

SPECIAL EVENT/TENT PERMIT/APPLICATION

CODE ENFORCEMENT DEPT \cdot #1 GOVERNMENT CTR \cdot BALLWIN, MO 63011 \cdot (636) 227-2129 \cdot FAX (636) 207-2360

A planned event, activity or temporary grouping of people in any zoning district that deviates from the normal land use that occurs on the site on City, public, or privately owned property, and interferes with the normal flow or regulation of pedestrian traffic, vehicular traffic, or parking in any manner shall require a Special Event Permit.

This shall also include any event, activity or temporary grouping of people which will require special City services which include, but are not limited to, provision of barricades, signage, special traffic or parking arrangements, and/or special police services or protections.

FOR OFFICE USE ONLY:
PERMIT #:
APPROVED BY:
DATE APPROVED:

protections.	
EVENT ADDRESS:	
NATURE OF THE EVENT (Briefly describe the e	vent and included activities):
EVENT DATE(S): (limited to 4 consecutive days	per event, and 4 events per calendar year)
EVENT TIME(S):	
Number of anticipated attendees:	Number of Parking Spaces available on site:
PROPERTY OWNER	EVENT HOST (Company or Individual, if different)
Name/Company	Name/Company
Address	Address
Phone Number	Phone Number
CONTACT PERSON	EVENT SPONSOR (Company or Individual, if different)
Name/Company	Name/Company
Address	Address
Phone Number	Phone Number
• • •	eased Current Lease Expiration/Termination:// asing agent must be obtained and provided with all applications)
If yes, provide a copy of the valid liquor lie	
\checkmark ARE YOU REQUESTING PERMISSION TO F	IOLD A FIREWORKS DISPLAY? YES NO

- If yes, permits for all approved fireworks displays must be obtained and submitted prior to event. Permits may be needed from one or more of the following entities: City of Ballwin, St. Louis County Public Works, and/or Fire District having jurisdiction.
- Provide proof of liability insurance to the provider of the display and the property owner, host, and/or sponsor as applicable.

✓ WILL YO	OU REQUIRE POLICE AND/OR PUBLIC WORKS ASSISTANCE?	. 🗌 YES	
If "Yes"	, please identify what assistance you are requesting and provide a description of your requ	uest:	
☐ POL	LICE Security* Traffic Control/Direction Public Relations		
☐ PUB	BLIC WORKS Barricades/Cones		
*In almo	ay be required to reimburse the City for the cost of additional personnel and/or resonost all cases, event security will have to utilize off-duty personnel hired by event organizers when the basis A SITE PLAN MUST BE SUBMITTED FOR THE FOLLOWIN	s on a seco	ondary
	OUR EVENT UTILIZE A PORTION OF ANY CITY PROPERTY OR PUBLIC ROADWAY: blease describe:	☐ YES	□ NO
	OU BE ERECTING ANY TENTS FOR THIS EVENT:		□NO
Does/do	lo the tent(s) have walls: YES NO		
A Cert 10 orAll ten	are not to be erected in excess of 72 hours. rtificate of Flame Resistance is required for a tent covering an area in excess of 120 square feet and/or more persons. nts shall have a maximum exit access travel distance of 100 feet. slan should indicate the location of the tent in relation to other structures within 50 feet, and delineating		
2404.2	Flame-resistant treatment. Before a permit is granted, the owner or agent shall file with the code of executed by an approved testing laboratory, certifying that the tents, canopies and membrane structural appurtenances, sidewalls, drops and tarpaulins, floor coverings, bunting, combustible decorative may effects, including sawdust when used on floors or passageways, shall be composed of flame-resistated with a flame retardant in an approved manner and meet the requirements for flame determined in accordance with NFPA 701, and that such flame resistance is effective for the period permit.	ures and the aterials and ant material resistance a	ir or as
2404.3		dentification	of
2404.4	Certification. An affidavit or affirmation shall be submitted to the fire code official and a copy retained premises on which the tent or air-supported structure is located. The affidavit shall attest to the followel relative to the flame resistance of the fabric:	ed on the wing inform	ation
	 Names and address of the owners of the tent, canopy or air-supported structure. Date the fabric was last treated with flame-resistant solution. 		
	Trade name or kind of chemical used in treatment.		
	4. Name of person or firm treating the material.5. Name of testing agency and test standard by which the fabric was tested.		
✓ WILL T	TEMPORARY ELECTRICAL SERVICE BE INSTALLED ON THE SITE?	□ YES	⊓NO
	an electrical permit may be required. Please describe:		_
	·		
✓ ARE YO	OU PROVIDING PORTABLE TOILETS/RESTROOMS FOR THE EVENT PATRONS?	. 🗌 YES	□NO
Events a	at which a minimum of 100 people are expected to be present at peak hour(s) where sewered toilets e to accommodate anticipated attendance are required by St. Louis County Health Codes to provide ashing stations. Permits for all portable toilets/restrooms must be obtained from St. Louis County Dep	are not read	dily lets and
certify the	information submitted on this application is complete and truthful to the best of my initial required documents listed below have been submitted with this application an all not be issued until all subsequent required documents have been received.		
Contact Pe	erson Signature: Date:		