



**This application is to be submitted a minimum of 21 days prior to the event.  
All applications are reviewed for comments by other county departments with action by the Board of Supervisors.**

**1. Property Owner\***

(Last Name) \_\_\_\_\_

(First Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

**2. Applicant** (if different than owner)

(Last Name) \_\_\_\_\_

(First Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

**3. Property Address** \_\_\_\_\_ **Parcel ID Number(s)** \_\_\_\_\_

**4. Certification and Signature**

I/we certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application I am acting with the knowledge, consent and authority of the owners of the property. Pursuant to said authority, I hereby permit County officials to enter upon the property for the purpose of inspection.

**\*Acknowledgement of property owner is required and may occur via email or by signature of this application.**

**Property Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Event Information:**

Type of Event: \_\_\_\_\_

Proposed Date(s): \_\_\_\_\_

Proposed Start Time: \_\_\_\_\_ Proposed End Time: \_\_\_\_\_

Proposed Location: \_\_\_\_\_

Estimated Number of Event Staff: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_

Estimated Number of Spectators: \_\_\_\_\_

**Submittal Requirements (see Chapter 83 of the Story County Code of Ordinances for details):**

<input type="checkbox"/> Filing Fee (required prior to processing): \$50	<input type="checkbox"/> If serving alcohol, a copy of a liquor license
<input type="checkbox"/> Description of event	<input type="checkbox"/> Fire prevention and emergency medical service plans; Security plan and/or law enforcement assistance
<input type="checkbox"/> Site Plan of existing and proposed buildings, structures, tents, parking, barricades, traffic control devices, street route plan, lighting and perimeter/ security fencing	<input type="checkbox"/> Severe weather plan
<input type="checkbox"/> List of signatures and/or copy of correspondence provided to adjacent property owners of the property planned for event	<input type="checkbox"/> Certificate of event/liability insurance
<input type="checkbox"/> Environmental health plan including plans for fresh water supplies, solid waste containers, collection and disposal, and toilet facilities /portable toilets	<input type="checkbox"/> Plans for use of amplified sound, start and ending times, and location of speakers indicated on site plan
<input type="checkbox"/> Name and contact information of all vendors including Food Establishment Permits from the Iowa Department of Inspections and Appeals	<input type="checkbox"/> State electrical permit, if required
	<input type="checkbox"/> Plans for amplified sound and location of speakers

Receipt No. \_\_\_\_\_

Receipt Amount \_\_\_\_\_