



# Washoe County Community Services Department SPECIAL EVENT QUESTIONNAIRE

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

NAME OF GROUP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE (W): \_\_\_\_\_ (C): \_\_\_\_\_

ALT. CONTACT PERSON: \_\_\_\_\_ PHONE (W): \_\_\_\_\_ (C): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REQUESTED PARK: \_\_\_\_\_

SPECIFIC AREA: \_\_\_\_\_

DATE(S)/HOURS OF REQUESTED EVENT: (Parks open at 8:00 am daily. Earlier entry requires prior approval)

Actual event date(s):	Set up:	Take down:
_____	_____	_____
Date(s)	Date	Date
_____	_____	_____
Time	Time	Time

Event Title or Activity Title: \_\_\_\_\_

Specific details – list all activities:

\_\_\_\_\_

Number of portable amusement structures (bounce house, rock climbing wall etc): \_\_\_\_\_

Primary purpose of your event or activity: \_\_\_\_\_

Anticipated number of Participants & Spectators: \_\_\_\_\_ Total Vehicles: \_\_\_\_\_

Will admission fees be charged for your event?  Yes  No Amount \$ \_\_\_\_\_

If yes, when will fees be collected?  Presales  At event  Both

Will food be served?  Yes  No

**\*\*If Yes, Contact Washoe County Health District, Environmental Health Services at (775) 328-2434 for necessary food permits.**

**\*\*If food is SOLD, contact Washoe County Planning Division, Business License & Code Enforcement at (775) 328-3733.**

Number of vendors: \_\_\_\_\_

**\*\*Group is responsible to ensure vendors brought in for their event have the proper licenses, certificates, and permits to operate.**



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Will alcoholic beverages be sold?  Yes  No

**\*\*If Yes, contact Washoe County Planning Division, Business License & Code Enforcement at (775) 328-3733.**

Will amplified sound equipment be used?  Yes  No

**\*\*If yes, prior approval is required**

Will your activity be advertised to the public?  Yes  No

If yes, by what means? \_\_\_\_\_

Any special requests or comments? \_\_\_\_\_

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Additional Information:

- **Some events may require medical support or emergency response planning. For requirements contact Truckee Meadows Fire Protection District at (775) 326-6005**
- **A Certificate of Liability Insurance naming Washoe County as an additional insured will be required. The amount of insurance is determined by the size and nature of the event.**

I hereby submit my request to conduct the above activity. I am aware that fees and deposits are due upon approval on this event (exceptions require special approval). I understand that submitting this form does not indicate approval. In most cases an in person meeting with the appropriate staff member is required to review event details, logistics, scheduling and other needs. The event is confirmed only by the issuance of a Washoe County Use Permit.

To the best of my knowledge, the answers to the above questions are true and accurate. Any falsification of the above information is cause for cancellation of my reservation. I understand that any change in the information provided must be reported to Washoe County Community Services Department immediately. Failure to do so may result in cancellation of my reservation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date