



Department of Fire & Emergency Services

Office of the Fire Marshal

75 Masonic Avenue, Wallingford, CT 06492

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Special Event Permit Application

Name of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Address of Event: \_\_\_\_\_

Nearest Intersection or Cross Street: \_\_\_\_\_

Sponsoring Agency/Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Is this the first time you have applied for this event? Yes  No

Is this an annual event? Yes  No

- If yes, was it held last year? Yes  No

How many people are expected total? Min \_\_\_\_\_ /Max \_\_\_\_\_ /Last year \_\_\_\_\_ /At one time \_\_\_\_\_

- Were crowd managers present last year? Yes  No
- Was a Special Event Emergency Action Plan submitted last year? Yes  No

Will the event take place:  Inside  Outside

- If outside, will there be restricted exiting through the use of barriers: Yes  No 
  - If yes, indicate why? \_\_\_\_\_
- Will fire apparatus have access to the event? Yes  No 
  - If no, indicate why? \_\_\_\_\_

Will the event use any public space?

- If yes, indicate  Building  Park  Street  Sidewalk  Other \_\_\_\_\_

Will there be tents set up? Yes  No

- If yes, indicate size and number \_\_\_\_\_

Will food be served on-site for this event? Yes  No

- If yes, indicate  Cooking tents  Food trucks  Concession booths  Other \_\_\_\_\_