

**OFFICE USE ONLY**

**APPLICATION**

RECEIVED \_\_\_\_\_

REVIEWED \_\_\_\_\_

APPROVED/DENIED \_\_\_\_\_

**DEPOSIT \$** \_\_\_\_\_

DATE \_\_\_\_\_

**COPY TO DIST. SUPERVISOR** \_\_\_\_\_

REVISED 9.2018



**Special Use Permit**

Lincoln Parks & Recreation  
Attn: Reservations  
3131 "O" St., Suite 300  
Lincoln, NE 68510

**FOR ADDITIONAL INFORMATION, CONTACT:**

Office: (402) 441-7847

Fax: (402) 441-9249

Hours: Monday - Friday  
8:00am - 4:30pm

E-mail: reservations@lincoln.ne.gov  
lincoln.ne.gov (keyword: reservation)

**EVENT NAME**

**PARK/FACILITY**

SPECIFIC RENTAL AREA REQUESTED

**EVENT DATE(S)**

RAIN DATE(S) REQUESTED

**TYPE OF EVENT**

**HOURS REQUESTED**

SET UP TIME

EVENT TIME

CLEAN UP TIME

*\*CLEAN UP MUST BE COMPLETED TO RECEIVE FULL REFUND OF DEPOSIT*

**# OF ATTENDEES** (ESTIMATED)

**CROWD ACTIVITY** (STAY OR COME/GO)

**APPLICANT NAME**

PHONE

ADDRESS

EMAIL

**ORGANIZATION NAME**

**ADDRESS**

**PHONE**

**APPLICANTS POSITION WITHIN ORGANIZATION**

**ON-SITE SUPERVISOR** DURING EVENT

NAME

PHONE

ADDRESS

**All pages of permit must be completed in full before application is processed.**

*If an area is not needed for your event, please indicate with "N/A".*

**Event Activities**

Describe the activities/event you are planning (attach additional sheets if needed)

\*A detailed map is required at the time of application, even if you stay in one area of the park.

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Proposed areas/equipment for entertainment or activities (including rentable shelters, tables, or athletic courts/fields?)

**Facility Equipment**

Are you bringing any of your own equipment for activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Will these require stakes, tie downs? Yes \_\_\_\_\_ No \_\_\_\_\_

*Any staking/tie down system must be approved to avoid possible damage to utility & irrigation systems.*

Will you be utilizing any tents/canopies? Yes, Setup Time: \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

*Tents over 200 square feet and canopies over 400 square feet require a permit from the Building and Safety Department*

What are your electrical needs? \_\_\_\_\_

*Electrical availability varies among park sites.*

Will a stage be used? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of sound system will you be utilizing? \_\_\_\_\_

*Placement of sound equipment must be pre-approved.*

**Restrooms**

Park Restrooms are scheduled to open April 15 thru October 31, depending on weather.

*If your event is in an area where restrooms are not available or your event may overwhelm available restroom facilities, organizer may be required to provide portable restrooms at their own expense. General guidelines: 1 per 75 users = one (1) standard unit and 1 per 100 users = one (1) handicap accessible unit.*

Please note that number of restrooms needed is determined by the number of participants and type of event.

Standard units \_\_\_\_\_ Handicap Accessible units \_\_\_\_\_

**Parking & Traffic**

Parking vehicles off hard surface roads/parking lots? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated number of vehicles? \_\_\_\_\_

Will anyone be driving off roads or parking lots? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Will your activities access or cross any roadway or trail at any time? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please attach a map of your proposed route and an explanation. \*Note that it is the applicant's responsibility to make arrangements with LPD for assistance with parking and traffic control at access points and roadway crossings.*

**Participation cost**

Are there any costs to the participants (entry fees, vending, games, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Vendors - entertainment**

Will you be having any type of entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_

**Vendors - Food**

Using Caterers/Food Vendors? Yes \_\_\_\_\_ No \_\_\_\_\_

What Caterer/Vendor and type of vehicles will they be utilizing: \_\_\_\_\_

Will there be sales and distribution of food items? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

*Please note that a separate permit to conduct business is required for sale of food or refreshments, equipment rentals, sales of merchandise, collection of admission fees or donations. Also, a separate permit from the Lincoln/Lancaster Health Department may be required for sale of food and beverages.*

**Marketing**

Are you marketing and promoting the event for public participation? Yes \_\_\_\_\_ No \_\_\_\_\_  
How is the event being marketed and promoted, including social media?

**Cancellation policies**

In the event of cancellation, how will participants and Parks & Recreation be notified?

**Other**

Will you have live animals in the park? If yes, please list \_\_\_\_\_

**Questions/Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STOP!**

Before you turn in your application, make sure you have ALL files in order otherwise we may return your application without approval.

Please attach to the application *in this order* (if applicable).  
*IF an item is not needed, please indicate with an N/A.*

- \_\_\_\_ Completed Application
- \_\_\_\_ Complete Payment (S.U.P. and all facility rentals)
- \_\_\_\_ Certificate of Insurance
- \_\_\_\_ Permit to conduct business
- \_\_\_\_ Map of area
- \_\_\_\_ Additional Permits

**All pages of permit must be completed in full before application is processed.**  
*If an area is not needed for your event, please indicate with "N/A".*

**Applicant’s acknowledgments:**

The undersigned applicant(s), both personally and on behalf of the organization or members, in consideration of being issued a license for long term or multiple use of a City park or facility, agree and understand as follows:

- 1. The applicant and its agents, members, participants, and invitee shall indemnify, defend and hold harmless City, its officers and agents, and employees from and against claims, damages, losses and expenses, including but not limited to attorney’s fees, arising out of or resulting from this application, that results in any claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by the intentional or negligent act or omission of the applicant, owner, or anyone for whose acts any of them may be liable. This indemnification shall not include damages or injuries to the City, its officers, agents, and employees caused solely by the negligence of the City, its officers, agents and employees. This provision shall survive termination of the license.
- 2. The applicant and its agents, members, participants and invitee shall fully comply with this application, as well as all applicable statutes, municipal ordinances, rules and regulations. Failure to fully comply as set forth therein may result in immediate termination of the license.
- 3. The applicant shall maintain public liability insurance for the duration of the permit with a minimum combined single limit of \$1,000,000 aggregate for any one occurrence, naming the City of Lincoln as an additional insured. The applicant shall file a certificate of insurance with the Director at the time of making application showing this policy issued by an insurance company authorized to do business in the State of Nebraska.
- 4. No alcohol is permitted on park property, subject to exceptions by City ordinance.

\_\_\_\_\_ **INITIAL** I acknowledge that I have the authority to sign on behalf of the organization

\_\_\_\_\_ **INITIAL** I have submitted this application with the \$100 Special Use Permit fee.

\_\_\_\_\_ **INITIAL** I understand that this application must be reviewed by parks staff prior to approval for use of park facilities. I also understand that insurance is required for use of park property.

\_\_\_\_\_ **INITIAL** I understand that a certificate of liability insurance in the amount of \$1,000,000, naming the City of Lincoln (not Lincoln Parks & Recreation) as an additionally insured, must be submitted at least 30 days prior to the event (two weeks prior to the beginning date of use).

\_\_\_\_\_ **INITIAL** I understand that for our event, a detailed map must be submitted at the time the application is made. If there are route changes, the updated map must be submitted no later than four (4) weeks prior to the beginning date of use.\*

\_\_\_\_\_ **INITIAL** I understand that additional costs for shelter rentals or other lost revenue sources may be applicable for a “special use” of the park facility, and must be paid when the Special Use Permit is submitted.

\_\_\_\_\_ **INITIAL** I have read all of the above information and initialed each bullet item indicating that I fully understand what is required at the time of application for this application to be processed and approved.

This application shall not be determined as an immediate authorization for use of park property or facility. Authorization is given only when all necessary information is provided and reviews are completed and approval is granted. At that time the applicants will be notified upon approval or denial of this application.

**APPLICANT PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_