Town of Green Mountain Falls
P.O. BOX 524
GREEN MOUNTAIN FALLS, CO 80819
(719) 684-9414 www.gmfco.us

Special Events Permit Application

Title of Event: _____

Organization Name: _____

Organization Contact Name:_____

Phone:_____ Email:_____

Dates of Proposed Event: _____ Start Time: _____ End Time:_____

Anticipated Number of Attendees: _____

Request for Town utilities: Electric _____ Water _____ Gas _____

Type of audio/visual equipment proposed: _____

Office Use:

Board Approval Date: _____

State Special Event Liquor License Approval Date: _____

Valid Liability Insurance will be submitted by: _____

Final fee assessment will be paid by: _____

Board of Trustees conditions for permit:_____

_____

_____

_____ _____

Town Clerk Date

_____ _____

Mayor Date

Event Permit Fee: _____

Traffic Control Fee: _____

Additional fees: _____