

FAIRFIELD PARKS & RECREATION DEPARTMENT
Special Event Application

Location of Event _____ Date(s) of Event _____

Name of Event _____ Time _____

Organization/Group _____

Organization Address _____ Organization Phone _____

Contact Person _____ E-mail _____

Home Phone _____ Work Phone _____

Contact Address _____

Number of Participants _____ Number of Spectators Expected _____

****Some events require additional permits. Please check off those that apply to your event, obtain the appropriate approvals or signatures and return the completed, signed copy to the Parks & Recreation Department.*

- _____ Alcoholic Beverages
- _____ Food
- _____ Amusement Rides
- _____ Games of Chance
- _____ Tents
- _____ Roadway Use
- _____ Crowd Control
- _____ Bonfires

- Ffld Police, Town Clerk and Fire Marshal
- Health Department
- CT State Police and Fire Department
- Fairfield Police Department
- Building Department, Fire Department
- Fairfield Police Department
- Fairfield Police Department
- Health Dept. and Fire Marshal

Signature of Applicant

Date

For Office Use Only:

- | | | | |
|--------------------------|------------------|----------------|--------------|
| Fairfield Police Dept. | Signature: _____ | Approved _____ | Denied _____ |
| Fairfield Fire Dept. | Signature: _____ | Approved _____ | Denied _____ |
| Fairfield Health Dept. | Signature: _____ | Approved _____ | Denied _____ |
| Fairfield Building Dept. | Signature: _____ | Approved _____ | Denied _____ |
| Ffld Parks & Rec. Dept. | Signature: _____ | Approved _____ | Denied _____ |