



SPECIAL EVENT APPLICATION PACKET





Town of Prescott Valley

SPECIAL EVENT PERMIT APPLICATION

INSTRUCTIONS: Please carefully read the "Event Rules and Regulations" (pages 4 through 7) section before completing this application. Incomplete applications and/or applications without the required application fee will not be processed.

APPLICANT INFORMATION

NAME OF APPLICANT *(same name listed in Signature section on page 22)*

NAME OF EVENT ORGANIZER/PRODUCER *(if different from Applicant)*

PRODUCTION COMPANY/ORGANIZATION *(if applicable)*

FEDERAL TAX ID or 501(c)(3) NUMBER¹

¹Additional Documentation Required: Please attached current verification of 501(c)(3) status - Commercial Use or Occupancy ONLY

MAILING ADDRESS

APT/UNIT/SUITE

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

DAYTIME PHONE

FAX

CELL PHONE

EVENT DAY ON-SITE CONTACT *(if different from Applicant)*

DAYTIME PHONE

CELL PHONE

EVENT SPONSOR: **Are you, the applicant, organizing this event on behalf of another organization?**
(Please check No or Yes below. If Yes, please provide additional information as request below.)

No Yes² → Name of Organization²:

NAME OF SPONSORING ORGANIZATION CONTACT *(if applicable)*

SPONSORING ORG. CONTACT PHONE

ADDRESS OF SPONSORING ORGANIZATION *(if applicable)*

CITY

ZIP CODE

²Additional Documentation Required: If you checked "Yes" above, please submit an endorsement letter from the organization (on their official letterhead) on whose behalf you are organizing this event.

Is the sponsoring organization requesting a 501(c)(3) discount on the permit fee for a charitable fundraising event? *(Commercial Use or Occupancy ONLY - 5.2.1.1.2)* Please check No or Yes below. If Yes, please provide additional information as requested below.

No Yes¹ → Please attach current version of 501(c)(3)¹

EVENT INFORMATION

EVENT NAME

1st CHOICE PARK LOCATION

SPECIFIC LOCATION

DATE(S)³

2nd CHOICE PARK LOCATION

SPECIFIC LOCATION

DATE(S)³

EVENT TIMES³

STEP-OFF TIME *(Applicable only for events with a route.)*

Start Time:

Finish Time:

³Additional Information Required: If your event includes multiple days and/or varying times, please attach a schedule.

DEPARTMENT OF PARKS AND RECREATION

SET-UP DATE(S)	SET-UP TIME(S) From: _____ To: _____
TEAR-DOWN DATE(S):	TEAR-DOWN TIME(S) From: _____ To: _____
NUMBER OF PARTICIPANTS ⁴	NUMBER OF SPECTATORS ⁴

⁴**Additional Documentation Required:** If your event is a recurring walk or run, please submit your final previous year participant roster list identifying the number of participants. DO NOT include personal or confidential information.

EVENT DESCRIPTION

Provide a detailed description of your event (*Strive to answer the who, why, where, what, and when aspects of your event*). Documents with this information or other materials describing this event may be attached.

PREVIOUS YEAR DATE/LOCATION: **Has this event been previously held?**
(Please check No or Yes below. If Yes, please provide additional information as requested below.)

No Yes: → Event Name: _____
 Location: _____ Date: _____

REFERENCES: Please list three references from past events that you have held.

Name: _____ Address: _____ Daytime Phone: _____
 Name: _____ Address: _____ Daytime Phone: _____
 Name: _____ Address: _____ Daytime Phone: _____

ADMISSION/ENTRY FEES

Does your event plan to charge admission for entry?
(Please check No or Yes below. If Yes, please provide additional information as requested below. Documents(s) with this information may be attached)
 5.4.4.2.3.6 Events for which admission is charged will be subject to profit-sharing twelve percent (12%) of gross receipts (but does not include team participation fees).

No Yes: → Admission Fee per Adult: _____ **AND/OR** Admission Fee per Child: _____
→ Description(s):

EVENT FEATURES

All event features are subject to the approval of the Department. Event features such as alcohol, street closures and those mentioned below may require separate permits from the Town of Prescott Valley. For information regarding Prescott Valley permits, please contact either the numbers noted below.

ALCOHOL

No "spirituous liquor" as defined in ARS §4-101 (as amended) may be sold, served or consumed in Facilities without a separate permit issued by the Council in accordance with Town Code §10-02-060 (as amended). Such permits shall, among other things, specify the name of Users applying for the permit, the nature of the event, the types of invitees expected to be part of the event, the date and times when service and/or consumption of spirituous liquor is authorized, and the specific locations where service and/or consumption of spirituous liquor is authorized. Users who desire to sell spirituous liquor in Facilities must also obtain a special event license from the Arizona Department of Liquor Licenses and Control pursuant to ARS §4-203.02 (as amended). License applications may be downloaded from the the State of Arizona Department of Liquor Licenses and Control website at www.azliquor.gov/forms. By applying for the separate permit, Users understand that the Town assumes no duty or obligation whatever to supervise the dispensing of spirituous liquor at the event for which the permit is obtained, and that the Town expressly disclaims any responsibility or liability therefor.

Users involved with events where spirituous liquor will be sold, served or consumed must furnish a licensed, bonded and insured security guard or off-duty police officer to provide security during the event. There shall be at least 1 such security guard for every fifty (50) persons anticipated to attend the event.

ALCOHOL SERVICE: Are you requesting permission to serve beer or wine at your event to event participants?

(Please check NO or YES below. If YES, please provide additional information as requested below.)

No Yes⁶ Name of licensed organization serving alcohol and liquor license number: _____

ALCOHOL SALE: Are you requesting permission to sell beer or wine at your event?

(Please check NO or YES below. If YES, please provide additional information as requested below.)

No Yes⁶ Name of insurance provider: _____

Previous holding name of an Arizona Liquor License: _____

List any previous liquor related violations: _____

⁶Additional Documentation Required: *If your event includes the sale or sampling of alcohol, please submit the necessary paperwork to the Town of Prescott Valley's Town Clerk's Office. For more information please contact the Town Clerk's Office at (928) 759-3135. A copy of the appropriate license(s) issued by the State of Arizona, permits by the Town of Prescott Valley and appropriate insurance certificate must be submitted to the Department 30 days prior to your event.*

PRODUCT SALES AND SAMPLING

Sales, sampling or giveaways of food, non-alcoholic beverages, or merchandise may require separate permits from Yavapai County and the Town of Prescott Valley prior to Department approval of the request. If any question below is answered "YES", then submit a Concession Waiver Application and obtain the appropriate permits from the Town of Prescott Valley.

FOOD AND NON-ALCOHOLIC BEVERAGES

Are you requesting permission to sample food and/or beverages?⁷
(Please check the appropriate response.)

YES, to event participants only

YES, to the general public

NO

Are you requesting permission to sell food and/or beverages?⁷
(Please check the appropriate response.)

YES, to event participants only

YES, to the general public

NO

MERCHANDISE

Are you requesting permission to sample merchandise?⁷
(Please check the appropriate response.)

YES, to event participants only

YES, to the general public

NO

Are you requesting permission to sell merchandise?⁷
(Please check the appropriate response.)

YES, to event participants only

YES, to the general public

NO

⁷Additional Documentation Required: *If you checked "YES" to any question in the above section, please submit a Concession Waiver Application. A copy of the appropriate permit(s) issued by the County Health Department, and appropriate insurance certificate must be submitted to the Department 30 days prior to your event. The Yavapai County Health Department can be reached at (928) 771-3377.*

GRILLING

Grilling must be confined to covered propane or gas grills. Its is suggest that grills be placed outside of any ramada or pavilion so as eliminate the possibility of expanded grease fires and stains. For more information on Fire/Burn restricted dates please contact the Central Yavapai Fire District at (928) 772-7711.

Does your event plan to use grills to prepare/cook food?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes



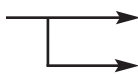
Number of Gas/Propane Grills: _____

Description(s):

AMPLIFIED SOUND

Are you requesting permission to have amplified sound? Amplified sound must be directed away from residences and must comply with Ordinance 10-01-070 of the Prescott Valley Town Code. If you check "YES" below, please describe your purpose and plans for amplified sound, including hours of sound. Document(s) with this information may be attached. (Please check NO or YES below. If YES, please provide additional information as requested below.)

No Yes⁸



Name of Contractor: _____ Contact Number: _____
 Describe Sound System:
 (Please describe purpose and plans for amplified sound.)

⁸Additional Documentation Required: If you checked "YES" above, please identify the proposed location of sound system, direction of sound and location of all speakers on your Site Map. No amplified sound beyond 11:00pm and before 12:00pm on Sunday.

Are you planning to provide live entertainment as a feature of your event?

(Please check NO or YES below. If YES, please provide additional information as requested below.)

No Yes⁹



Description:

Do you have the express permission from copyright holders for use of copyrighted materials? No Yes

⁹Additional Documentation Required: If you checked "YES" above, please describe the artist/talent you plan to provide in the space provided above and a copy of the performance agreement and contact information. Document(s) with this information may be attached.

Will you need Electricity for your event?

Equipment Type	# of Amps Needed	Equipment Type	# of Amps Needed
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Do you plan to employ an electrician? No Yes If Yes, name/contact information: _____

TENTS AND CANOPIES

Tents and/or Canopies over 240 square feet are required to be permitted from the Community Development Department, (928) 759-3050. If you are planning to erect tents or canopies, describe and give the quantity of tents and/or canopies, along with the sizes of each. A separate sheet with this information may be attached. All tents and/or canopies must be indicated on the Site Map (refer to page 20). The event organizer is responsible for any damage caused to park property/facility and must consult Department staff prior to installation. In addition, you will be required to submit a letter from the Department verifying the number and sizes of tents and/or canopies larger than 240 square feet before Community Development will issue a permit. A copy of all permits issued by Community Development must be submitted to the Department before the submission deadline. Therefore, please plan accordingly by submitting all appropriate paperwork (including a letter of support from the Department) at least 10 business days prior to your event day.

Will your event feature tents and/or canopies?

(Please check NO or YES below. If YES, please provide additional information as requested below.)

No Yes¹⁰



Tents/Canopies Size(s):
 (If you have multiple tents/canopies with varying sizes, indicate the number with the corresponding size.)

Number of Tents/Canopies: _____

¹⁰Additional Documentation Required: If you checked "YES" above, please indicate the number of tents with the corresponding size. Document(s) with this information may be attached. All tents and/or canopies must be indicated on the Site Map. A copy of all permits issued by the Community Development Department must be submitted to the Department 10 business days prior to your event.

VENDORS

Vendors are organizations and businesses that may sell or advertise products and/or services to your event participants. Sales, sampling or giveaways of food, non-alcoholic beverages, or merchandise may require separate permits from the Department prior to approval of the request. If you answer "YES" below, then submit a Concession Waiver Application and obtain the appropriate permits from the Prescott Valley Town Clerk or Yavapai County Health Department.

Will your event feature vendors?

(Please check NO or YES below. If YES, please provide additional information (types of vendors and quantities of each) as requested below. Document(s) with this information may be attached.)

No Yes



Description:

VEHICLES

The Department may consider granting Vehicle Passes for the delivery of equipment and supplies for event set-up and tear-down. A Vehicle Pass does not grant permission to park or drive on the grass or throughout any portion of a park or athletic field. Parking for event staff/participants is available at parking lots and designated street parking, but may also be granted on-site for a limited number of vehicles. Driving and parking vehicles on grass or athletic fields is strictly prohibited.

Are you requesting permission to operate staff/supply vehicles on Park service roads for delivery of equipment and supplies?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹¹ → Number of Vehicles: _____

→ Vehicle Description(s):
Please include the make, model and purpose of each vehicle.

Are you requesting permission to retain vehicles on-site for the duration of the event?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹¹ → Number of Vehicles: _____

→ Vehicle Description(s):
Please include the make, model and purpose of each vehicle.

¹¹**Additional Documentation Required:** *If you checked "YES" above, please include the make/model of each vehicle you are requesting permission to operate on Town property.*

PROMOTIONAL FEATURES

Will your event feature any promotional vehicles, inflatables, banners, or other promotional elements? The location of all promotional features must be identified on your Site Map. The event organizer is responsible for any damage caused to park property/facility and must consult Department staff prior to installation.

PROMOTIONAL VEHICLES: Will your event feature promotional vehicles?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹² → Description:

INFLATABLES: Will your event feature inflatables?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹² → Description:

BANNERS: Will your event feature banners?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹² → Description:

SIGNAGE: Will your event feature signage?

(Please check NO or YES below. If YES, please provide additional information as requested below. Placement of signage must be approved in advance)

No Yes¹² → How many signs and what dimension: _____

OTHER PROMOTIONAL ELEMENTS: Will your event feature other promotional elements?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹² → Description:

¹²**Additional Information Required:** *If you checked "YES" above, please identify the location of all promotional features on your Site Map.*

STAGES/PLATFORMS, PORTABLE TOILETS, DUMPSTERS, FENCING, BARRICADES, AND OTHER STRUCTURES

If you are planning to erect, install, or use any of these structures, please describe below and identify the location of all structures on your Site Map (page 20). Include sizes and quantities of individual structures. A separate sheet with this information may be attached. Some structures, such as large stages/platforms, may require a separate building permit from the Community Development Department, (928) 759-3050. A copy of all permits issued by Community Development must be submitted to the Department 10 business days prior to your event. Therefore, please plan accordingly by submitting all appropriate paperwork to the Community Development Department at least 30 days prior to your event day.

STAGES/PLATFORMS: Will your event include the installation of stages/platforms?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹³ → Number of Stages: _____

→ Stage Description(s):

PORTABLE TOILETS: Will your event include the use of portable toilets?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached. The placement of all portable toilets must be approved by the Department and then removed from Town property within 24 hours after the event.)

No Yes¹³ → Number of Portable Toilets: _____ Name/Contact Number of provider: _____

→ Description(s):

DUMPSTERS: Will your event include the use of dumpsters?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached. The placement of all dumpsters must be approved by the Department and then removed from Town property within 24 hours after the event.)

No Yes¹³ → Number of Dumpsters: _____

→ Description(s):

FENCING: Will your event include the installation of fencing?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹³ → Description:

BARRICADES: Will your event include the use of barricades?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹³ → Number of Barricades: _____

→ Description(s):

OTHER STRUCTURES: Will your event include the use of other structures not identified above?

(Please check NO or YES below. If YES, please provide additional information as requested below. Document(s) with this information may be attached.)

No Yes¹³ → Number of Structures: _____

→ Description(s)¹

¹³**Additional Information Required:** If you checked "YES" above, please indicate the location of all stages/platforms, portable toilets, dumpsters, fencing, barricades, and all other structures on the Site Map. Document(s) with this information may be attached. A copy of all permits issued by Community Development must be submitted to the Department 10 business days prior to your event.

ADVERTISING AND MARKETING

Please note that all costs incurred promoting and marketing events prior to the issuance of an approved Special Event Permit from the Town of Prescott Valley and changes/modifications relative to the event from the Town of Prescott Valley and/or the Department of Parks and Recreation and other associated Departments is at the sole expense and risk of the Event Organizer.

How will your event attendees be notified or invited to the event?
(Please describe below. Document(s) with this information may be attached.)

Description:

Will your event be publicly advertised? (Document(s) with this information may be attached.) No Yes

At what level will the event be promoted? Local Regional National International

What type of publicity will be used? Newspaper Radio Television Direct Mail Billboard Other

TELEPHONE NUMBER TO BE RELEASED FOR PUBLIC INFORMATION: _____

Will your event be advertised on a dedicated web page?
(Please check NO or YES below. If YES, please write-in the web address. Document(s) with this information may be attached.)

No Yes Link: _____

TRANSPORTATION

Provide a transportation plan that explains how participants/spectators will get to and from the proposed event location. The Town recommends you inform event participants/spectators of alternative modes of transportation that will reduce traffic congestion such as the bicycle, car pooling, shuttles, etc. Your description must identify proposed parking locations with recommended routes and alternative modes of travel. You must also describe how you will inform participants/spectators about appropriate travel recommendations that will easily and safely guide them to your proposed event location. If you are planning a walk/run event, please provide sufficient time for registration. Vehicle passes are granted for setup and tear-down of equipment and supplies only.

Description:

STREET CLOSURES OR USE OF PUBLIC WAY

If your event is requesting the closure of/use of a public street or public way (including sidewalks or street crossings) you must obtain approval and all necessary permits from the Town. For more information regarding Town requirements, please contact the Department of Public Works at (928) 759-3070. All proposed routes are subject to Department approval. The Town is not responsible for any costs associated with the denial of a proposed route.

Will you be requesting permission to alter normal traffic patterns (close a street or other public way from the Town of Prescott Valley) **for your event?**
(Please check NO or YES below. If YES, please describe below. Document(s) with this information may be attached.)

No Yes Description:

Will public parking areas, streets, sidewalks, etc. be restricted or obstructed? No Yes (include in site plan)

- Does your plan include on-site parking? No Yes (include in site plan)
- Will you charge for on-site parking? No Yes
- Does your plan include off-site parking? No Yes
- Will you charge for off-site parking? No Yes

Note: If you checked "YES" above, please indicate fees and identify the location of all parking on your Site Map. Public Service Announcements regarding parking/traffic flow is the responsibility of the Promoter.

AMERICANS WITH DISABILITIES ACT

ADA requires with accessibility guidelines as adopted by the State of Arizona are now in effect. The following provisions are to be considered regarding ADA accessibility.

- No Yes ADA restrooms facilities will be made available? (1 handicapped for each group of portable toilets)
- No Yes Handicapped parking provisions have been provided? (see site plan for location)
- No Yes Handicapped assistance will be offered? If yes, please describe: _____

CORPORATE SPONSORSHIP

Will your event include sponsors that will make either in-kind or monetary contributions for the purpose of conducting this event?

(Please check NO or YES below. If YES, please provide the specific trade names, this includes product sampling, giveaways, and exhibits. Document(s) with this information may be attached.)

No Yes → Description:

SPECIAL EFFECTS

Will your event include Special Effects? *(Please describe below. Document(s) with this information may be attached.)* No Yes

What type of special effect will be used? Fireworks Laser Lights Other: _____

Description:

Location of Special Effect: _____

Date: _____ Start Time: _____ am/pm EndTime: _____ am/pm

Date: _____ Start Time: _____ am/pm EndTime: _____ am/pm

Date: _____ Start Time: _____ am/pm EndTime: _____ am/pm

Do you plan to employ an Special Effects Professional? No Yes

Special Effects Company Name: _____

On-site Contact Name: _____ Day of Event Contact Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Note: Central Yavapai Fire District will issue a permit contingent upon weather conditions and separate insurance being provided for fireworks. Town Code 10-1-030 requires Chief of Police or his/her designate approval. A copy of all permits issued by the Central Yavapai Fire District and the special effect providers certificate of insurance must be submitted to the Department 60 business days prior to your event.

PARADES and CARNIVALS

Will your event include a Parade? *(Please describe below. Document(s) with this information may be attached.)* No Yes

Who and how many will participate? _____

Purpose/Theme of the parade? _____

Proposed parade route attached? No Yes

Parade Time Date: _____ Start Time: _____ am/pm EndTime: _____ am/pm

Set-up Date: _____ Start Time: _____ am/pm EndTime: _____ am/pm

Break-Down Date: _____ Start Time: _____ am/pm EndTime: _____ am/pm

Will your event include Carnival Games or Rides? *(Please describe below. Document(s) with this information may be attached.)*

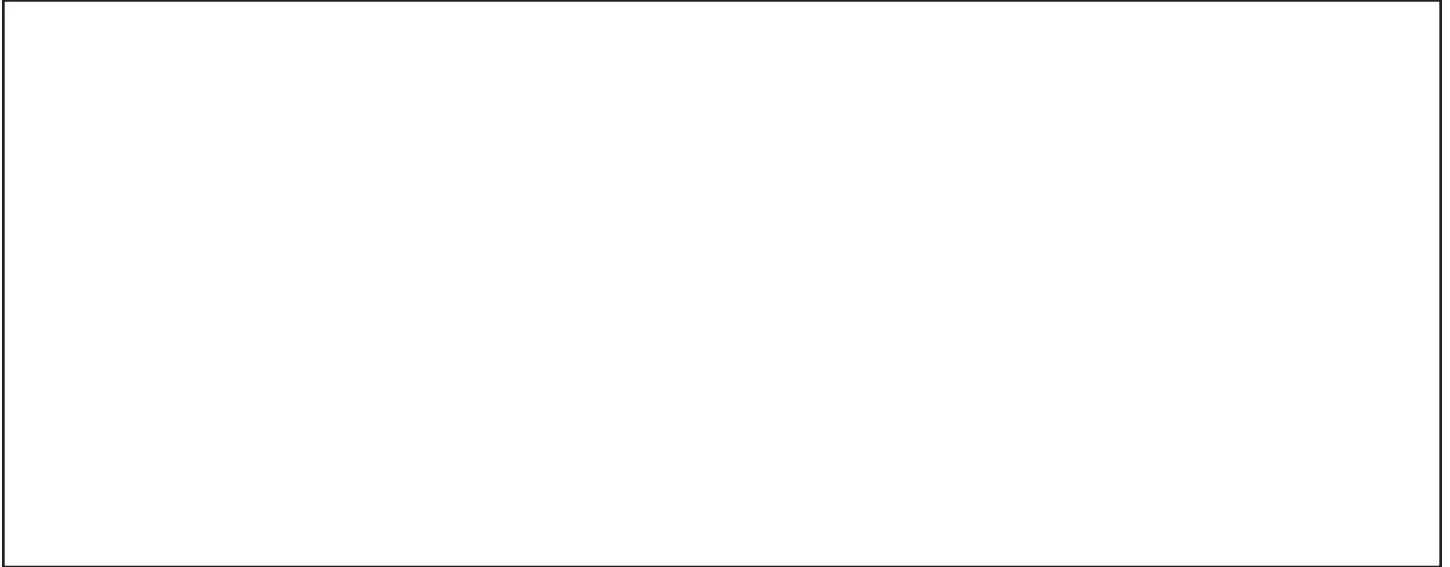
No Yes → Description:

Note: Town Code 10-1-030 requires a 90 day pre-approval by the Chief of Police or his/her designate and providers certificate of insurance.

MAPS

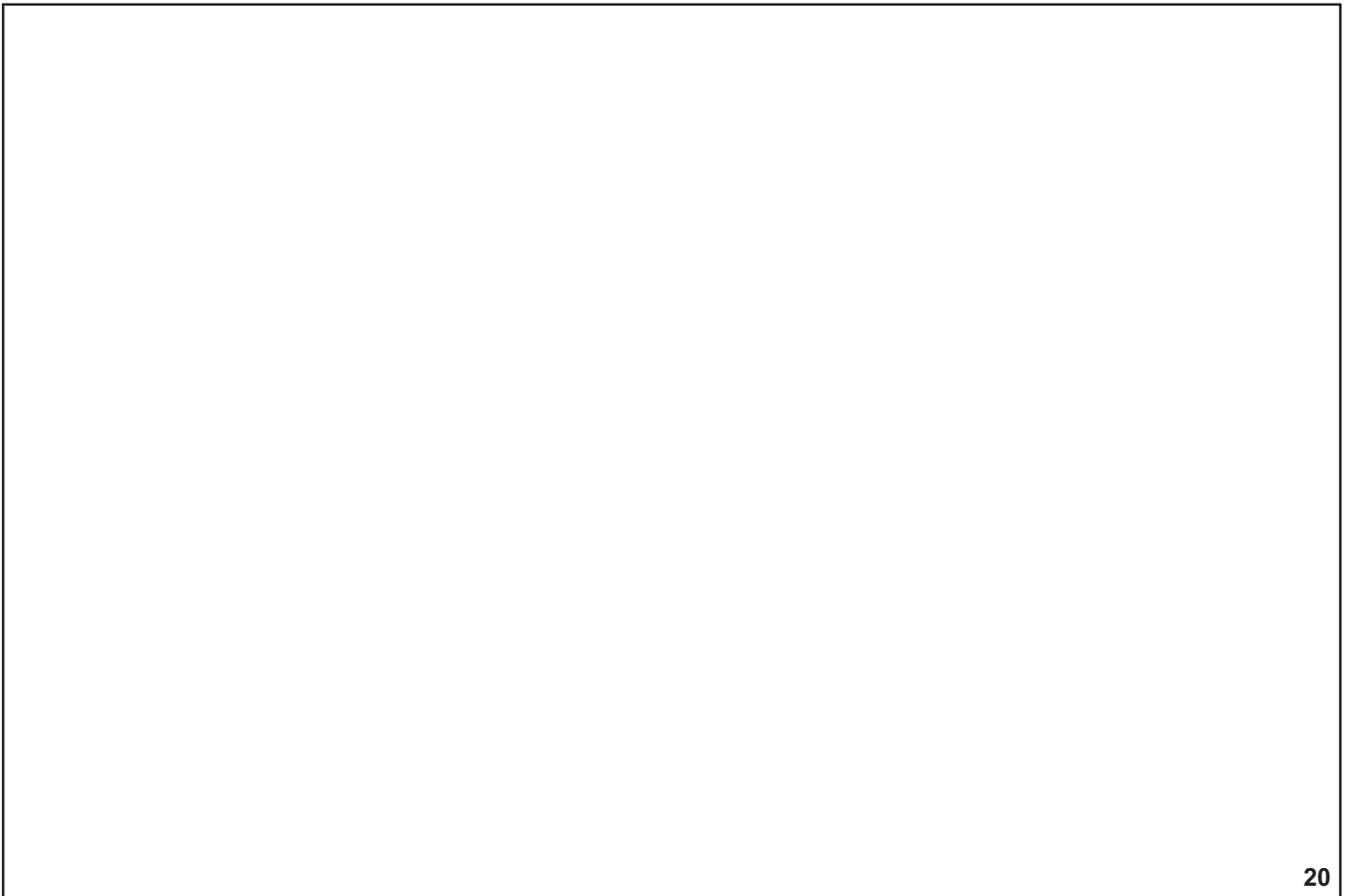
ROUTE MAP

If your event is a run, walk, or other activity in which participants will be following a course, then you must attach a map (or sketch a map in the space provided below) and a written description of the proposed route. All proposed routes are subject to Town approval. Additionally, the Town of Prescott Valley is not responsible for any costs associated with the denial of a proposed route. For more information regarding Town requirements, please contact the Department of Public Works at (928) 759-3070.



SITE MAP *(required for all applicants)*

Attach a Site Map (or sketch a site map in the space provided below) if you plan to include any of the previously mentioned event features at your event. The Site Map should indicate the relative location of the following: all sources of amplified sound and direction of sound; tents and canopies with sizes; stages, promotional vehicles, inflatables, portable toilets, dumpsters, fences & barricades and other structures; proposed driving paths for all equipment and supply vehicles; location of vehicles you wish to retain on Town property during the event; locations of alcohol, food and merchandise service/sale; and proposed street closures. All Site Maps are subject to the approval of the Town.



SECURITY PLAN AND MEDICAL SERVICES

Depending on the size (500+) and activities (alcohol, etc.) of your proposed event the Prescott Valley Police Department may require the presence of security personnel. Event organizers are responsible for the actions and conduct of any and all persons and organizations (participants, spectators, sponsoring organization, its Officers, Employees or agents or any person under their control insofar as permitted by law) associated with the permitted event. Furthermore, the event organizer is responsible for and will bear all costs related to policing, cleaning and restoring the park upon conclusion of the event or activity and will reimburse the Department for any such costs incurred by the Town of Prescott Valley.

SECURITY PLAN

Have you made provisions for on-site security services? Please note that the Prescott Valley Police Department may be available for your event. For more information, contact the Police Department at (928) 772-9261.

(Please check NO or YES below. If YES, please provide the information requested below. Document(s) with this information may be attached.)

No Yes Please provide the information requested below

SECURITY COMPANY		CONTACT NAME	
NUMBER OF SECURITY STAFF PER SHIFT PER DAY	LICENSE NUMBER	INSURANCE COMPANY NAME	
STREET ADDRESS			SUITE
CITY		STATE	ZIP CODE
E-MAIL ADDRESS			
PHONE	FAX	EVENT DAY CELL	

Additional Information Required: If you checked "YES" above, please provide the Security Company's license and certificate of insurance as required by the Town. Provide a detailed schedule indicating the number of security personnel per shift throughout each day of the event (including set-up, event and tear-down days) and contract. Document(s) with this information may be attached. Please note: all security plans must be approved by the Chief of Police or designee. Additional information may be requested upon review of any and all security plans.

MEDICAL SERVICES

Have you made provisions for on-site medical services?

(Please check NO or YES below. If YES, please provide the information requested below. Document(s) with this information may be attached.)

No Yes Please provide the information requested below

MEDICAL COMPANY		CONTACT NAME	
STREET ADDRESS			SUITE
CITY		STATE	ZIP CODE
E-MAIL ADDRESS			
PHONE	FAX	EVENT DAY CELL	

SIGNATURE

It is understood that completion of this application does not obligate the Town in any fashion to reserve any facility or approve and event.

Applicant will indemnify and defend the Town of Prescott Valley, its officials, agents, and employees (the "Indemnities") against any losses, costs, damages, liabilities, claims, suits, actions, causes of action and expenses that the Indemnities may suffer, incur, or sustain or for which it or they may become liable resulting from, arising out of, or relating to any negligence or intentional misconduct by the applicant of the sponsoring organization, its officers, employees, or any person under its control in connection with this permit.

I do solemnly swear (or affirm) that all answers given and statements made on this application are full and true to the best of my knowledge. I have read the terms and conditions outlined in this document, the Town of Prescott Valley Code and its associated Facility Use Policies and agree to abide by them.

NAME OF APPLICANT *(please print)*

SIGNATURE OF APPLICANT

DATE

Thank you for completing your Special Event Permit Application. Before you submit your application to the Town of Prescott Valley's Department of Parks and Recreation, please make sure that the following steps have been completed:

Have you?

- Signed and dated your application?
- Attached your event site map? (A route map must also be included for Athletic Level events.)
- Provided all documents and information as requested throughout the application?

Submit your completed Special Event Permit Application to the Department of Parks and Recreation. All applications will be coordinated through the Department of Parks and Recreation.

**Town of Prescott Valley
Department of Parks and Recreation
7501 E. Skoog Blvd., 3rd Floor
Prescott Valley, AZ 86314
(928) 759-3090
parks@pvaz.net**