



**WAIVER OF SPECIAL EVENT
PERMIT APPLICATION
City of Douglas, Wyoming**

Please complete this application in its entirety. If a section does not apply to your event, please mark "N/A".

1. Name of Applicant/Organization: _____
2. Address, City, State, ZIP: _____
3. Contact Phone Number(s) & Email: _____
4. Name of Event: _____
5. Purpose of Event (e.g. fundraiser): _____
6. Event Location: _____
7. Complete Description of Event: _____

8. Event Dates: _____ Event Times: Start: _____ End: _____

Please check all of the following that apply to your specific event:

- Walking tour
- Sidewalk Sale or Customer Appreciation event occurring in an area immediately adjacent to property/business promoting the event and not requiring city services.
- Regularly scheduled school event utilizing existing parking, traffic controls, and public safety support.
- Public function held solely on the Wyoming State Fairgrounds property.
- Public function held solely on property owned by Converse County or Converse County School District not requiring traffic control.
- No city services are needed/required, including but not limited to the following: **police and/or fire department presence; traffic control; use of a city building or property; placement of barricades; street or sidewalk closures, including any use of city barricades; need for city dumpsters and/or request for additional dumpsters and/or pickups.**
- Event allows for overnight camping.
- Event allows for open burning or open flame cooking.
- Event will have a fireworks display.

11. Additional comments/explanations regarding why a waiver of a special event is appropriate:

12. SIGNATURE OF APPLICANT:

All Applicants please read the following statement and sign below.

I understand and will comply with the conditions of this waiver of a special events permit. If I fail to answer all questions completely and accurately, this permit will not be approved. I understand that an approved waiver may be cancelled at the discretion of the City of Douglas for failure to obey the terms of the waiver, in which case a Special Event Permit will need to be obtained from the City.

Signature of Applicant

Date

Printed name of Applicant

Application for Waiver of a Special Event Permit approved: Yes No

Date: _____

(If not approved, prepare reason for applicant in writing.)

Authorizing Official Signature: _____

Authorizing Official Printed Name/Position: _____

(City Administrator or Designee)