



ST. CHARLES COUNTY PARKS DEPARTMENT

APPLICATION FOR SPECIAL USE/EVENT

SHELTER: _____ **CAMPING/CABIN:** _____ **PARK AREA:** _____

QUAIL RIDGE LODGE: ___ w/Kitchen ___ w/o Kitchen **GAZEBO:** ___ Yes ___ No

LOUPE CONFERENCE CENTER: ___ Upper Level ___ Lower Level ___ Entire Facility

PLEASE PRINT: (APPLICANT MUST BE 21 YEARS OF AGE TO RENT ANY ST. CHARLES COUNTY FACILITY)

Today's Date _____

Date(s)/Day(s) Requested _____ Type of Event _____

Time(s) _____ Number Expected to Attend _____

Name of Organization _____

Contact Person (name/telephone) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Please Complete This Section For Quail Ridge Lodge & Loupe Conference Center Rentals Only

Number of round tables _____ Number of rectangular tables _____ Number of chairs _____

Name and telephone number of person who will meet with staff for facility check-in and checkout:

Check-in: Name/Phone _____ Time _____

Checkout: Name/Phone _____ Time _____

Please answer the following specific questions regarding your event:

1. If your proposed event will require the service of outside vendors, businesses, or organizations please list below. (i.e.: Catering, Band, DJ, etc.)

Name: _____ Type of service _____ Telephone _____

Name: _____ Type of service _____ Telephone _____

Name: _____ Type of service _____ Telephone _____

Name: _____ Type of service _____ Telephone _____

2. Will your proposed event require any type of special equipment/apparatus to be brought into the parks?
____ YES ____ NO

If yes, please list equipment/apparatus type _____

Name of company and telephone number who will supply this equipment/apparatus: _____

(Please turn page over and complete additional questions)

TO CONTACT THE PARK RANGER ON DUTY CALL 314-713-4394. IN CASE OF EMERGENCY CALL 911.

3. Will your proposed event require road and/or field parking? _____ YES _____ NO
4. Depending on the nature of your event or outside vender, liability insurance may be required. Do you currently have liability insurance that would cover this?
NOTE: Your Group will be held liable for damage(s) during your event.
_____ YES _____ NO

Liability Insurance indemnifying St. Charles County Government may be required for Special Event Permits. Minimum amount of Insurance shall be \$350,000 dollars per occurrence with a 2.5 million dollar aggregate. NOTE: Policy must be provided one month prior to the event.

5. Please check any of the following that will be a part of your proposed event:

Concession Sales	_____ YES	_____ NO
Park Fees	_____ YES	_____ NO
Admission Fees	_____ YES	_____ NO
Entry Fees	_____ YES	_____ NO
Security Fees	_____ YES	_____ NO
First Aid Stations	_____ YES	_____ NO
Volunteer's	_____ YES	_____ NO
Emergency Vehicles	_____ YES	_____ NO
Law Enforcement	_____ YES	_____ NO

- If you have answered yes to any of the above items, please include any procedures and/or proposed fees along with this request.

6. Please list here any additional request you may have regarding your proposed event- please be specific (attach additional sheets if needed). _____

7. Alcohol: Yes _____ No _____ Keg _____ (beer and wine only - 5% alcohol content by volume)
NO GLASS CONTAINERS

Please **do not print any literature** publicizing this event unless you have received an approved copy of your special use authorization form signed and dated by a representative of the SCC Parks Department.

MAIL FORM TO: St. Charles County Parks and Recreation Dept.
Attn: Reservations
201 N. Second St. – Rm 510
St. Charles, MO 63301

FOR OFFICE USE ONLY

_____ **SPECIAL EVENT** _____ **SPECIAL USE AUTHORIZATION**

Approved _____ Denied _____ Approved _____ Denied _____

Reason for denial _____

Signed by _____ (Date) _____
(Director of Parks)

Fee Required \$ _____ Damage Deposit \$ _____ Total \$ _____

Amount Paid \$ _____ Date Paid _____ Received By _____