

# CITY OF CHERRY HILLS VILLAGE

2450 E. Quincy Avenue  
Cherry Hills Village, CO 80113  
www.cherryhillsvillage.com

Village Center  
Telephone 303-789-2541  
FAX 303-761-9386

## Events on Private Property

### Application Instructions

Please submit your application at least ten (10) business days prior to (but no more than one year in advance of) your event to allow sufficient time to review and process the permit.

For events on private property, if you have applied for and received a Special Event Liquor Permit with the City Clerk, that permit will allow for possession and consumption as authorized by the Colorado Liquor Laws.

### Applicant Information

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Event Information

Name of Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Type of Event \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Start time of Event: \_\_\_\_\_ End time of Event: \_\_\_\_\_  
Estimated Attendance: \_\_\_\_\_ Number of Portable Restrooms: \_\_\_\_\_  
*(If your event will host 2,000 people or more, please contact the Community Development Director for a Major Events Permit.)*  
Event Coordinator Name & Phone Number: \_\_\_\_\_

*(Individual who will be the contact the day of your event and available for any emergencies)*

Detailed Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you requesting extra officers for your event?  Yes  No  
Are you providing your own security for your event?  Yes  No  
Will your event include a partial or complete road closure\*?  Yes  No

\*Private roads only. Public roads: must complete separate City Property Usage Permit.

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**The City prohibits fireworks or firecrackers except with written permission of the City subject to time and place limitations. Will your event involve firecrackers, fireworks, or other explosives?**

Yes  No

**If yes, please describe location; time period; type and quantity of fireworks:**

\_\_\_\_\_

\_\_\_\_\_.

**If you plan to have fireworks, have you notified South Metro Fire Rescue?**  Yes  No

**Do you plan to notify neighbors of the event?**  Yes  No

**If you will have vendors at your event, will they remit sales tax individually or will you remit sales tax for all sales?** \_\_\_\_\_

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## FOR CITY USE BELOW THIS LINE

*Staff representative for this event*

**Name & Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Attachments

- Map showing road closures
- Extra Duty Services Agreement

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	REVIEWER	COMMENTS; CONDITIONS	DATE
<b>POLICE DEPARTMENT</b> (if event involves fireworks, this form must be signed by the Chief of Police)			
<b>PUBLIC WORKS</b>			