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.

_________________________________________  _________ Date

Applicant’s Signature
**ADDITIONAL COMMENTS** (to be completed by the applicant):

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**SPECIAL EVENT CHECKLIST**

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**CONDITIONS OF APPROVAL:**

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**APPROVAL SIGNATURE:**

Title ___________________________ Approval Date ________
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 Il-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: ______________________________