOSURE PETITION

N/A

(This page may be duplicated as necessary)

Permit Application Date: _____

Event Name: _____

Event Location: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: **Cell:** _____ **Office:** _____ **Home:** _____

Streets proposed to be closed for Event: _____

We the undersigned property owner/managers and/or residents, have been notified of the proposed event street closure(s) for the event noted above on said date(s) and times(s), and hereby agree or disagree to the proposed street closure(s)

Agree	Disagree	Property Owner/Manager	Physical Address
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	
		Signature and Date	
		Print Name	