

BOULDER CITY FIRE DEPARTMENT EVENT PLANNING APPLICATION

1. Name & Date of the Event: _____ Date: _____

Event Description: _____

Will Tents, Canopies, Cooking/Heating Devices/Food Trucks, Generators, Recreation Fires, Pyrotechnics/Fireworks or Flame/Special Effects, be used at the event? Is the public invited to the event? (check all that applies)

Explain each item checked in detail: _____

Tent Company Vendor Name: _____

2. Food Truck Vendors: Provide detailed list of food truck vendor(s) to include food truck name, business owner name, contact telephone number, and contact email. Each food truck will require a separate fire department operation permit. Please send the information via email to fire@bcnv.org.

Food Truck Vendor Name	Business Owner Name	Telephone Number	Contact Email

3. EMS Coverage: Will EMS coverage be required? If using a third party ambulance provider, please provide name of the private ambulance provider, Southern Nevada Health District Provider number, City of Boulder City business license number.

Private Ambulance Provider Name: _____

SNHD Provider Number: _____

City of Boulder City Business License Number: _____

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4. Location/Facility/Venue Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Name of Organization or Responsible Party: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Work: _____ Cell: _____ Fax: _____

Email Address: _____

6. Type of Event (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Concert/Musical Performance | <input type="checkbox"/> Equestrian |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Event involving water |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Political/Dignitary |
| <input type="checkbox"/> Race | <input type="checkbox"/> Indoor event |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Outdoor event |
| <input type="checkbox"/> Extreme sport | <input type="checkbox"/> Video/Photo Production |
| <input type="checkbox"/> Combat sport | Other: _____ |

7. Expected Weather Condition (must be updated 10 days in advance of event)

Wind _____ MPH

Humidity _____ %

- | | |
|----------------------------------|--|
| <input type="checkbox"/> <50F | <input type="checkbox"/> 91F-100F |
| <input type="checkbox"/> 50F-60F | <input type="checkbox"/> 101F-110F |
| <input type="checkbox"/> 61F-80F | <input type="checkbox"/> >110F |
| <input type="checkbox"/> 81F-90F | Estimated area of shade: _____ sq. ft. |

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8. Event Venue Surface (check all that apply)

- | | |
|------------------------------------|--|
| <input type="radio"/> Grass | <input type="radio"/> Asphalt/Concrete |
| <input type="radio"/> Loose gravel | <input type="radio"/> Temporary flooring |
| <input type="radio"/> Dirt | <input type="radio"/> Other: _____ |

9. Estimated Event Attendance (Peak)

- 2,500 to 9,999 10,000 to 14,999 15,000 to 49,999 >50,000
- Other: _____

10. Average age of attendees

- <25 26 – 49 >50

11. Could the event attract persons with an acute or chronic illness? _____ (Yes or No)

If yes, please describe: _____

12. Will alcohol be sold, will alcohol consumption be allowed within the event, or has a history of consumption of alcohol or drugs at or outside of the event occurred? _____ (Yes or No)

By signing this document, I am acknowledging that I have reviewed the Boulder City Fire Department Special Event Policy, am ensuring the event will comply with all applicable requirements, and have submitted all necessary documents for review/approval. This includes, but is not limited to the submittal of a site map and associated event details.

Event Coordinator or Responsible Party Signature

Date of Application