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# Park City Municipal Corporation

## Special Event Permit Application

Special Events Department  
City Hall, Third Floor  
445 Marsac Avenue  
P.O. Box 1478  
Park City, Utah 84060  
specialevents@parkcity.org

APPLICATIONS DO NOT CONSTITUTE AS A PERMIT.

PERMITS ARE APPROVED BY THE SPECIAL EVENTS DEPARTMENT OR CITY COUNCIL IN WRITING AFTER COMPLETE APPLICATIONS ARE REVIEWED UNDER PARK CITY MUNICIPAL CODE 4-8.

Applications for Special Event Permits are due no later than 90 days (Level 3), 60 days (Level 2), or 30 days (Level 1) prior to an event. Incomplete applications cannot be reviewed. Applications submitted after the deadlines as described above may be denied. More information can be found at [www.parkcity.org](http://www.parkcity.org) or by contacting [specialevents@parkcity.org](mailto:specialevents@parkcity.org).

IF YOU HAVE QUESTIONS, OR WOULD LIKE TO SCHEDULE A MEETING BEFORE SUBMITTING YOUR APPLICATION, PLEASE CONTACT:

Tommy Youngblood <a href="mailto:tommy_youngblood@parkcity.org">tommy_youngblood@parkcity.org</a>	435.615.5187	Christopher Phinney <a href="mailto:Chris.phinney@parkcity.org">Chris.phinney@parkcity.org</a>	435.615.5194
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### APPLICATION FEES & EXPENSES

Level Three Special Event Permit	\$160.00
Level Two Special Event Permit	\$80.00
Level One Special Event Permit	\$40.00

- Application Levels are determined by the Special Events Department after reviewing complete applications.
- Additional fees for other City Services will be estimated and provided to the applicant upon receipt of a complete application.
- Applicants may incur additional expenses from other City, County or State jurisdictions.
- Fee Reductions for some City Services are considered bi-annually. Fee Reduction Applications are due on:
  - April 1, for events July 1 – December 31; and October 1, for events January 1 – June 30.

AS THE APPLICANT YOU UNDERSTAND & AGREE TO THE FOLLOWING: (Check all that you understand and agree to)

- To insure prompt and accurate processing of your application, ensure that ALL support materials and documentation accompany your application. Failure to do so will constitute an incomplete application and may delay review and approval processes. I understand a complete application shall include this application completed, with traffic and transportation plan, contingency plan – including operations plan, emergency plan, weather conditions and residential and notification outreach plan; site plan and permission of use for properties.
- Park City Municipal Corporation requires a certificate of insurance in an amount to be determined by the City Attorney's Office. Submitting incomplete application information may delay the ability to determine the amount required. The amount of insurance required by the City Attorney's office is final and the applicant shall be required to submit proof of coverage including naming Park City Municipal Corporation, 445 Marsac, P.O. Box 1480, Park City, Utah 84060 as additionally insured prior to the start of any event activity.
- After the application is evaluated, the applicant will be responsible for providing proof that I have obtained other permits as necessary from City, County or State agencies, as well as the application fee amount based on the Level of event.
- I understand that as the applicant, I will assume and reimburse the City for any and all costs and expenses determined by Park City Municipal Corporation. Park City Municipal Corporation may require a deposit to cover such expenses. I may incur costs from other departments or other jurisdictional agencies. I understand I can request an estimate of City Services for the event upon submitting a complete application, and that should I choose to, I can request a reduction of fees for some services as pertains to Park City Municipal code 4-8-9 through the bi-annual fee reduction application and process.
- I understand I am able to request a meeting with the Special Events Department prior to submitting an application and that this application does not constitute as a valid permit. I understand that permits are approved by the Special Events Department or City Council in writing after complete applications are reviewed under Park City Municipal Code 4-8.

### APPLICANT AND SPONSORING ORGANIZATION INFORMATION

NAME OF EVENT: Park City Farmer's Market

<input type="checkbox"/> FIRST TIME EVENT	<input checked="" type="checkbox"/> ANNUAL EVENT (this event has been going on for <u>20</u> years)
<input type="checkbox"/> ANNUAL EVENT (same as last year)	<input type="checkbox"/> ANNUAL EVENT (will have changes from last year)

NAME OF APPLICANT (FIRST & LAST): Volker Ritzinger

TITLE / POSITION: Owner

BUSINESS OR ORGANIZATION NAME: Cody Supply Inc. DBA Park City Farmers Market

<input type="checkbox"/> BUSINESS/ORGANIZATION IS A REGISTERED NON-PROFIT	<input type="checkbox"/> PAPERWORK IS ATTACHED
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MAILING ADDRESS OF BUSINESS OR ORGANIZATION: 1446 Hallam Rd

CITY, STATE, ZIP: Kamas UT 84034

PHYSICAL ADDRESS OF BUSINESS OR ORGANIZATION: Silver King Parking Lot

CITY, STATE, ZIP: Park City, UT

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PHONE (PRIMARY): 435-671-1455		PHONE (ALT):		EMAIL: volkersbakery@gmail.com							
BUSINESS OR ORGANIZATION WEBADDRESS: parkcityfarmersmarket.com											
SOCIAL MEDIA LINKS: facebook: park city farmers market											
DAY OF EVENT PRIMARY CONTACT											
ON SITE DAY OF PRIMARY CONTACT NAME (FIRST AND LAST): Volker Ritzinger											
ON SITE DAY OF PRIMARY CONTACT CELL PHONE: 435-671-1455											
ON SITE DAY OF PRIMARY CONTACT EMAIL: volkersbakery@gmail.com											
INFORMATION FOR EVENT PUBLIC INFORMATION											
WEB ADDRESS FOR PUBLIC EVENT INFORMATION: parkcityfarmersmarket.com											
PHONE NUMBER FOR PUBLIC EVENT INFORMATION: 435-671-1455											
EMAIL ADDRESS FOR PUBLIC EVENT INFORMATION: volkersbakery@gmail.com											
OVERALL EVENT DESCRIPTION IS ATTACHED AS A SEPARATE DOCUMENT, WITH THE CONTINGENCY PLAN AND IS SUBMITTED WITH THIS APPLICATION.											
<b>EVENT LEVEL DETERMINATION</b>											
THE EVENT WILL INCLUDE THE FOLLOWING ACTIVITIES: (Check all that apply)											
Festival / Fair	Parade	Ski/Snowboard	Run	Walk	Trail Use	Concert					
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									
Culinary	Filming	Arts & Culture	Holiday Celebration	Recreation/Sporting	Other:						
THE EVENT WILL INVOLVE THE USE OF: (Check all that apply)											
Main Street	<input checked="" type="checkbox"/>	School District Property	Private Property	City Parks	City Fields	City Facility	Residential Areas	<input checked="" type="checkbox"/>	Park City Limits	Multi-Jurisdictions	Amplified Sound
THE TARGET MARKET FOR THIS EVENT IS: (Check all that apply)											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Youth / Families	Adults	Local	State-wide	Regional	National	International	Spectators	Participants	Other		
THIS EVENT WILL: (Check all that apply)											
80 vendors	<input checked="" type="checkbox"/>	Free for Spectators		Free for Participants		<input checked="" type="checkbox"/>	Include Vendors or Sponsor Booths		<input checked="" type="checkbox"/>		
Limit # of Participants											
Limit # of Spectators		Charge admission for Spectators		Charge for Participants		Not Include Vendors or Sponsor Booths		Private Event			
<b>EVENT DATE INFORMATION</b>											
THIS EVENT WILL BE HELD: (Choose all that apply)											
EVENT DATE(S):											
Monday	Tuesday	<input checked="" type="checkbox"/> Wednesday		Thursday	Friday	Saturday	Sunday				
<input checked="" type="checkbox"/> Weekly		Monthly		Series		One Day					
Number of Event Days: 21				Number of Consecutive Days: 1							
ONE DAY EVENT HOUR(S)											

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TIME- START/END:	REASON/ FOR WHO OR WHAT:
NAME OF AREA OR STREETS:	BETWEEN:
TIME- START/END:	REASON/ FOR WHO OR WHAT:
NAME OF AREA OR STREETS:	BETWEEN:
TIME- START/END:	REASON/ FOR WHO OR WHAT:
NAME OF AREA OR STREETS:	BETWEEN:
TIME- START/END:	REASON/ FOR WHO OR WHAT:

### CITY PARKING FACILITIES REQUEST

#### WILL THE EVENT PROVIDE ALTERNATIVE TRANSPORTATION OPTIONS?

BUS	BIKE	WALK	OTHER:
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THE APPLICANT IS PROVIDING SHUTTLE OR BUS TRANSPORTATION OUTSIDE OF THE CITY'S SCHEDULE. THE APPLICANT HAS PROVIDED BUS DROP OFF AREA ON THE SITE MAP ATTACHED WITH THIS APPLICATION.

#### TRANSPORTATION PROVIDER INFORMATION

COMPANY NAME:	PHONE:	EMAIL:
THE APPLICANT IS PROVIDING BIKE TRANSPORTATION AT THE EVENT. WE HAVE PROVIDED BIKE PARKING AREAS ON THE SITE MAP WITH THIS APPLICATION.		
WE ARE PROVIDING WALKING AS AN OPTION TO ATTEND THE EVENT. WE HAVE PROVIDED WALKING PATH IDEAS ON THE SITE MAP WITH THIS APPLICATION.		

#### ADDITIONAL TRANSPORTATION INFORMATION:

### PUBLIC FACILITY USE (check all that apply)

MINERS HOSPITAL AT CITY PARK	PARK CITY LIBRARY MEETING ROOMS	JIM SANTY AUDITORIUM
SOUTH CITY PARK	CITY PARK COVERED BBQ AREA	CITY PARK GAZEBO / STAND
CITY PARK SOFTBALL FIELD	CITY PARK RUGBY FIELD	SKATE PARK AT CITY PARK
QUINN'S SPORTEX FIELDS	ROTARY PARK	SCHOOL DISTRICT FIELDS
DIRT JUMP PARK	PARK CITY ICE ARENA	OTHER:

### TEMPORARY STRUCTURES & FLAMMABLE MATERIALS

I UNDERSTAND ALL TEMPORARY STRUCTURES AND FLAMMABLE MATERIALS MUST BE APPROVED BY THE PARK CITY BUILDING DEPARTMENT. SUCH INSPECTIONS WILL REQUIRE A FIRE/BUILDING PERMIT TO BE SUBMITTED 10 DAYS BEFORE THE EVENT, AS WELL AS AN INSPECTION THE DAY OF THE EVENT.

TEMPORARY BLEACHERS	INFLATABLES	CANOPIES <input checked="" type="checkbox"/>	TEMPORARY STAGES	TEMPORARY LIGHTING
TENTS (10 X 10 or under) <input checked="" type="checkbox"/>	HOW MANY? > 80	TENTS (10 X10 or over)	HOW MANY?	
TRAILER(S) <input checked="" type="checkbox"/>	HOW MANY? > 10	STRUCTURES OVER 6' TALL	PURPOSE:	
YES	NO <input checked="" type="checkbox"/>	DOES EVENT HAVE ELECTRICAL NEEDS?		
YES <input checked="" type="checkbox"/>	NO	DOES EVENT REQUIRE USE OF GENERATORS?		
YES	NO <input checked="" type="checkbox"/>	WILL YOU BE REQUESTING PERMITS FOR FIREWORKS?		
YES	NO <input checked="" type="checkbox"/>	WILL THE EVENT REQUIRE THE USE OF FLAMMABLE MATERIALS, FUELS OR GASSES?		

NAME SUCH MATERIALS:

### WASTE MANAGEMENT & RECYCLING

THE EVENT WILL PROVIDE ITS OWN GARBAGE CANS AND WASTE MANAGEMENT.

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THE EVENT WILL PROVIDE ITS OWN DUMPSTERS, WHICH IS INDICATED ON THE SITE MAP.

THE EVENT WILL USE THE CITY'S GARBAGE CANS AND WASTE MANAGEMENT, REQUIRING ADDITIONAL FEES.

THE EVENT WILL USE THE CITY'S DUMPSTERS, REQUIRING ADDITIONAL FEES.

PLASTIC	PAPER	ALUMINUM	GLASS	CARDBOARD	COMPOST	OTHER
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THE EVENT WILL UTILIZE CITY RESTROOM FACILITIES. LIST AREAS OF CITY RESTROOM FACILITIES BELOW

THE EVENT WILL BRING IN ITS OWN RESTROOMS AND SANATARY STATIONS.  
(May be required by Summit County Health Department or Park City Building Department.)

ANIMALS WILL BE AT THE EVENT IF YES, PLEASE DESCRIBE TYPE OF ANIMALS AND WASTE PLANS BELOW:  
*Dogs on leash*

I HAVE INCLUDED THE PLACEMENT OF THE ANIMALS IN THE SITE MAP OR LINE UP IN THE CONTINGENCY PLAN.

DOGS WILL BE ALLOWED AT THE EVENT  LEASHED  UNLEASHED

WASTE MANAGEMENT PLAN HAS BEEN DESCRIBED IN THE CONTINGENCY PLAN ATTACHED TO THIS APPLICATION.

### FOOD & MERCHANDISE SALES

I UNDERSTAND THAT ALL VENDORS MUST OBTAIN A PARK CITY BUSINESS LICENSE. ALL VENDORS SERVING FOOD OR DRINKS MAY BE REQUIRED TO OBTAIN A FOOD SERVICE OR FOOD HANDLERS PERMIT FROM SUMMIT COUNTY.

WILL THERE BE SALE OF MERCHANDISE?	YES <input checked="" type="checkbox"/>	NO
WILL THERE BE COMPLIMENTARY FOOD?	YES <input checked="" type="checkbox"/>	NO
WILL THERE BE SALE OF FOOD?	YES <input checked="" type="checkbox"/>	NO
WILL THERE BE ALCOHOL FOR SALE?	YES	NO <input checked="" type="checkbox"/>
BEER	WINE	LIQUOR

I HAVE CONTACTED THE PARK CITY FINANCE DEPARTMENT REGARDING REQUIREMENTS FOR BEER & LIQUOR LICENSES.

I UNDERSTAND THAT THE UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL (UDABC) MAY REQUIRE OTHER PERMITS.

WILL FOOD ITEMS BE PRE-PACKAGED?	YES <input checked="" type="checkbox"/>	NO
WILL FOOD ITEMS BE COOKED AT SITE?	YES <input checked="" type="checkbox"/>	NO

I UNDERSTAND THAT IF COOKING IS ONSITE, A PARK CITY BUILDING/FIRE PERMIT MAY BE REQUIRED. *yes*

WILL FOOD ITEMS BE PREPARED OFFSITE?	YES <input checked="" type="checkbox"/>	NO
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DESCRIBE ITEMS:  
*To be determined by vendors, all approved by dept. of agriculture*

### TEMPORARY SIGNS

WILL THERE BE TEMPORARY SIGNS AT THE EVENT?  NO  YES, I HAVE ATTACHED A SIGN PLAN DESCRIBING THE CONTENT, SIZE AND LOCATIONS IN THE CONTINGENCY PLAN

### SAFETY - SECURITY

THE EMERGENCY AND SECURITY PLAN HAS BEEN ATTACHED IN THE OPERATIONS PLAN, INCLUDING CROWD CONTROL, ACCESS, FIRST AID. AFTER REVIEW OF THIS APPLICATION, REQUIREMENTS FOR EMTS, FIRE AND POLICE SERVICES WILL BE DETERMINED AS PART OF THE CONDITIONS OF APPROVAL OF THIS EVENT. THE SPECIAL EVENTS DEPARTMENT WILL BE ABLE TO GIVE THE APPLICANT AN ESTIMATE OF SUCH CITY SERVICE REQUIREMENTS.

THE EVENT WILL REQUIRE LAW ENFORCEMENT SERVICES BEYOND ROUTINE PERIODIC PATROL.

THE EVENT WILL NOT REQUIRE LAW ENFORCEMENT SERVICES BEYOND ROUTINE PERIODIC PATROL.

### MARKETING OF EVENT



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EVENT HOUR(S): <u>noon - 5 PM</u>		OPENING TIME: <u>10 AM</u>		EVENT ENDS: <u>6 PM</u>	
EVENT SET-UP DATE:		BREAK-DOWN DATE:		SET - UP TIME(S):	
BREAK-DOWN TIME(S):		MULTIPLE DAY EVENT HOUR(S) - IF DIFFERENT FOR EACH DATE			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
<b>INCLEMENT WEATHER INFORMATION</b>					
DAY:	DATE:	OPENING TIME:	EVENT ENDS:		
EVENT SET-UP DATE:		BREAK-DOWN DATE:			
SET - UP TIME(S):		BREAK-DOWN TIME(S):			
<input checked="" type="checkbox"/>	NO INCLEMENT WEATHER DATE IS REQUIRED, AND THE EVENT WILL BE HELD RAIN OR SHINE. I UNDERSTAND THE EVENT MAY BE CANCELLED OR POSTPONED BY THE CITY DUE TO HAZARDOUS OR DAMAGING CONDITIONS.				
<b>EVENT ATTENDANCE</b> - Complete all that apply					
<b>IF ANNUAL EVENT:</b>					
TOTAL EVENT ATTENDANCE OF PREVIOUS YEAR:			TOTAL DAILY EVENT ATTENDANCE OF PREVIOUS YEAR:		
<b>ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION - NEW OR ANNUAL EVENTS</b>					
# PARTICIPANTS:	# VENDORS:	# SPECTATORS:	# VOLUNTEERS:		
# STAFF:	# ATTENDANCE:	# DAILY ATTENDANCE:	# EVENT ATTENDANCE:		
I ANTICIPATE THE EVENT TO HAVE AN ATTENDANCE OF 500 OR MORE PEOPLE AND UNDERSTAND, AS THE APPLICANT, I MAY BE REQUIRED TO OBTAIN A MASS GATHERING PERMIT FROM SUMMIT COUNTY. <a href="http://www.summitcountyhealth.org/">http://www.summitcountyhealth.org/</a>					
<b>SIDEWALK &amp; STREET USE</b> - Complete all that apply					
<b>THE EVENT WILL HAVE:</b>					
STREET CLOSURE MAP ATTACHED			CLOSURE SIGN/ MARKING INFORMATION ATTACHED		
ROLLING CLOSURE	PARTIAL CLOSURE	FULL CLOSURE	NO CLOSURE		
NAMES OF STREETS TO BE CLOSED:		TIMING: (START OF CLOSURE/ END OF CLOSURE)			
		START:		END:	
		START:		END:	



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		START:	END:
		START:	END:
REASON FOR CLOSURE:			
SIDEWALK:	PARTIAL CLOSURE	FULL CLOSURE	CROWD CONTROL PLAN
SIDEWALK CLOSURE MAP ATTACHED		CLOSURE SIGN/ MARKING INFORMATION ATTACHED	
ADDRESS OF CLOSURE (FROM / TO)		TIMING OF CLOSURE:	
FROM:	TO:	START:	END:
FROM:	TO:	START:	END:
FROM:	TO:	START:	END:
FROM:	TO:	START:	END:
REASON FOR CLOSURE:			
<b>TRAIL INFORMATION</b>			
TRAIL COURSE MAP ATTACHED		COURSE SIGN/ MARKING INFORMATION ATTACHED	
NAMES OF TRAILS TO BE USED:			
<b>PARADE INFORMATION</b>			
PARADE ASSEMBLY AREA:		DISBANDING AREA:	
# PARADE ENTRIES	WALKING ONLY	VEHICLES / WALKING	VEHICLES ONLY      ANIMALS
OTHER PARADE INFORMATION:			
<b>CITY PARKING FACILITIES REQUEST</b>			
GENERAL PARKING (Where will you be directing event attendees to park cars?)			
# PARKING SPACES NEEDED	AT HIGHEST POINT	YES	NO      EVENT PROVIDING TRANSPORTATION SERVICES
MAIN STREET	CHINA BRIDGE	FLAGPOLE LOT      BREW PUB LOT	
SANDRIDGE LOT	PARK AVENUE	CITY PARK      MAWHINNEY LOT	
QUINNS LOT	RICHARDSON FLATS	ADA PARKING NEEDED	OTHER:
<b>PARKING REMOVAL</b>			
EVENT WILL NOT REQUIRE PARKING REMOVAL			
EVENT WILL REQUIRE PARKING REMOVAL AS INDICATED BELOW, AND I WILL COMPLETE A SPECIAL USE OF PUBLIC PARKING APPLICATION AS REQUIRED WITH THE PARK CITY PARKING SERVICES DEPARTMENT.			
NAME OF AREA OR STREETS:		BETWEEN:	

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PROPER MARKING OF YOUR EVENT IS VITAL TO ITS SUCCESS. PLEASE CONTACT THE PARK CITY CHAMBER FOR ADDITIONAL INFORMATION AND ASSISTANCE. [WWW.PARKCITYINFO.COM](http://WWW.PARKCITYINFO.COM)

I HAVE CHOSEN TO LIST INFORMATION REGARDING MY EVENT ON THE PARK CITY CHAMBER'S WEBSITE.

I HAVE CHOSEN NOT TO LIST INFORMATION REGARDING MY EVENT ON THE PARK CITY CHAMBER'S WEBSITE.

WHO IS THE TARGET MARKET FOR THIS EVENT? *general public*

WHERE IS THE TARGET MARKET FOR THIS EVENT? (Choose all that apply)

LOCAL     REGIONAL     NATIONAL     INTERNATIONAL

WILL THIS EVENT BE FILMED AND TELEVISED? (Choose all that apply)

LOCAL    REGIONAL    NATIONAL    INTERNATIONAL

YES    NO

PLEASE LIST ALL ADVERTISEMENTS INCLUDING MEDIA COVERAGE, NEWSPAPERS & MAGAZINES:

MEDIA (RADIO / TV):

NEWSPAPERS:

MAGAZINES

OTHER:

PLEASE SELECT RANGE OF MARKETING BUDGET:

\$100 OR UNDER	\$100 TO \$500	\$500 - \$1,000	\$1000 TO \$2,500	<input checked="" type="checkbox"/>	ABOVE \$2,500
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### APPLICANT AGREEMENT & SIGNATURE

I, the undersigned representative, have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein, including supporting documentation is complete and accurate.

Name (Printed): *Volker Ritzinger*

Signature: *[Handwritten Signature]*      Date: *4-6-18*

