



FAIRFIELD PARKS & RECREATION DEPARTMENT
Special Event Application

Location of Event _____ Date(s) of Event _____

Name of Event _____ Time _____

Organization/Group _____

Organization Address _____ Contact Phone _____

Contact Person _____ E-mail _____

Number of Participants _____ Number of Spectators Expected _____

Certificate of Insurance - Required

Policy Requirements: _____

Insurance Company: _____

Policy # / Expiration Date: _____

Certificate Attached: _____

*All policies except Worker's Compensation will include as named additional insured: "The Town of Fairfield, Fairfield Board of Education, its officers, officials, employees, agents, Boards, and Commissions shall be named as Additional Insureds. The coverage shall be primary and non-contributory and contain no special limitations on the scope of protection afforded to the Town of Fairfield. A waiver of subrogation applies under general liability, auto liability and workers compensation."

Some events require additional permits. Please check off those that apply to your event, obtain the appropriate approvals and return the completed, signed copy, in addition to the applicable Special Events Fee (\$400 - Resident; \$800 - Non-Resident), to Parks & Recreation.

- Alcoholic Beverages
Food
Amusement Rides
Games of Chance
Tents
Crowd Control
Roadway Use
State of Connecticut Temporary Liquor License
Health Department
CT State Police and Fire Marshal
Fairfield Police Department
Fire Marshal
Fairfield Police Department
Fairfield Police Department

Signature of Applicant _____

Date _____

Fairfield Police Dept. Signature: _____ Approved _____ Denied _____

Fairfield Fire Dept. Signature: _____ Approved _____ Denied _____

Fairfield Health Dept. Signature: _____ Approved _____ Denied _____

Ffld. Town Clerk Dept. Signature: _____ Approved _____ Denied _____

Ffld. Risk Management Signature: _____ Approved _____ Denied _____

Ffld. Parks & Rec. Dept. Signature: _____ Approved _____ Denied _____