



Community Event Application

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Town of Mead
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www.townofmead.org



Town of Mead

441 3rd Street • Mead, CO 80542

www.townofmead.org

Name of Organization: _____

Address of Organization: (if billing address is different please list billing address)

City _____ State ____ Zip Code _____

Phone Number of Organization: _____

Website of Organization: _____

Name of Event Organizer: _____

Will Organizer be at the event? Yes ____ No ____

Organizer's Phone Number _____

Organizer's email _____

Name of Secondary Contact: _____

Phone Number _____

Email: _____

Name of Event: _____

Type of Event: (e.g. tournament, run/walk, concert)

**For parades, please refer to the parade application.*

Is the event ____ open to the public or ____ private?

Will there be an admission fee charged for event?

____ Yes ____ No

I.R.S. Tax Exempt Number

Please provide a copy of your IRS 501 (c) designation.

If you are not tax exempt, please write n/a.

All Organizers must provide documentation of liability insurance for their event and an endorsement. See event guidelines packet for details.

For questions or assistance filling out this application, please reach out to Community Engagement Director, Lorelei Nelson at lnelson@townofmead.org

Date(s) of Event _____

Times of Event

Day 1 Start Time: _____ a.m./p.m.

End Time: _____ a.m./p.m.

Day 2 Start Time: _____ a.m./p.m.

End Time: _____ a.m./p.m.

Day 3 Start Time: _____ a.m./p.m.

End Time: _____ a.m./p.m.

Anticipated attendance:

Daily _____ Total _____

Will you need set-up and tear down days in addition to the Event Dates listed on the left? **Please list on the right or answer n/a in the place for dates.**

Set Up Dates: _____

Start Time: _____ a.m./p.m.

End Time: _____ a.m./p.m.

Tear Down Dates: _____

Start Time : _____ a.m./p.m.

End Time: _____ a.m./p.m.

Please mark all town services and/or facilities you are planning to utilize.

***Temporarily unavailable**

	<input type="radio"/> Ames Park Shelter 1	<input type="radio"/> Margil Farms Gazebo
Town Park	<input type="radio"/> Ames Park Shelter 2	<input type="radio"/> North Creek Shelter
Town Park Gazebo	<input type="radio"/> Ames Park Shelter 3	<input type="radio"/> North Creek Basketball Court
Town Park SE Corner	<input type="radio"/> Founders Park Shelter	<input type="radio"/> Disc Golf Course
Town Park NW Corner	<input type="radio"/> Founders Park (East Field)	<input type="radio"/> Field Prep/Paint
Community Room*	<input type="radio"/> Founder Park (West Field)	
Community Room Kitchen*	<input type="radio"/> Founders Park Basketball Court	* <i>Town Park map is attached to packet</i>
Tables/Chairs*	<input type="radio"/> Founders Park Tennis Court	
Town Utilities	<input type="radio"/> Liberty Ranch Shelter	
Street Closures	<input type="radio"/> Liberty Ranch Ball Field	
Trash Services	<input type="radio"/> Liberty Ranch Basketball Court	
Other _____	<input type="radio"/> Liberty Ranch Tennis Court	

Tables

How many tables? _____ **(12 tables available)**

*Tables can only be used at Town Park or in the Community Room

Chairs

How many chairs? _____ **(50 folding chairs available)**

*Chairs can only be used at Town Park or in the Community Room

Utilities

___ Electricity ___ Water

Explanation of electrical and/or water needs (please provide approximate location)

1. Will alcohol be served at your event? ☐ Yes ☐ No

*Possession and consumption of alcohol on public property is only allowed by special permit. Contact the Town Clerk's Office at 970-535-4477 regarding the separate application and approval process for a Special Event Liquor Permit. Must apply **30 days** prior to your event to get an alcohol license.*

2. Will there be food trucks and/or catering at the event? ☐ Yes ☐ No

3. Will there be vendors at your event? ☐ Yes ☐ No

A complete list of vendors is required one week before event, along with their sale tax identification number.

Food vendors must have a Colorado Retail Food License and endorsement from Health Department. The event organizer is responsible for notifying the Weld County Department of Public Health and Environment to fill out an event coordinator application. For more information please call 970-304-6415 or email HE-tempevents@WeldGov.com

4. Will you be utilizing tents? ☐ Yes ☐ No

Tent stakes may not be longer than 10 inches without authorization. Tent locations must be clearly marked on your event map.

5. Will there be amplified sound at your event? ☐ Yes ☐ No

All Community Events must comply with Town's noise regulations.

6. Will additional security be hired? ☐ Yes ☐ No

7. Will portable restrooms be brought to the site? ☐ Yes ☐ No

Please include a narrative of your event below and include any details that will be helpful in the planning process. Include additional pages if needed.

For Office Use Only

Name of Event: _____

	# of Shelters _____	Damage Deposit \$100	Total Cost \$ _____
	# of Parks _____	Damage Deposit \$100	Total Cost \$ _____
	Community Room # of Hours _____	Damage Deposit \$200	Total Cost \$ _____
	Use of Kitchen # of Hours _____	Damage Deposit \$100	Total Cost \$ _____
	Town Park Gazebo # of Hours _____	Damage Deposit \$100	Total Cost \$ _____
	Town Park SE Corner # of Hours _____	Damage Deposit \$100	Total Cost \$ _____
	Town Park NW Corner # of Hours _____	Damage Deposit \$100	Total Cost \$ _____
	Field Rental # of Hours _____ Field Prep? _____ Yes _____ No	Damage Deposit \$100	Total Cost \$ _____
	Ball Field Rental # of Hours _____	Damage Deposit \$100	Total Cost \$ _____
	Disc Golf Course # of Days _____	Fee Per Day <u>\$50</u> Damage Deposit <u>\$50</u>	Total Cost \$ _____
	Trash Services # of additional trash containers	<u>\$10.00 per container</u>	Total Cost \$ _____
	Public Works and/or Police services # of staff _____ # of hours _____ # of Officers _____ # of hours _____	Hourly fee per PW \$45 Hourly fee per Officer \$65 Total # of hours _____	Total Cost \$ _____
	Use of utilities Water _____ Electric _____	Daily fee per utility \$50 Number of power pedestals _____	Total Cost \$ _____
	Street Closures:	Daily fee per intersection \$100 # of intersections _____	Total Cost \$ _____

Total Fees Due \$ _____	In-Kind Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Deposits Due \$ _____	Amount Approved \$ _____
Total Amount Due \$ _____ Date Payment Received _____ Received by _____	



Parks and Shelter Reservation Fees

Park & Shelter Reservation	Resident	Non-resident	Non-profit	Deposit
Town Park Gazebo	\$85	\$105	\$0	\$100
Town-Park SE Corner	\$85	\$105	\$0	\$100
Town Park – NW Corner	\$85	\$105	\$0	\$100
Lorin Mead Park at Highland Lake Shelter	\$85	\$105	\$0	\$100
Ames Park Shelter – 1 - North	\$65	\$85	\$0	\$100
Ames Park Shelter – 2 - Middle	\$65	\$85	\$0	\$100
Ames Park Shelter – 3 - South	\$65	\$85	\$0	\$100
Mead Ponds	\$65	\$85	\$0	\$100
Founders Park Shelter	\$65	\$85	\$0	\$100
Liberty Ranch Shelter	\$65	\$85	\$0	\$100
Margil Farms Gazebo	\$65	\$85	\$0	\$100
North Creek Shelter	\$65	\$85	\$0	\$100
Athletic Field Reservation				
Founders Park	\$200	\$300	\$100	\$100
Liberty Ranch T-Ball Field	\$100	\$200	\$50	\$100
Ames Park	\$100	\$200	\$50	\$100
Extras				
Electrical in Park*	\$50	\$50	\$50	
Water in Park*	\$50	\$50	\$50	
Field Prep/Paint Fee	\$100	\$100	\$100	

Reservation fees will increase by 50% on all Town observed holidays. All reservations are limited to 1/2 day. Only one reservation per park, per day. Rentals must be booked at least 10 days in advance and payment is due at the time of the reservation.

***Electrical and water are only available at Town Park**



Community Event Application Timeline

60 Days Prior to Event: Application and deposits due and must include the following:

- Documentation of liability insurance and endorsement
- Street closure, maps, narrative of event
- Proof of non-profit status if requesting fee waiver

45 Days Prior to Event: Deadline for Town Approval/Denial

30 Days Prior to Event:

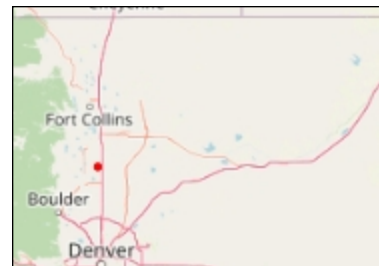
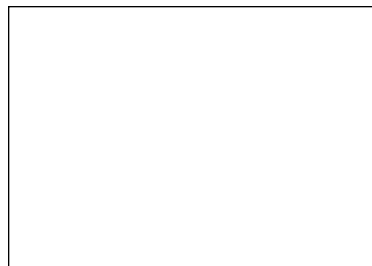
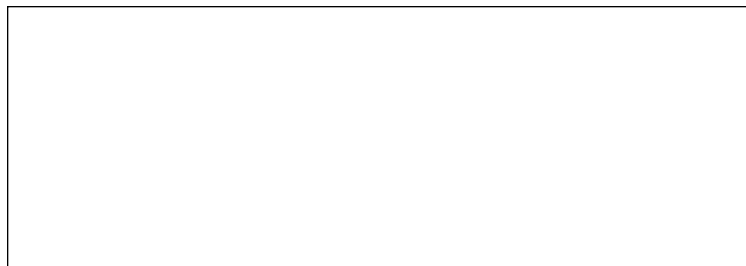
- All Fees are due and any changes or modifications to the original event application need to be addressed.

7 Days Prior to Event:

- On-site walk through will be planned with town departments involved.
- Last chance to submit refund request for canceled event.
- Submit vendor list

3 Days Prior to event:

- Email will be sent out with any details that need to be shared with those involved with the event.

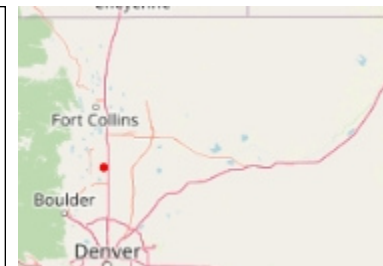
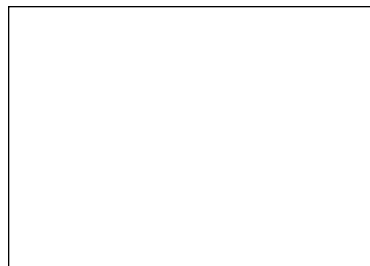
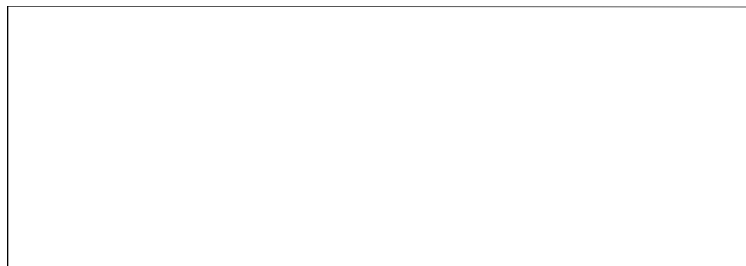
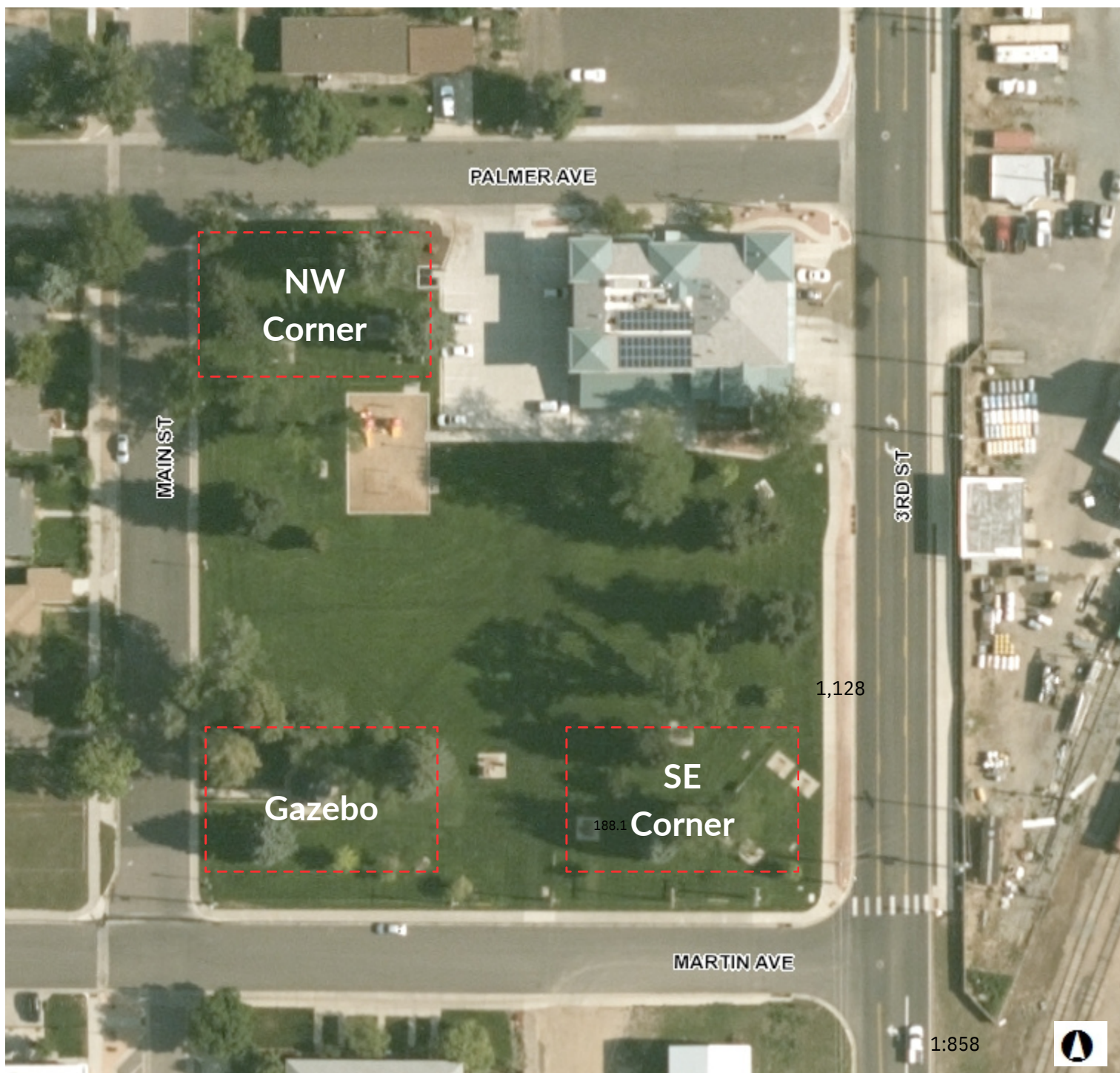


143.0 0 71.51 143.0 Feet

WGS_1984_Web_Mercator_Auxiliary_Sphere
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THIS MAP IS NOT TO BE USED FOR NAVIGATION

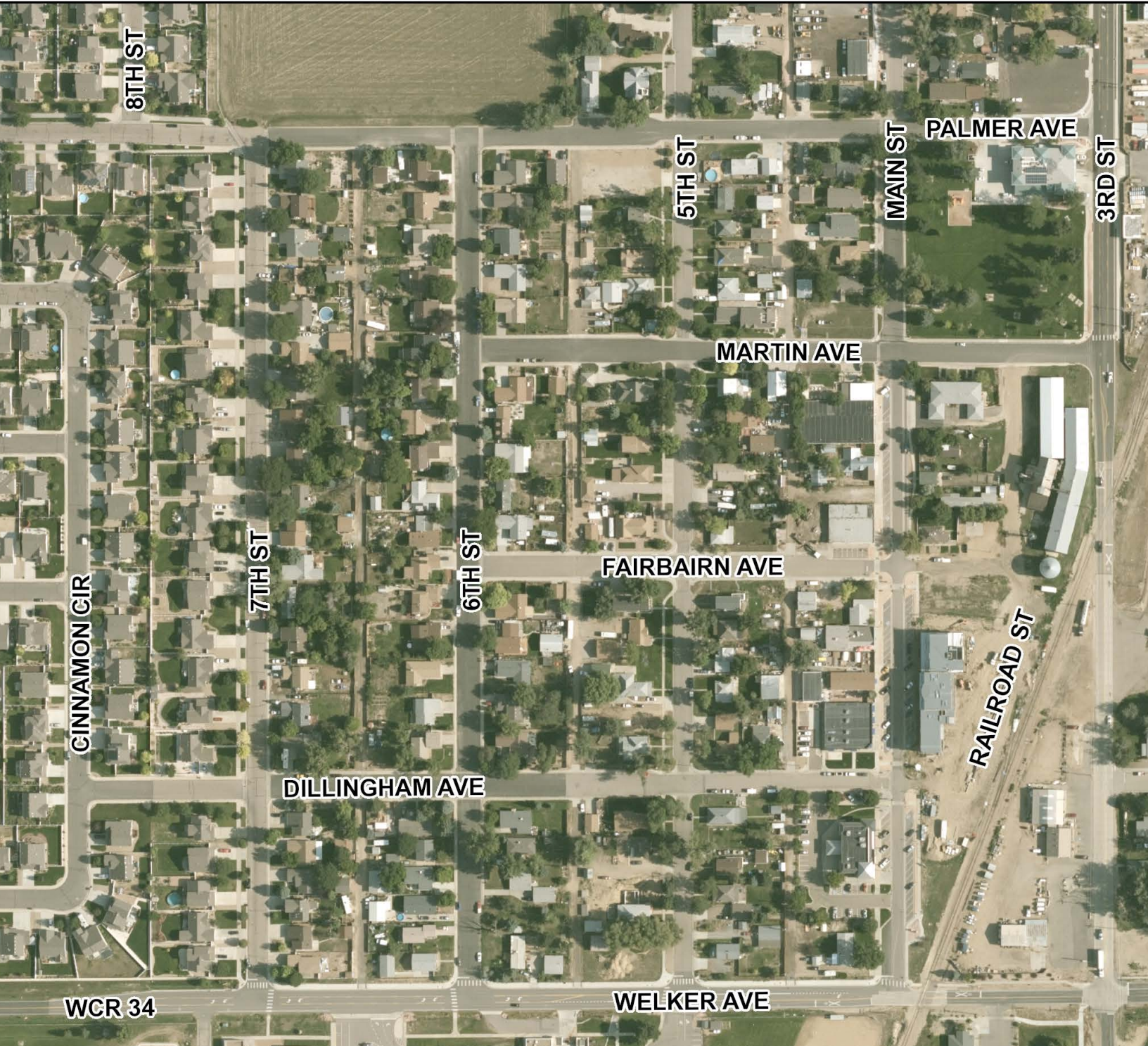


143.0 0 71.51 143.0 Feet

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Intersection Closures and Parade Route Map

Additional Details:

Instructions:

Please indicate any intersection closures you are requesting by placing an "X" on the map at the specific intersection(s). If you are applying for a parade permit, please use one solid line to show the route. Please indicate the start and end point for the parade traffic. Use the dedicated space to the right to list any pertinent details that will be helpful in the planning process.



Vendor List

Name of Event: _____ Date of Event: _____

****This form must be turned in 7 days prior to event, please provide supplement information (no-shows & additions) immediately after event****

1	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
2	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
3	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
4	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
5	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #

6	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
7	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
8	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
9	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
10	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
11	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #

12	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
13	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
14	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
15	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
16	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #
17	Vendor Name	Vendor Address	Vendor Sales Tax #
	Contact Name	Contact Phone	Email
	Type of Business	Items Sold	WC Health Dept Lic #