

SPECIAL EVENT PERMIT APPLICATION

Town of West Yellowstone
Gallatin County, Montana

Event: _____
 Sponsor Organization: _____
 Sponsor Address: _____
 Contact Person: _____
 Contact Phone: _____ Fax: _____
 E-mail Address: _____
 Date(s) of Event: _____
 Location of Event: _____

Respond to all sections either on the applicable sheets, or attach sheets as needed. A complete application should be submitted a minimum of 4 weeks prior to the event.

- A. Event detail: Use the attached sheet to describe your event in detail and any special accommodations you are requesting from the Town.
- B. Site Plan: Detail the physical layout of your event on the attached site plan and return with the application.
- C. Liability Insurance: Please provide a copy of the event's liability insurance naming the Town of West Yellowstone as additionally insured. Liability insurance coverage shall be in the minimum amounts of \$750,000 per claimant/\$1,500,000 per occurrence and include alcohol liability, if applicable. The Operations Manager may grant exception to these limits based on general public health, safety and welfare associated with the request for exception, as well as the liability risk and the applicant's ability to pay.

Application Fee: \$ 25.00
 Administration Fee: \$ _____
 Total Due: \$ _____

Signature of Applicant

Date

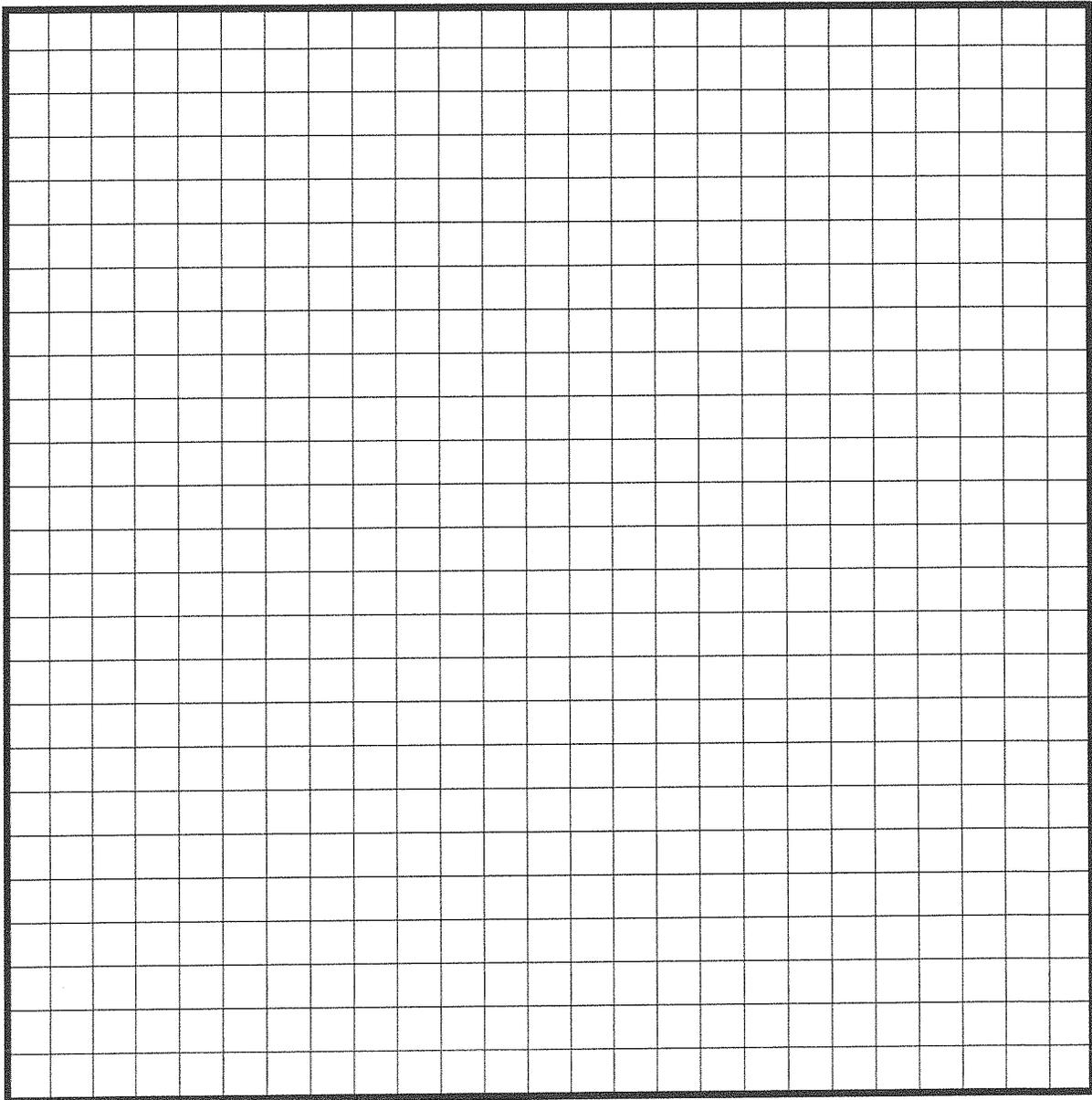
FOR OFFICE USE ONLY			
Department	Initials	Date	Comments
Pub Services			
Fire			
Police			
Administration			
Notes/Conditions: _____ _____ _____			
Approved	Denied	_____ Town Clerk _____ Date	

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Site Plan

Event: _____



Please indicate direction