



# SPECIAL EVENTS INQUIRY SHEET

(Please Print)

CITY OF LAPORTE PARK AND RECREATION DEPARTMENT  
250 Pine Lake Avenue, LaPorte, IN 46350 \* PH: 219-326-9600 \* FAX: 219-326-7566  
[www.cityoflaporte.com](http://www.cityoflaporte.com)

Today's Date: \_\_\_\_\_

## Organization/Company Information

Name \_\_\_\_\_ 501(C) 3: Yes  No

If yes, attach a copy of the IRS 501 (C) tax exemption letter.

Website: \_\_\_\_\_

## Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## EVENT DETAILS

Date(s) of Event \_\_\_\_\_ Anticipated Attendance \_\_\_\_\_

Anticipated Number of Vehicles \_\_\_\_\_

Description of Event \_\_\_\_\_  
(Wedding, Concert, Company Picnic, Reunion, Walk-a-thons, etc.)

Location Requested: \_\_\_\_\_ Event Times: Start \_\_\_\_\_ End\* \_\_\_\_\_  
\*End time indicates when group will be out of park grounds.

Open to the Public? Yes  No  Admission Fee: \_\_\_\_\_

Set-Up Days/Times \_\_\_\_\_

Will Vendor/participant admission fees be charged? Yes  No  If Yes, amount \$ \_\_\_\_\_

Will vendors be selling goods? Yes  No

Will you be utilizing a picnic shelter/amphitheater? Yes  No  If Yes, please indicate \_\_\_\_\_

Will road closures be necessary? Yes  No  If Yes, please indicate \_\_\_\_\_

## SPECIAL PARK USE ACTIVITY REQUEST

Inflatable Party Jump \_\_\_\_\_ Equipment Provider \_\_\_\_\_ Yes  No

Dunk Tank \_\_\_\_\_ Equipment Provider \_\_\_\_\_ Yes  No

Shade Structures (Tent/Canopy) \_\_\_\_\_ Yes  No

Equipment Provider \_\_\_\_\_ Size of Structure \_\_\_\_\_

Number of Portable Toilets \_\_\_\_\_ (if required) Equipment Provider \_\_\_\_\_  
 (1) Portable Toilet for each additional 100 people, or portion thereof, over the initial 100 people is required

Number of Dumpsters (if required) \_\_\_\_\_ Equipment Provider \_\_\_\_\_  
 300 People or more: (1) dumpster with lid for each full increment of 300 people

## VOICE/MUSIC AMPLIFICATION

Yes  No

P.A. System  Boom Box/Radio  Bullhorn   
 Megaphone  Air Horn  Other

Power Needs (in detail) \_\_\_\_\_

**If there are musical entertainment features associated with your event, please provide an attachment listing all band(s)/performer(s)/disc jockeys, sound check and performance schedules.**

## FOOD AND BEVERAGES

Do your event plans include the on-site preparation of Food?  
 If yes, will you be utilizing a barbeque grill or open flame? (Please describe) \_\_\_\_\_

Do your event plans include distribution of food (including samples)? Yes  No

Do your event plans include the sale of food? Yes  No

Do your event plans include the use of alcoholic beverages? Yes  No

Do your event plans include the sale of alcoholic beverages? Yes  No

Do your event plans include the consumption of food or beverages not described in this section (i.e. Caterer, etc.)?  
 If yes, please describe \_\_\_\_\_

**Failure to accurately report statements may result in loss of deposit, revocation of permit and/or failure to secure future permits.**