



City of Torrington
 PO Box 250
 Torrington, WY 82240

Police Department (307) 532-7001
 City Hall (307) 532-5666
 Fax (307) 532-2010

Special Event Permit

Approved Permit Shall be on Site of the Event at all Times During the Event for Inspection.

| | | |
|--|--------------------|---------------------------------|
| 1. Name of Applicant/Responsible Party (Must be on site during event) | | |
| 2. Organization (If Applicable) | | |
| 3. Address | | |
| 4. City | 5. State | 6. Zip |
| 7. Contact Phone Number () | | |
| 8. Contact E-mail | | |
| 9. Name of Event | | |
| 10. Purpose of Event (e.g. Fundraiser, Business) | | |
| 11. Person in Charge of Event (If different from Applicant and shall be on site during the event) | | |
| 12. Address | | |
| 13. City | 14. State | 15. Zip |
| 16. Contact Phone Number () | | |
| 17. Contact E-mail | | |
| 18. Event Location (Address) | | |
| 19. Event Date | | |
| 20. Event Times: Start:_____ End:_____ Set Up Begins:_____ | | |
| 21. Estimated Number of | Participants:_____ | Spectators:_____ Vehicles:_____ |
| 22. Will the Torrington Police Department need to be present? | | Yes No |
| 23. Will there be alcohol/open container on site? (Attach Alcohol Permit) | | Yes No |

| | | | |
|---|-------------|----|-----|
| 24. Will you be blocking any streets from normal traffic flow? (Attach plan with detailed map) | Yes | No | |
| 25. How long will the traffic be interrupted? (Hours) | | | |
| 26. Will you be blocking any parking stalls? | Yes | No | |
| 27. How Many? _____ How many Hours? _____ | | | |
| 28. Have you notified business owner(s) that will be affected by the blocking of parking stalls of the event? (Attach notification form) | Yes | No | N/A |
| 29. Will you need traffic control devices, fencing or blockades? (Event Applicant Responsibility) | Yes | No | N/A |
| 30. What time do you need them? Delivered _____ am pm Pickup _____ am pm | | | |
| 31. Will there be sound amplification equipment? | Yes | No | N/A |
| 32. Will there be trash receptacles needed from the City? If yes, how many? _____ | Yes | No | N/A |
| 33. What time do you need them? Delivered _____ am pm Pickup _____ am pm | | | |
| 34. Will there be tents/canopies or other structures? | Yes | No | N/A |
| 35. Will the Public Restrooms need to be open for this event? If yes, specify a timeframe. _____ am pm to _____ am pm | Yes | No | N/A |
| Signature of Applicant/Responsible Party _____ | Date: _____ | | |

I understand that by applying for this permit, either for myself or on the behalf of others, I am responsible for leading the event in accordance with the permit (if issued) and all other applicable laws and local ordinances of the City of Torrington, and I assume all risk of loss and damages to any and all City of Torrington property, and if necessary, I agree to pay all costs of litigation including reasonable attorney fees incurred by the City of Torrington in recovering any damages caused by this event.

The Chief of Police or their designee shall grant a permit in any instance in which the event will not be held for any unlawful purpose and will not in any manner tend to breach the peace, cause damage or unreasonably interfere with the public use of the streets or the peace and quiet of the inhabitants of this City. (Ord. 10.04.010)

This permit shall be subject to immediate revocation by the Chief of Police or their designee if any of the conditions of this permit are violated.

Approved by _____ Position _____ Date _____

