



ASSEMBLY PERMIT APPLICATION FORM

City of Black Hawk
P.O. Box 68
Black Hawk, CO 80422
303-582-2221
cityclerk@cityofblackhawk.org

(MUST BE RECEIVED AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO THE PROPOSED DATE OF ASSEMBLY)

Please refer to Black Hawk Municipal Code, Chapter 11, Sec. 11-101 for Assembly Permit information. The City of Black Hawk Municipal Code is available at www.cityofblackhawk.org.

Applicant: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Name of Event: _____

Type of Event: _____

Event Location: _____

Brief Description of Event: _____

Event Date(s): _____

Hours of Event: _____

ADDITIONAL INFORMATION REQUIRED FOR THIS REQUEST:

1. A site plan showing the location of the Assembly. Plan must be drawn with detail and clarity (preferably to scale) to demonstrate where everything will be, effects the activity will have on public or private property, and whether additional services will be requested from the City, such as Public Works personnel, or Police Officers.
2. A description of what methods will be used to maintain public safety and security during the event. Provide a traffic control plan for any activity adjacent to City right-of-way.
3. A list of any items that you will be bringing (i.e. table, chair, etc.)
4. Note that the City Clerk may require proof of liability insurance prior to approving an assembly permit.
5. For-Profit Fee of \$100 as per City of Black Hawk Fee Schedule.

ADDITIONAL DECLARATIONS:

1. Will you have signs related to the purpose of the assembly? ☐ YES ☐ NO
2. Will you need to amplify any sound at the event (music, voices, etc.)? ☐ YES ☐ NO

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

FOR OFFICE USE ONLY

Received By: _____ Date: _____

☐ Fee _____ Check/Credit Card Reference # _____ Date _____

☐ City Services Required: ☐ Police ☐ Fire ☐ Public Works

Police Chief _____ Date _____

CP & D Administrator _____ Date _____

Fire Chief _____ Date _____

Public Works Director _____ Date _____

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

CONDITIONS OF APPROVAL (use additional sheet, if necessary):

City Clerk or Designee Signature: _____ Date: _____