

# SPECIAL EVENT PERMIT APPLICATION

## DUBUQUE COUNTY

63-3.6 **'Special Event'** means any occurrence on county highway right of way where the time and size of an event would substantially interrupt the safe and orderly movement of traffic or deprive the local residents unimpeded use of their properties. Special Events typically require a user of the roadway to preregister for the event. Events of less than 100 participants are typically exempt. This ordinance is not meant to apply to parking along county roads or in most instances to a ride or tour as defined in Section 63-3.5. It is also not meant to apply to an incident such as a funeral procession. (63-3.5 **'Ride or Tour'** means, any event in which the participants' activities are noncompetitive and the event organizer encourages and requires the participants to follow the Rules of the Road.)

Applications for permits shall be made to the Dubuque County Secondary Road Department a minimum of six (6) weeks prior to the date of the occurrence of the event. Attach additional information if required.

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

Sponsoring Organization(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this organization a Non-Profit 501 c3 organization? No \_\_\_\_\_ Yes \_\_\_\_\_ (Provide proof with application)

Name of Applicant: \_\_\_\_\_ Cell: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Day(s) & Date(s) of Event: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Location/Route Requested: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_ Estimated Number of Vehicles: \_\_\_\_\_

Estimated Number of Attendees/Spectators: \_\_\_\_\_

Will the event substantially interrupt the safe and orderly movement of traffic or deprive local residents' unimpeded normal use of their properties? Yes \_\_\_\_\_ No \_\_\_\_\_

How do you plan to control traffic to and from the event area and not interfere with non-participating users?  
\_\_\_\_\_  
\_\_\_\_\_

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Will the event involve vendors? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, attach a separate listing of all vendors with contact information.*

Will first-aid, fire and rescue services, or other safety and security measures be needed?

Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, attach a separate listing with details/contact information*

Are any additional permits for any other government agencies required? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, list all agencies, contact information and type of permits separately.*

Are there any special requests or circumstances (i.e. banners, signs, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

Contact person during Event: \_\_\_\_\_

Means of contact during Event: \_\_\_\_\_

**Attachments:**

- Parking/Traffic Plan
- Request for Other Services
- Other Agency Permits
- Safety & Security Plan
- Certificate of Insurance
- Non-Profit Verification
- Map/Site Plan
- Vendor Lists
- Other: \_\_\_\_\_

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Once approved, the sponsor shall assume full responsibility for compliance with all conditions, fees and charges and further agrees to pay any cost associated with damage to Dubuque County road right of way, cleanup, or any other additional expense caused by this event. I have a copy of the Special Events Ordinance, and will supply the required insurance certificate, permits and other assessed fee at least 14 days prior to the event. (See Special Events Ordinance)

Applicant agrees to leave the road right of way in the same condition as found, cleaning up all litter and debris after the event. Applicant is responsible for any damages to county property during the event either by participants or spectators. Applicant agrees to abide by all state laws and Dubuque County rules and regulations. The undersigned applicant for a special event permit understands and agrees that Dubuque County will not be responsible for any injury to persons or damage to property arising out of or incident to the activities which are the subject of this application. The undersigned applicant agrees by the execution hereof to indemnify and hold harmless Dubuque County against all liabilities, costs, and expenses which may arise in consequence of the granting of this permit.

The undersigned has full authority to represent the sponsoring organization:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dubuque County Engineer Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

Dubuque County Sheriff Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**  
Dubuque County Secondary Road Department  
13047 City View Drive  
Dubuque, IA 52002  
(563)-557-7283  
[engineer@dubuquecounty.us](mailto:engineer@dubuquecounty.us)

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OFFICE USE ONLY:

( ) APPROVED  
( ) DENIED

Authorized Signature(s)

_____	Date _____
_____	Date _____
_____	Date _____

Fee Assessment:

\_\_\_\_\_ Permit Fee \$50.00  
 \_\_\_\_\_ Permit Fee Waived

**Paid:** Cash \_\_\_\_\_ Check # \_\_\_\_\_

**Insurance Certificate Received** \_\_\_\_\_

**Special Considerations and Conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Initials:** \_\_\_\_\_