



**Douglas County Division of Open Space and Natural Resources**  
100 Third Street, Castle Rock, CO 80104  
Phone: (303) 660-7495 Fax: (303) 663-2064

**APPLICATION TO CONDUCT A SPECIAL EVENT  
ON DOUGLAS COUNTY OPEN SPACE**

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you need additional writing space. PLEASE PRINT, except for signature.

Organization/Applicant Name \_\_\_\_\_ Application Date \_\_\_\_\_  
Designated Representative \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ E-mail \_\_\_\_\_ (fax) \_\_\_\_\_  
Open Space Property: \_\_\_\_\_  
Type of Event: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Event Times: from \_\_\_\_\_ to \_\_\_\_\_ Setup/Takedown Date(s): \_\_\_\_\_  
Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Estimated Number of Participants: \_\_\_\_\_ Estimated Number of Spectators: \_\_\_\_\_  
Special Arrangements/Materials Needed: \_\_\_\_\_

If this application is approved, the undersigned hereby agrees to (1) provide a certificate of general liability insurance coverage in an amount specified by Douglas County for any claim, including those of participants and spectators, that may arise from the special event; and to name Douglas County, its officials, officers, employees and agents as additional insureds, (2) clean up any litter, debris and materials resulting from the special event, and (3) repair any damage to the property resulting from the special event.

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I, the undersigned, certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may justify dismissal of this event if discovered at a later date:

I understand that if this application is approved, it is conditioned upon compliance with the policies and procedures of Douglas County governing special events.

I certify that the statements contained herein or attached hereto are true, accurate and complete to the best of my knowledge and belief.

By: \_\_\_\_\_ Name of Organization \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Douglas County Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



**INSURANCE REQUIREMENTS  
FOR SPECIAL EVENT PERMITS  
ON OPEN SPACE PROPERTIES**

Companies:

- Worker's Compensation – Statutory amount
- Commercial General Liability insurance with minimum combined single limits of \$1,000,000 each occurrence and \$2,000,000 aggregate

Clubs and Non-Profits:

- Commercial General Liability insurance with minimum combined single limits of \$1,000,000 each occurrence and \$2,000,000 aggregate

Governmental Agencies:

- Insurance not required

Douglas County should be named as Additional Insured with respect to the event.

Sole Proprietor:

- Does not need a Workers Compensation policy

NOTE: Most applicants will provide a certificate with whatever coverage their standard policy covers, which may exceed the County minimum coverage