



# Special Event Permit Application

Please review the [Special Event Resolution](#) & the Pre-Application Checklist before beginning this Application and ask any questions you may have. The completed application must be submitted at least 45 days prior to your event to allow sufficient time for processing; this is the initial application and approval of Special Events are not guaranteed.

**Teton County Admin Office**  
**200 S Willow St, Jackson, WY 83001**  
[kat.daigle@tetoncountywy.gov](mailto:kat.daigle@tetoncountywy.gov) or 307-732-8670

## Pre-Application Checklist

Before you submit your event application, please ensure you have completed the items below.

- Contact the Teton County Sheriff's Office at 307-733-4052 or [jwillcox@tetonsheriff.org](mailto:jwillcox@tetonsheriff.org) and review their [Special Duty and Special Event Policy](#). *This is required.*
- If the event is at a county park, you **MUST** reserve the park. Contact Parks & Recreation at 307-793-9025 or [asmith@tetoncountywy.gov](mailto:asmith@tetoncountywy.gov). Find the [application online](#).
- Have, or will have, a certificate of insurance prior to the event. For details, see page #5.
- Have completed the [Land Use Authorization](#) form. This is **required** whether the event is on private or public property. The letter of authorization is to be submitted only if the applicant/agent is not the recorded owner of the property. The form will be turned into the appropriate County authority for approval if the event is on public property. *It is recommended that you also get permission from any adjacent landowners who may be affected by the event; an email or letter from the landowner is sufficient.*
- You are **required** to attach a DETAILED event site plan map. The site-plan map must be legible and comprehensible. Map requirements are to be at the minimum 8x11 size, show the address and immediate location of your event, show all features in your event, contain a map legend, and it is highly recommended to use aerial/satellite imagery for the site-plan map. For the legend, all features must be drawn and labeled, see list below for example features.

*Alcohol Vendor (AV)	Event Parking (EP)	Security (P)
Amplified Sound/PA System (PA)	Fire Extinguishers (FE)	Signage (SS)
Barricades (B)	Fire Lane (FL)	Stages (S)
Beverage Vendors (BV)	First Aid / EMS (FA)	Street Closure (SC)
Car/Bike Parking (P)	Garbage/Trash Receptacles (G)	*Tents (X)
Bleachers (BL)	*Food/Truck Vendors (FV)	Trailers, Vehicles, Storage (TR)
Electricity/Generator (E)	Portable Toilets (T)	Venue Boundary (draw a solid line)
Entry Gates (EG)	Retail Merchants (RM)	Temporary Heating Equipment

*\*These items have additional requirements listed within this application.*

- You are highly encouraged to develop, review, and exercise an emergency response plan with your event staff prior to your event. You may share your plan with emergency services by emailing it to [Teton County Emergency Management](#). To assist with creating a plan, we have provided a sample [Emergency Response Plan](#).

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

Applicant / Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Organization  Non-Profit\*  Public Agency  For Profit Business

*\*If non-profit, please provide you letter of determination or certificate*

Sponsor Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Secondary Contact should be a contact that is available during the entire event.*

**Type of Event?**

- Run / Walk
- Concert
- Biking
- Parade
- Assembly
- Festival
- Filming
- Education
- Fundraiser
- Other \_\_\_\_\_

Description and Purpose of Event: \_\_\_\_\_

Provide the address and/or area where this event is being held: \_\_\_\_\_

**Event Dates and Times** *Provide detailed timeline separately. If multiple days, please list on a separate sheet of paper.*

Event Date: \_\_\_\_\_ Event Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

Set-up Date: \_\_\_\_\_ Set-up Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

Break-down Date: \_\_\_\_\_ Break-down Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

Where will the event be started and terminated? \_\_\_\_\_

What is the route to be travelled, if applicable? \_\_\_\_\_

Describe the parking area; include capacity, number of parking attendants and the name and phone number of the person responsible for the parking area. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: Teton County does not allow parking for special events on county roads.**

**Estimated Number of Participants:**

Staff: \_\_\_\_\_

Security: \_\_\_\_\_

Estimated Event Attendance Per Day: \_\_\_\_\_

Volunteers: \_\_\_\_\_

Vendors: \_\_\_\_\_

Total Event Attendance: \_\_\_\_\_

Independent Contractors: \_\_\_\_\_

Vehicles: \_\_\_\_\_

**Your Event will feature?** Check all that apply.

- Alcoholic Beverages
- Cooking/Grilling
- Recurring Event
- Merchandise Sales
- Food Sales
- Pet/Animal Friendly
- Ticketed Admission
- Sound Amplification
- Street Closure
- Sidewalk Closure
- Overnight Parking
- Overnight RV Parking
- Tents

**Will your event have amplified music?**  Yes  No

If yes, list Start Time: \_\_\_\_\_ AM/PM End Time: \_\_\_\_\_ AM/PM

**Will your event feature live musical entertainment?**  Yes  No

If yes, attach a schedule of any music or entertainment proposed to occur during the event.

**Will you be supplying a stage for musical performers?**  Yes  No

**Will you be using a generator during the event?**  Yes  No

**Will food and/or beverages of any type be served at the event?**  Yes  No

If you answered yes, you will need to call Environmental Health at 307-732-8490 to find out if a [Temporary Food Service Application](#) is required as part of the event application. If required, the Environmental Health form is due a minimum of 14 days prior to the event to avoid a late fee.

Describe the food and/or beverage services, types of food and/or beverages offered, location of food and/or beverage services, number of people with the food and/or beverage service and the name and phone number of the person responsible for the food service. List all food/beverage vendors planning to attend the event. This list must be provided to Environmental Health at least three weeks prior to the event. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Will Food Trucks be used at this event?**  Yes  No

If you answered yes, what company will be providing the services, and what is the vendor/food license number?

\_\_\_\_\_  
\_\_\_\_\_

**Will alcohol be served at this event?**  Yes  No

If you answered yes, the [24-Hour/Daily Alcoholic Beverage Sales Permit Application](#) is **required** as part of the application. If you have questions about this form or the required fees call the County Clerk's Office at 307-733-4430.

Describe the plan for alcoholic beverage service and the name and phone number of the person responsible.

\_\_\_\_\_  
\_\_\_\_\_

**Jackson Fire/EMS Department 307-732-4732**

- Are there fireworks at this event?  Yes  No
- Is there any open flame use at this event?  Yes  No
- Is the planned attendance 1,000 or more?  Yes  No
- Are there any tents over 400sq at this event?  Yes  No
- Will there be any temporary heating or cooking at this event?  Yes  No
- Are there any special event structures at this event?  Yes  No
- Are Fire Rescue and/or Medical Services requested for this event?  Yes  No

If you answer yes to any of the following questions an operational fire permit may be required under the International Fire Code. JHFEMS fire prevention will reach out to schedule inspections and discuss permitting requirements. Operational fire permits are \$100 per permit.

**Teton County Sheriff’s Office 307-733-4042**

The Sheriff determines if deputy services will be needed at the special event for public safety concerns. The Sheriff will also determine the number of deputies to staff the event. As stated on the first page, you will need to contact the Teton County Sheriff’s Office to discuss your event.

Have you contacted the Teton County Sheriff’s Office?  Yes  No  
If yes, please record the code you received: \_\_\_\_\_

Once you have confirmed with the Teton County Sheriff’s Office, indicate the county services that you are requesting.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Event Security                   | <input type="checkbox"/> Race Lead Vehicle | <input type="checkbox"/> Towing/Ticketing                |
| <input type="checkbox"/> Assistance with Parking Closures | <input type="checkbox"/> Traffic Control   | <input type="checkbox"/> Assistance with Street Closures |
|   | <input type="checkbox"/> General Presence  |  |

Please describe in detail your request: \_\_\_\_\_  
\_\_\_\_\_

**Parks & Recreation Department 307-732-5755**

Please note, if you are requesting the use of Teton County Park or Ballfield you must confirm and reserve your space through the Parks & Recreation Department prior to submitting your application.

Is the requested event space in a Teton County Park or Ballfield?  Yes  No  
If yes, please include a copy of your reservation receipt with this completed application.

**Additional Services Requested?**

- |   |  |
|---|--|
| <input type="checkbox"/> Irrigation Locates – Any event placing stakes in turf must obtain irrigation locates | <input type="checkbox"/> Electricity Access                  |
|   | <input type="checkbox"/> JH2O Water Bottle Refilling Station |

Describe the requested services \_\_\_\_\_  
\_\_\_\_\_

For bleacher rentals please contact the Parks & Recreation Department for availability and other detailed information at [asmith@tetoncountywy.gov](mailto:asmith@tetoncountywy.gov). Find the [application online](#).

## Insurance Requirements Requires Document Upload

An insurance certificate is **required** prior to the start of your event. The certificate must name "Teton County" as an additional insured including its Officers, Officials, Employees, and Volunteers and must state that coverage is primary and non-contributory for every event. Insurance limits must be at least \$1,000,000 per occurrence and \$1,000,000 Aggregate. **The additional insured language on the certificate may not include any limitations or exclusions.** Insurance certificates are subject to the review and approval of the County Attorney. Please be sure to include Liquor Liability if there is alcohol at the event. *You must supply insurance before your event.*

**Is a Certificate of Insurance attached?**  Yes  No

*\* A security bond may also be required. That determination is made by the Teton County Commissioners during their application review. Proof of the bond will need to be provided.*

## Health and Sanitation

You are **required** to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event. Teton County may determine the total number of required restroom facilities on a case-by-case basis based on the presence of food and drink at the event and the maximum number of attendees at your event during peak time. Organizers of the event will need to plan for the clean-up and restocking of restroom facilities after the event. Find [the guide](#) online on how many toilets are needed.

Please note that if alcohol is being served the number of toilets should be increased by 20% over and above what is noted in the guide. In addition, ADA units may be required. Portable restrooms may not be located within 50 feet of any food vendor.

### Describe the sanitation facilities to be used:

Location: \_\_\_\_\_ Restroom Company: \_\_\_\_\_

Number of toilets: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Drop-off Date: \_\_\_\_\_ Drop-off Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

Pick-up Date: \_\_\_\_\_ Pick-up Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

## Trash Removal Plan

All events are **required** to have a plan for the collection and removal of trash during and after the event. The trash receptacles located in County Parks and Public Restrooms should not be included in the Waste Removal Plan. For assistance with formulating a Trash Removal Plan please contact [Integrated Solid Waste and Recycling](#) at 307-732-5771.

*All trash containers and dumpsters anywhere in Teton County are **required** to be approved as [IBGC Bear-Resistant](#).*

**Will you be using a waste company for your waste removal plan?**  Yes  No

Trash Removal Company: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

How many trash receptacles will be supplied for your event? \_\_\_\_\_

Drop-off Date: \_\_\_\_\_ Drop-off Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

Pick-up Date: \_\_\_\_\_ Pick-up Hours: Start: \_\_\_\_\_ AM/PM End: \_\_\_\_\_ AM/PM

**Describe your plan for the collection and removal of trash during your special event:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*Applicants are responsible for cleaning and restoring the site immediately following the event. Please pick up all trash associated with your event including, but not limited to paper, bottles, cans, signs, course markings, etc. The cost of any employee overtime incurred because of an applicant's failure to clean/restore the site following and event will be borne by the applicant and will be considered in future application requests. If you believe that no litter will be generated during your event, please state this in your plan.*

**Did you create an emergency response plan?**  Yes  No

**Has this event been approved by Teton County in previous years?**  Yes  No

**If yes, please indicate any significant changes to the event request since its last approval:** \_\_\_\_\_

\_\_\_\_\_  
**I certify that I fully understand the Special Events Resolution and Pre-Application Checklist. I have provided true and correct information on this Special Event Permit Application as well as all additional attachments that are submitted as part of this Application. I further certify I am responsible for the safety and security of all attendees and bystanders at my special event and that I am authorized by the organization name to act as this agent for the herein described activity.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title/Organization**