



SPECIAL EVENT PERMIT APPLICATION

110 W. Maddux St., Ste. 215, Branson, MO 65616
417-337-8549/Fax 417-334-2391

Office Use Only
Permit Number SEPA SESC
Date Applied

Contact Information

Sponsor Name _____
 Contact Name _____ Email _____
 Mailing Address _____ Phone _____

Event Information (Fee \$116)

Event Name _____ Expected number in attendance _____

Location _____

Will the event require a street(s) closure? No Yes: attach **Certificate of Liability Insurance**

➤ If NO, attach a letter of permission from the **property owner(s)**.

Event website _____

Provide a general description and primary purpose of the event:

Duration

Period of operation will be permitted for a maximum of five (5) days within a consecutive 14-day period.

Event Setup: _____ AM PM
Date Time

	Date	Start Time	End Time
Day 1	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Day 2	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Day 3	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Day 4	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Day 5	_____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Breakdown: _____ AM PM
Date Time

Site Plan

Attach a site plan that includes all applicable details listed below:

- Area of the entire event, including names of any streets
- Include the direction of travel if it is a moving event
- Location of any fencing, barriers, and/or barricades, and any removable fencing for emergency access
- Exit location for outdoor events that are fenced or within tent or tent structures
- Location of any 18-foot fire lanes and water supply for fire control
- Location of any food booths and cooking areas
- Location of any stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, vendor booths, beer gardens, trash containers, dumpsters, and other temporary structures
- Locations of any speakers and lighting equipment
- Generator locations and/or source of electricity
- Location of event parking

Security Plan

Describe your security plan including crowd control, internal security, private security, and/or the assistance of the **City of Branson Police Department**:

If using a private security company, please provide the following information:

Name of Company _____ Email _____

Contact Name _____ Phone _____

Emergency Medical Service Plan

Describe your emergency medical service plan including communications and type of resources that will be at your event and the manner in which they will be managed and deployed:

- Show location of medical services on site plan.
- Contact **Taney County Ambulance District (TCAD)** for information on assistance.

Sanitation Plan

Describe your plan for cleanup and removal of waste materials, including during and after your event. Include the number of containers and dumpsters you expect to provide:

If using a private waste management company, please provide the following information:

Name of Company _____ Email _____

Contact Name _____ Phone _____

- Show location(s) on site plan.
- For information on obtaining recycling containers, contact the **City of Branson Recycling Center**.

Sanitation Plan (continued)

Describe your plan to provide restroom facilities at your event; including the number of portable toilets and/or description of on-site restrooms available. Include in your plan how the disposal of sanitary waste and sewage will be managed for the event:

If using a private sanitation company, please provide the following information:

Name of Company _____ Email _____

Contact Name _____ Phone _____

> Show location of all restrooms on site plan.

Food and Beverage Plan

FOOD AND BEVERAGE

[] Yes [] No Will the event include food concessions and/or preparation areas? If yes, describe the methods of preparation, cooking, and serving of food:

Address where fats, oils and grease will be disposed: _____

ALCOHOL

[] Yes [] No Will the event involve the consumption of alcoholic beverages on-site? If yes, please describe sale/distribution method and the required security measures:

- > Show location(s) of food and beverage vendor(s) on site plan.
> Show location of alcohol consumption area(s) and fencing on site plan.
> A Liquor License/Caterer's Liquor License may be required at your event. Contact the City of Branson Finance Department for information.
> A Temporary Business License may be required. Contact the City of Branson Finance Department for information.
> Additional permits may be required. Contact the Taney County Health Department for information.

Certificate of Insurance

[] Yes [] No Will the location of the event be on public property? If yes, liability insurance will be required and the City of Branson named as additional insured on the policy.

> Attach Certificate of Liability Insurance

Public Notification Plan

Indicate the method(s) used to notify the public who might be affected by the event.

Postcard Email Published Notification Signage

Tent(s) and Fire Protection Plan

Yes No Will tents be used at the event? If yes, a **Special Permit** must be obtained a minimum of ten (10) days prior to the event from the **City of Branson Fire Department**.

Yes No Does the event include the use of fireworks, rockets, lasers, or other pyrotechnics? If yes, a **Special Permit** must be obtained from the **City of Branson Fire Department**. Describe and provide contact information:

Company Name _____ Email _____

Contact Name _____ Phone _____

- Show tent(s) and fireworks location(s) on site plan.
- Obtain **Special Permit** at the **City of Branson Fire Department**

Entertainment and Related Activities Plan

Yes No Will there be music or live entertainment at the event?

Yes No Will stages, bandstands, or platforms be used for the event?

Yes No Will sound amplification be used? If yes, please provide: Start time: _____ End time: _____

Yes No Will sound/light equipment be used for the event? If yes, provide a description for the use of sound/light equipment:

Yes No Will the event have any live animals and/or horse-drawn carriage(s)? If yes, describe:

- Show location of all stages, bandstands, or platforms on site plan.
- Show location of all sound/light equipment on site plan.
- Show animal location(s) and route for horse-drawn carriage(s) on site plan.
- A **Construction Permit** may be required for stages, bandstands, or platforms. Contact the **City of Branson Planning and Development Department** for information.
- Additional permits may be required. Contact the **City of Branson’s Animal Control** for information.

Temporary Sign Plan

Yes No Will the event include the use of any temporary signs? If yes, identify sign types below.

Yard (max. 10)

Qty. _____ Sign width _____ x height _____ = _____ sq. ft.

Banner (max. 5)

Qty. _____ Sign width _____ x height _____ = _____ sq. ft. Mounting location: Freestanding Wall

Provide a description of the location of each sign, (example: NE corner of Broadway and Main Street):

- Banner 1: _____
- Banner 2: _____
- Banner 3: _____
- Banner 4: _____
- Banner 5: _____
- Yard 1: _____
- Yard 2: _____
- Yard 3: _____
- Yard 4: _____
- Yard 5: _____
- Yard 6: _____
- Yard 7: _____
- Yard 8: _____
- Yard 9: _____
- Yard 10: _____

Applicant Acknowledgement

In signing this application for permit, the applicant acknowledges all information provided is complete and accurate. The applicant also agrees to abide by the regulations of the Branson Municipal Code.

Applicant Signature

Print Name

Date

OFFICE USE ONLY								
✓	Description	Comments		✓	Description	Comments		
	Duration	# OCR	Cumm. Days		Vendors	Temp Bus Lic	Liquor Lic	Cater Lic
	Sign type	Qty.	Qty.		Sanitation Plan	Waste	Restrooms	
	Site Plan	Y:	B:		Depts. Notified	Depts. Notified		
	Public Notification				Building		Parks	
	Security Plan				Finance		Police	
	Emergency/Medical Plan				Fire		PW	
	Certificate of Insurance				Health		Utilities	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								
_____ Approved by				_____ Date		_____ Reviewer time		