

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.****

Date _____

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: _____

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 \$75.00.

Real Property Owners Signature

Applicant

date

date

**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