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Case No.: _____
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Application Fee: \$ _____
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SPECIAL EVENT APPLICATION (Rev. 10/19)

**TOWN OF CAVE CREEK
37622 NORTH CAVE CREEK ROAD
CAVE CREEK, AZ 85331
480-488-6600
Fax 480-488-2263**

Event Name _____

A. Special Event DATE (s): From: _____ To: _____

B. Special Event TIME (s): From: _____ To: _____

C. Special Event LOCATION /ADDRESS: _____

D. Type of Special Event:

E. APPLICANT / ORGANIZATION: _____

F. Applicant /Organization ADDRESS: _____

Phone No.: _____ Fax No: _____ E-mail: _____

Single Point Of Contact For All Formal Communications:

Name: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Applicant's Certification:

I, (print name) _____, hereby certify that the information provided in this application is true and correct.

Applicant's Signature

Date

ADDITIONAL COMMENTS (to be completed by the applicant):

SPECIAL EVENT CHECKLIST		
SUBMITTED		ITEM (see attachment "A" FOR SPECIFIC REQUIREMENTS)
1.		APPLICATION, WRITTEN NARRATIVE OF EVENT AND FEE.
2.		TRAFFIC CONTROL PLAN and SECURITY PLAN
3.		ROAD CLOSURE – (If required)
4.		SITE PLAN – SIGNAGE PLAN
5.		VENDOR LIST - BUSINESS LICENSE REQUIRED FOR ALL VENDORS
6.		LIABILITY INSURANCE (see below for additional information)
7.		RESTROOM FACILITIES
8.		NOISE, LITTER, & LIGHTING PLANS
9.		PROPERTY OWNER AUTHORIZATION
10.		TOWN FIRE OFFICIAL NOTIFICATION – APPROVAL

CONDITIONS OF APPROVAL:

APPROVAL SIGNATURE:

Title

Approval Date

ATTACHMENT "A"

1. **Completed application with written narrative submittal and fee 30 days prior to event date.**
 2. **Traffic & Security Control Plan: Applicant is to **CONTRACT** for **PEDESTRIAN and TRAFFIC CONTROL and SECURITY PLAN**. A map indicating all points of traffic control as well as a copy of said contract shall be provided to the Town.**
 3. **Road Closure Permit: Town of Cave Creek Marshal's Office @ 480-488-6636.**
 4. **Fire Official Notification / Approval: Town of Cave Creek Building Official / Fire Code Official @ 480-488-6637 or mbaxley@cavecreek.org.**
 5. **Business License Requirement: Town of Cave Creek Town Clerk's Office @ 480-488-1400 townclerk@cavecreekaz.gov.**
 6. **Liability Insurance Requirements*: A certification of liability insurance shall be provided. Evidence of liability insurance shall meet the following requirements:
The Town of Cave Creek shall be listed as additionally insured primary noncontributory, and waiver of subrogation endorsement for the event. With a minimum of one (1) million dollars for death or bodily injury or loss sustained by any (1) person per occurrence.
 - b. One (1) million dollars for death or bodily injury or loss sustained by more than one person per occurrence.
 - c. Two (2) million dollars for general aggregate.**
- *The Certificate and amounts will be subject to review by the Town Risk Pool.*
7. **Restroom Facilities: A copy of a signed contract shall be provided with the Special Event Application which provides evidence that at least one (1) permanent or temporary restroom facility will be provided for each 100 anticipated patrons, or as otherwise required by Maricopa County Health Code Chapter II-Sewage and Wastes, Section 6 Privies, Job Toilets, Regulation 6. Job Toilets, Chemical Toilets, Section b. In addition, restroom facilities shall comply with the American's with Disabilities Act.**
 8. **Noise, Lighting, Litter: Applicant must comply with the requirements as contained within the Town Code, Title XIII General Offenses, Chapter 130, §130.07 Nuisances, and §130.11 Lights. Title IX General Regulations, Chapter 92 Health and Sanitation.**
 9. **Property Owner Authorization: Applicant shall submit written authorization from all property owners upon whose property is being used for the special event.**
 10. **Site Plan & Signage Plan: Site Plan of Event. Location map of all signs required.**

IF YOU ARE INTERESTED IN INCLUDING INFORMATION OF THE SPECIAL EVENT ON THE TOWN'S WEBSITE, PLEASE EMAIL townclerk@cavecreekaz.gov WITH THE FOLLOWING INFORMATION. IF YOU WANT TO INCLUDE A LINK TO A SPECIFIC WEBSITE, PLEASE INCLUDE WEB ADDRESS.

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

TIME: _____

LOCATION: _____

COST: _____

CONTACT PHONE: _____
(optional)

CONTACT EMAIL: _____
(optional)

DESCRIPTION OF EVENT:

LINK TO WEBSITE: _____