ST. CHARLES COUNTY PARKS DEPARTMENT

APPLICATION FOR SPECIAL USE/EVENT

SHELTER: _____ **CAMPING/CABIN:** _____ **PARK AREA:**_____

QUAIL RIDGE LODGE: ____ **GAZEBO:** ____Yes ____No

LOUPE CONFERENCE CENTER: _____Upper Level _____Lower Level _____Entire Facility

PLEASE PRINT: (APPLICANT MUST BE 21 YEARS OF AGE TO RENT ANY ST. CHARLES COUNTY FACILITY)

Today's Date _____

Date(s)/Day(s) Requested _____Type of Event _____

Time(s) _____ Number Expected to Attend_____

Name of Organization _____

Contact Person (name/telephone)_____

Street Address _____

City _____State _____ Zip Code _____

Home Phone _____ Business Phone _____

Please Complete This Section For Quail Ridge Lodge & Loupe Conference Center Rentals Only

Number of round tables _____ Number of rectangular tables _____ Number of chairs _____

Name and telephone number of person who will meet with staff for facility check-in and checkout:

Check-in/Checkout: Name _____ Time in_____

Phone _____ Time out _____

Please answer the following question regarding your event:

1. Will your proposed event require any type of special equipment/apparatus to be brought into the parks?
   _____ YES _____ NO

   If yes, please list equipment/apparatus type _____

   _____

   Name of company and telephone number who will supply this equipment/apparatus:_____

   _____

(Please turn page over and complete additional questions)

TO CONTACT THE PARK RANGER ON DUTY CALL 314-713-4394. IN CASE OF EMERGENCY CALL 911.

2. Depending on the nature of your event or outside vender, liability insurance may be required. Do you currently have liability insurance that would cover this?
NOTE: Your Group will be held liable for damage(s) during your event.

_____ YES _____ NO

Liability Insurance indemnifying St. Charles County Government may be required for Special Event Permits. Minimum amount of Insurance shall be $500,000 dollars per person with a $2 million dollar aggregate. St Charles County reserves the right to require additional coverage depending on the nature of the event.

3. Please check any of the following that will be a part of your proposed event:

Concession Sales	____YES	____NO
Park Fees	____YES	____NO
Admission Fees	____YES	____NO
Entry Fees	____YES	____NO
Security Fees	____YES	____NO
First Aid Stations	____YES	____NO
Volunteer's	____YES	____NO
Emergency Vehicles	____YES	____NO
Law Enforcement	____YES	____NO

- If you have answered yes to any of the above items, please include any procedures and/or proposed fees along with this request.

4. Please list here any additional request you may have regarding your proposed event- please be specific (attach additional sheets if needed). _____

5. Alcohol - Yes _____ No _____ Keg of Beer - Yes _____ No_____
Glass Bottles - Yes_____ No_____ **(Please circle Yes or No)**

_____
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Please **do not print any literature** publicizing this event unless you have received an **approved** copy of your special use authorization form signed and dated by a representative of the SCC Parks Department.

MAIL FORM TO: St. Charles County Parks and Recreation Dept.
Attn: Reservations
201 N. Second St. – Rm 510
St. Charles, MO 63301

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FOR OFFICE USE ONLY

_____ **SPECIAL EVENT** _____ **SPECIAL USE AUTHORIZATION**

Approved _____ Denied _____ Approved _____ Denied _____

Reason for denial _____

_____

Signed by _____
(Director of Parks) (Date)

Fee Required $_____ Damage Deposit $_____ Total $_____

Amount Paid $_____ Date Paid _____ Received By _____

REVISED 03/11/2009