



SPECIAL EVENT BICYCLE APPLICATION

City of Black Hawk

P.O. Box 68

Black Hawk, CO 80422

303-582-2221

cityclerk@cityofblackhawk.org

MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO THE EVENT. Please refer to Black Hawk Municipal Code, Chapter 6, Sec. 6-331 for Special Event Permit information. The City of Black Hawk Municipal Code is available at www.cityofblackhawk.org.

DATE: _____

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL: _____

TITLE OF THE EVENT: _____

TYPE OF EVENT: _____

NUMBER OF PARTICIPANTS (including support personnel): _____

HOURS OF EVENT: _____ to _____

EVENT DATE(S): _____

EVENT LOCATION _____

SET-UP DATE(S) & TIME(S) _____

TEAR DOWN DATE(S) & TIME(S) _____

EVENT CONTACT PERSON: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL: _____

ADDITIONAL INFORMATION REQUIRED FOR THIS REQUEST:

1. A site plan drawn to scale showing the location of the Special Event. The plan must clearly show the impact the special event will have on public or private activities to include proposed event routes, medical staging, sanitation services, tents, trash, parking, signage, requested road closures, requested lane closures, emergency routes and traffic control.
2. A general description of the event and the methods being proposed to maintain public safety during the event.
3. A description of the proposed traffic control plan for any activity occurring on any roadway or property adjacent to City right-of-way.
4. Completion of the attached questionnaire for the event to be completed before the event.
5. Attach proof of liability insurance depicting limits of coverage. Liability insurance must meet minimum requirements as outlined in the Colorado Governmental Immunity Act, CRS 24-10-1011.
6. Attach proof of medical support from Gilpin Ambulance.

REVIEW AND APPROVAL

Police Chief _____ Date _____

| | |
|---------------|------|
| CP&D Director | Date |
|---------------|------|

Fire Chief
Date

| | |
|--------------------|------|
| Ambulance Director | Date |
|--------------------|------|

Sanitation District _____ Date _____

Public Works Director _____ Date _____

Gilpin County Health _____ Date _____

APPLICATION: ☐ Approved ☐ Denied – if denied, state reason why:

CONDITIONS OF APPROVAL/DENIAL:

Police Services:

Public Works:

Fire Department:

Community Planning & Development:

Ambulance:

Sanitation District:

Other:

City Clerk's or Designee Signature _____ **Date** _____

TOTAL COST OF PERMIT TO INCLUDE CITY OF BLACK HAWK PROVIDED SERVICES:

\$_____ permit

\$_____ City Services: _____

Billing Information (Payment, if required, must be submitted 7 days before the event)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PAYMENT METHOD: _____

BIKE SPECIAL EVENT - PUBLIC SAFETY QUESTIONNAIRE

Event begins at _____ (time & date) at _____ (location).

Event is scheduled to end by _____ (time & date) at _____ (location).

Will you be requesting the exclusive use of City-owned property? Yes ____ No ____

If yes, you will need to enter into a License Agreement with the City of Black Hawk.

Primary Impact on the City of Black Hawk will occur between _____ and _____ (time).

Approximate time bike riders will enter the City limits of Black Hawk? _____

Approximate time bike riders will leave the City Limits of Black Hawk? _____

Total number of riders participating in the event? _____

Number of riders physically riding bicycles in Black Hawk at any given time during the event? _____

Requested route for the event to include each street being utilized and impact on traffic at those locations.

Number of support vehicles associated with the event? _____

Type of support vehicles? _____

Will vehicles associated with the event be properly marked with event identification information?

Yes ____ No ____ Explain: _____

Will the organizer have representatives at intersections or locations within the City of Black Hawk during the event? Yes ____ No ____ Please list the locations where representatives will be located: _____

Will all event personnel wear appropriate safety apparel i.e. reflective vests at event sites and intersections? Yes _____ No _____

Will signage be provided by the organizer at locations where riders are turning from one roadway to another? Yes _____ No _____. Where will signage be placed? Include a photograph of the signage if applicable:

Are electronic message boards being used during the event in Black Hawk? Yes ____ No ____ If yes, where will they be placed? _____

Will barricades be needed at intersections? Yes _____ No _____ If yes, will the organizer provide barricades for traffic control and safety? Yes _____ No _____ List Locations where barricades will be needed? _____

Is the organizer requesting the complete closure of any road within the city limits of Black Hawk during the event? If so, where and how long do you anticipate it will be closed?

Will the event cause a potential impact on any roadway within Black Hawk to include delays or potential changes in traffic patterns? Yes _____ No _____ If yes, explain: _____

Will First Aid stations will be established in Black Hawk during the event? Yes _____ No _____ How will the first aid stations be identified and staffed? _____ Where will the proposed First Aid station be located?

Will there be water stations available for participants? Yes _____ No _____ If yes, where are the proposed location(s)?

Does the organizer have medical support to include available ambulances for transportation and treatment of participants or bystanders during the event? Yes _____ No _____ Please provide information on the medical provider being used and the capability of the provider to provide emergency medical services. Include the potential impact on local emergency medical responders located in Gilpin County.

Does the organizer have law enforcement support from another agency, other than the Black Hawk Police Department? Yes _____ No _____ List the agencies, contacts and their role?

Agency: _____ Contact: _____ Phone: _____

Role: _____

Agency: _____ Contact: _____ Phone: _____

Role: _____

Is the organizer requesting support from the Black Hawk Police Department, Public Works Department, Fire Department, or any other City Department during the event? Yes _____ No _____. If yes, what resources do you anticipate will be needed, from who, and what time periods?

Department: _____ Service: _____

Department: _____ Service: _____

Department: _____ Service: _____

Does the organizer have arrangements with any business in Black Hawk for parking, staging etc.? Yes _____ No _____ If yes, list the business and location: _____

Does the organizer have contingency plans for sheltering participants during adverse weather and event delays? Yes _____ No _____ If yes, explain: _____

Will the organizer provide trash containers at proposed medical or watering stations within the City of Black Hawk? Yes _____ No _____.

Will the organizer provide trash containers and/or ensure site cleanup of all event locations and ensure all routes are free of debris and trash at the conclusion of the event? Yes _____ No _____

Will the organizer provide temporary sanitary toilet and hand washing facilities during the event? Yes _____ No _____ If yes, where will they be located? _____
How many will be available? _____ When will they be placed on site? _____ When will they be removed? _____.

Will you have vendors selling at your event? Yes _____ No _____

If food and/or beverages you must have Gilpin County approval.

Any other sales will require a Colorado State Sales Tax License and the event organizer is responsible for reporting sales tax revenues from the event to the City of Black Hawk.

Do you want to sell or provide alcoholic beverages at the event? Yes _____ No _____
No alcohol shall be allowed without proper licensing from the City of Black Hawk.

I hereby certify that the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute the requirements of this application.

Applicant Signature

Date