



BURNEY FIRE PROTECTION DISTRICT

Special Event Application

Event Name: _____

Event Address: _____
Street Address

City/ State/ Zip Code

Event Contact Name: _____

Event Contact Phone Number: _____

Event Contact Email: _____

Event Start Date: _____ Event Start Time: _____

Event End Date: _____ Event End Time: _____

Number of Participants: _____

Overall Event Profile (check all that apply)

Nature of the Event

- | | |
|---|--|
| <input type="checkbox"/> Concert/ Music Festival | <input type="checkbox"/> Motor Sport |
| <input type="checkbox"/> Exhibit / Trade Show | <input type="checkbox"/> Political Rally |
| <input type="checkbox"/> Bicycle / Foot Race / Parade | <input type="checkbox"/> Pyrotechnic Display |
| <input type="checkbox"/> Athletic / Sporting Event | <input type="checkbox"/> Beer/Wine Tasting |
| <input type="checkbox"/> Agricultural / Farmers Market | <input type="checkbox"/> Wedding |
| <input type="checkbox"/> Carnival / Fair / Circus / Haunted House | |

Venue

- | | |
|--|---|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Tables & Chairs |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Heating Provided |
| <input type="checkbox"/> Parking / Traffic Access | <input type="checkbox"/> Generator Provided |
| <input type="checkbox"/> Festival Seating / Standing | |

Tents (larger than 20x20 feet)

- Yes
 No



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Food and Beverage

- Catered / Prepared Off-Site
- Barbeque / Grill On-Site
- Deep Fryer On-Site
- Ranges On-Site
- Alcohol Served

Safety Provisions (check all that apply)

Security

- Event Staff
- Private Security
- Law Enforcement

Please review the Event Medical Plan Requirement. If required, based on the Event Medical Plan Requirements, attach your Event Medical Plan.

Is an ambulance stand-by required, based on the Event Medical Plan Requirements?

- Yes
- No

If yes, please fill out the Fire Engine / Ambulance Standby Service Request Form and attach it to this application as well.

Fire Protection

- Fire Extinguishers / Hoses
- Event Staff Fire Watch
- Fire Department Standby
- Fire Engine Standby
- Fire Rescue Standby

Additional Comments:

- I declare under penalty of perjury, to the best of my knowledge and beliefs, the responses made herein are true and correct.**



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RELEASE OF LIABILITY AND INDEMNIFICATION FORM

TO THE FULLEST EXTENT ALLOWED BY LAW, THE APPLICANT (SPONSOR, PROMOTER, AND LAND OWNER) SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS THE TRUCKEE FIRE PROTECTION DISTRICT, AND ITS OFFICERS, AGENTS, ELECTED AND APPOINTED OFFICIALS, AND EMPLOYEES (“DISTRICT INDEMNITEES”), FROM AND AGAINST ANY AND ALL CAUSES OF ACTION, CLAIMS, LIABILITIES, OBLIGATIONS, JUDGEMENTS, OR DAMAGES, INCLUDING REASONABLE ATTORNEYS’ FEES AND COSTS OF LITIGATION (“CLAIMS”), DIRECTLY OR INDIRECTLY ARISING OUT OF THE APPLICANT’S PERFORMANCE OF ITS OBLIGATIONS, OR EXERCISE OF ITS RIGHTS, UNDER THIS SPECIAL EVENT PERMIT OR OUT OF THE OPERATIONS CONDUCTED BY THE APPLICANT, INCLUDING THE DISTRICT’S PASSIVE NEGLIGENCE, EXCEPT FOR SUCH LOSS OR DAMAGE ARISING FROM THE SOLE NEGLIGENCE OR WILLFUL MISCONDUCT OF THE DISTRICT. IN THE EVENT THE DISTRICT INDEMNITEES ARE MADE A PARTY TO ANY ACTION, LAWSUIT, OR OTHER ADVERSARIAL PROCEEDING ARISING FROM THE APPLICANT’S PERFORMANCE OF THE AGREEMENT THE APPLICANT SHALL PROVIDE A DEFENSE TO THE DISTRICT INDEMNITEES OR AT THE DISTRICT’S OPTION REIMBURSE THE DISTRICT INDEMNITEES THEIR COSTS OF DEFENSE, INCLUDING REASONABLE ATTORNEY’S FEES, INCURRED IN DEFENSE OF SUCH CLAIMS.

I have read and agree to the release of liability and indemnification form.

Signature: _____

Print Name: _____

Date: _____

Special Event Plan Review Fee: \$150.00