



# Application for Special Events Permit

*Submit completed applications to the City Clerk's Office,  
P.O. Box 158, 301 N Plymouth Ave.; New Plymouth, Idaho 83655*

*Call (208)278-5338 with questions*

*Fax: 208-278-5330*

**IF YOU ARE HOLDING A PUBLIC EVENT ON CITY PROPERTY OR IN CITY PARKS, OR IF YOUR  
EVENT REQUIRES ROAD CLOSURES, YOU MUST COMPLETE THIS APPLICATION FOR A  
SPECIAL EVENTS PERMIT.**

*Permit applications should be submitted no earlier than one (1) year prior to the event and no later than two (2) weeks prior to the event. Permit fee is \$50.00*

## **A. GENERAL INFORMATION**

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

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

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

Business/Organization/Sponsor Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type or Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_ Number of Events: \_\_\_\_\_

Time: \_\_\_\_\_ Number of hours per event: \_\_\_\_\_

Number of Participants\*: \_\_\_\_\_

## **B. BRIEF DESCRIPTION AND PURPOSE OF EVENT (attached additional page if necessary)**

\_\_\_\_\_

**C. EVENT DETAILS: Please check the box next to the item if it WILL be a part of your event. Use the line following the event item to give details for all boxes checked.**

Does the event involve the sale or use of alcoholic beverages? \_\_\_\_\_

*If yes, you will need to contact the City Clerk about an Alcohol Beverage Catering Permit*

Does the event involve sale of food? \_\_\_\_\_

*You will need to coordinate with Southwest District Health regarding food requirements/permits*

Will there be entertainment at your event? \_\_\_\_\_

Dance component/open floor? \_\_\_\_\_ Live or recorded music? \_\_\_\_\_

Will an existing occupied or vacant building be used? \_\_\_\_\_

Will you require electrical hookup for the event? \_\_\_\_\_

Will generators be used? \_\_\_\_\_

Will you require access to water for the event? Explain: \_\_\_\_\_

Will signs and/or banners be displayed as part of the event? \_\_\_\_\_

#### **D. STREET CLOSURE REQUEST**

**Will any streets or alleys be closed for the event? Yes\_\_\_\_ No\_\_\_\_**

You must list all street(s) and alleys requiring temporary closure (either full or partial) as a result of this event.

<b>Street Name or Alley</b>	<b>Date of Closing</b>	<b>Time of Closing</b>	<b>Date of Reopening</b>	<b>Time of Reopening</b>

*Further, I hereby agree to replace the premises to the original condition prior to the event at my expense. I shall not hold the City of New Plymouth or the State of Idaho responsible for any damages or expenses caused by, or in connection with the use of said property. Cost of returning premises to original condition will be mine and not the City of New Plymouth or the State of Idaho.*

*I have read and do fully understand the requirements and responsibilities set forth by this permit. I agree to comply with all requirements listed upon issuance of my Special Events Permit.*

Applicant Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Host Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_