

OFFICE USE ONLY

APPLICATION

RECEIVED _____

REVIEWED _____

APPROVED/DENIED _____

DEPOSIT \$ _____

DATE _____

COPY TO DIST. SUPERVISOR

REVISED 4. 2024



LINCOLN

Parks and Recreation

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

Email: reservations@lincoln.ne.gov

lincoln.ne.gov (keyword: reservation)

Special Use Permit

EVENT NAME

PARK/FACILITY

SPECIFIC RENTAL AREA REQUESTED

EVENT DATE(S)

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.*

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.

Are you including a Bounce House or Inflatable at your event? Yes* _____ No _____

** Please keep in mind that per the City of Lincoln’s Executive Order 092282, bounce houses shall only be permitted on park premises if provided by one of the City-permitted vendors. For more information on the Executive Order, visit -*

<https://www.lincoln.ne.gov/asp/city/clerk/docman.aspx?RecNum=124183&db=DOCMAN>, for the current list of City permitted bounce house and inflatable vendors, please visit - www.lincoln.ne.gov/asp/city/facility/bounce.aspx

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 number of participants & 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: _____

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

<p>STOP!</p> <p>Before you turn in your application, make sure you have ALL files in order otherwise we may return your application without approval.</p>	<p>Please attach to the application <i>in this order</i> (if applicable). <i>If an item is not needed, please indicate with an N/A.</i></p> <ul style="list-style-type: none"> ____ Completed Application ____ Complete Payment (S.U.P. and all facility rentals) ____ Certificate of Insurance ____ Permit to conduct business ____ Map of area ____ Additional Permits
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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 \$110 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: _____