APPENDIX E: SPECIAL PERMIT APPLICATION

Montana Fish, Wildlife & Parks

11/15/2000

Dear Applicant,

The application you requested is enclose. Fill out the application as complete as possible and return it to:

FWP
ATT. Park Reservation Clerk
490 N. Meridian Rd.
Kalispell, Mt 59901

Upon receipt of your application, it will be forwarded to the appropriate park personnel for review. The applicant will be notified within 7 days of the decision to grant or deny a permit. In the event that a permit is issued the F.W.P mail a completed *Special Recreation Permit*. The applicant must return a signed copy of the permit, along with required cleaning deposit and permit fees and proof of insurance when applicable to the Parks Reservation Clerk. The signed *Special Recreation Permit must* be at FWP 14 days before event. If a request is denied a letter will be sent within 7 days giving the reasons for denial.

Respectfully yours,

Region One Parks

Montana Fish, Wildlife & Parks

Special Use/Event Application

1. What are the proposed use/event, location, and date(s)?
2. Who is sponsoring the event (include contact person, address and phone number)
3. Briefly, describe the use/event.
4. Estimate the number of persons & vehicles attending the event at any time.

   Persons:_____ Vehicles:_____
5. Is a fee being charged to participate in the event? If so, how much?
6. Does sponsor(s) carry minimum required liability insurance ($300,000 single limit per occurrence, $300,000 bodily injury, including death, $25,000 property damage)?
7. Would the proposed activity conflict with normal Daily Park use? If yes, how?
8. Are there any adverse long or short term's effects that this event would cause to park resources, facilities, or programs? If yes, what.
9. How do you plan to mitigate or repair adverse effects upon the park resource?
10. Would applicant need special consideration (e.g. additional parking areas, park staff for traffic control, other)?
11. How do you plan to address parking needs and traffic control for the event?
12. What type of medical or emergency services will you have on site during the event?
13. What other safety precautions will be taken to protect event participants and other park users (i.e. temporary singing, posting of observers, other)?

IF EXTRA SHEETS ARE NEED PLEASE STAPLE TO FORM.

APPLICANT (S)_____

DATE _____