

SPECIAL EVENTS APPLICATION  
Crawford County, Kansas  
Article 22

\$ 75.00 fee

Permit #: 20\_\_ - \_\_

**\*\*APPLICATION FOR A SPECIAL EVENT MUST BE FILED AT LEAST THIRTY (30) DAYS PRIOR TO THE EVENT.\*\***

Permit No.: 20 - \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Representative(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name and Address of Property Owner if different than the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Location of Special Event: \_\_\_\_\_

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Address of the Special Event Site: \_\_\_\_\_

Number of days planned for event: \_\_\_\_\_

Operational Hours: \_\_\_\_\_

Date(s) of event planned: \_\_\_\_\_

\_\_\_\_\_

Legal description of property being used for Special Event:

Section: \_\_\_\_\_, Township: \_\_\_\_\_, Range: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will there be the necessity for a public restroom? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain what methods will be used: \_\_\_\_\_  
\_\_\_\_\_

Will there be banners displayed? \* noting said banners cannot restrict or cause traffic flow dangers\*

How many employees will be working at the special event? \_\_\_\_\_

Will there be any out of town/county/state shooters involved with event? \_\_\_\_\_  
If yes, please supply names, license, insurances that these people have to show proof they are certified to handle fireworks.

Will there be adequate parking on premises to avoid parking on State &/or County Roads? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Will there be food or vendors at this special event? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please make sure the Crawford County Health Department has been notified(620-231-5411).

Will it be necessary to store explosive on the premises during the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

ATF Permit Number: \_\_\_\_\_

ATF Permit Issued to: \_\_\_\_\_

ATF Permit Expires on: \_\_\_\_\_

**SITE PLANS REQUIRED: THE FOLLOWING MUST APPEAR ON SITE PLANS.**

Please indicate parking area .

Any and all banners are to be shown and size.

Storage area for fireworks, if applicable, need to be noted on site plans.

Distances from County &/or State Highway where the exact fireworks will be shot from.  
(please be sure to indicate all street names or highway numbers on your plans)

Any outside lighting.

(if no site plans are given, permitting process will not proceed until one is supplied to the zoning office)

Comments by Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \*\* The special event is to be conducted entirely on private property owned or leased by responsible party. Any structure used in conjunction with the special event shall meet all applicable yard setbacks. Structure shall be removed upon the cessation of the event. Special events shall be restricted to hours of operation as indicated on Application. Special events shall be limited to two (2) per calendar year at the same location. Additional events for same location will require a Conditional Land Use.
- \*\* Fees for special event are \$50.00.

\_\_\_\_\_  
Real Property Owners Signature

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
date

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**ATTACH COPY(S) OF CERTIFICATION TO HANDLE  
FIRE WORKS HERE!!!!**

SITE PLAN SHEET

NORTH

SOUTH

(SCALE MUST BE ONE (1) INCH EQUALS TWO HUNDRED (200) FEET FOR CLARITY.) OR SITE PLANS MAYBE SUBMITTED ON SEPARATE SHEET.

OFFICE USE

Date Received: \_\_\_\_\_

Cash \_\_\_\_\_ or  
Check # \_\_\_\_\_

Fees Paid \_\_\_\_\_

Receipt NO \_\_\_\_\_

Notices sent to respective agency: County Sheriff, Rural Fire District, State Highway Department (if appeasable), Crawford County Health Department (if appeasable).

Date: \_\_\_\_\_, 20\_\_

Permit issued or denied:

Reason for denial: \_\_\_\_\_

Response received from agencies: Sheriff \_\_\_\_\_, Fire \_\_\_\_\_,  
KDOT \_\_\_\_\_, CCHD \_\_\_\_\_, County Road Foreman \_\_\_\_\_, EMT  
Director/Ambulance \_\_\_\_\_

\*comments on file\*