



Washoe County Community Services Department SPECIAL EVENT QUESTIONNAIRE

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: _____ 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 to the general public? Yes No

****If Yes, Contact Washoe County Health Department, (775) 328-2400, Environmental Health at (775) 328-2436 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.**

Will alcoholic beverages be sold? Yes No

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



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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? _____

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