

Special Event and/or Tent Permit Application Front Range Fire Rescue – Life Safety Section P.O. Box 130, Milliken, CO 80543

(970)587-4464 / fax: (970)587-0324



ent Name			Event Date(s)	Event Date(s)	
vsical Address (St	reet, City, State, Zip)				
ent Coordinator / 7	Fent Installation Contractor		Phone:		
		WITH SUBMITTAL OF TH	IS COMPLETED APPLICATION	ON ***	
SELECT PERMIT(S)		PERMIT TYPE		PERMIT FEE	
	Fireworks / Pyrotechnics l	Display Permit (indoors)		\$200.00	
	Fireworks / Pyrotechnics Display Permit (outdoors)			\$300.00	
	Fireworks Retail and/or Wholesale Sales Permit Tent/Canopy Permit (700 square feet or greater)			\$1,500.00 \$50.00	
	Special Event – any event to intended include more than 1000 persons, more than 4 large tents, or involve high-risk activities as defined in FRFR policy			\$200.00	
	Haunted House / Maze Permit			\$100.00	
After Hours Inspections – Minimum Two (2) Hours: Any permit inspections occurring before or after normal business hours of 7am to 5pm, Monday through Friday, or any time on weekends. Fee shall be doubled if the inspection occurs on a holiday.				\$80.00 per hour \$	
	1	TO	OTAL COST OF PERMIT(S)	\$	
APPLICA	NT SHALL REVIEW AN	D INITIAL EACH ITEM BI	ELOW TO ACKNOWLEDGE	REQUIREMENTS	
-	Every Special Event shall designate an Event Coordinator to be the primary point of contact.				
	Every permit applicant shall be provided with a printed copy of the FRFR Special Event/Tent policy.				
	Mobile Food Vendors are required to be licensed within Weld County and permitted by FRFR.				
	An EMS standby may be required for events with anticipated attendance of 350 or greater. Applicant has provided and attached a Detailed Site Plan for the special event. Applicant has completed and attached the Special Event Planning Guide Applicant has completed and attached the Special Event Application Packet				
	Anticipated public attendance:				
+	Applicant has completed an Applicant has completed an	d attached the Special Event P d attached the Special Event A	lanning Guide		
oplicant (please pri	nt)		Title		
gnature			Local Phone Number		
		OFFICE USE ON			
Date of Inspection		Inspector	Permit #		
Date Permit Issued		Permit Valid Dates	Payment Received		
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