



**Marion County
Planning, Zoning,
Environmental Health**

203 S. Third St
Marion, KS 66861
620-382-2945

**SPECIAL EVENTS APPLICATION
Marion County, Kansas**

\$ 50.00 fee

****APPLICATION FOR A SPECIAL EVENT MUST BE FILED AT LEAST THIRTY (30)
DAYS PRIOR TO THE EVENT. ****

Permit No.: _____

Date: _____

Name of Applicant: _____

Address: _____

Phone: _____

Representative(s): _____

Address: _____

Phone: _____

Name and Address of Property Owner if different than the applicant: _____

Address: _____

Phone: _____

General Location of Special Event: _____

Date(s) of event planned: _____ Operational Hours: _____

Legal description of property being used for Special Event:

Will there be the necessity for a public restroom? ____ yes ____ no

If yes, please explain what methods will be used: _____

Will there be banners displayed? ____ Yes ____ NO (NOTE: Banners cannot restrict or cause

traffic hazards)

Anticipated attendance, including employees and/or volunteers: _____

Will there be adequate parking on premises to avoid parking on State Highways &/or City Roads?
_____ Yes _____ No

Will there be any fireworks operators involved with event? _____ Yes _____ NO

If yes, please supply names, license, insurances, etc. show proof they are certified to handle fireworks.

Will it be necessary to store explosive on the premises during the event? __ Yes __ No

ATF Permit Number: _____

ATF Permit Issued to: _____

ATF Permit Expires on: _____

SITE PLANS REQUIRED: THE FOLLOWING MUST APPEAR ON SITE PLANS.

Parking area, banners, lighting, etc.

Storage area for fireworks, if applicable, and exact site of fireworks display.

Comments by Applicant: _____

Real Property Owners Signature*

Applicant

Date

Date

*NOTE: Written statement providing authorization may be included in lieu of signature. Any structure used in conjunction with the special event shall meet all applicable yard setbacks. Structure shall be removed upon the cessation of the event. **Special events shall be restricted to hours of operation as indicated on application.** Special events shall be limited to two (2) per calendar year at the same location. Additional events for same location will require a Conditional Land Use. NO concession &/or vendors allowed.

**** Fees for special event are \$50.00.**

SITE PLAN SHEET

NORTH

SOUTH

(SCALE MUST BE ONE (1) INCH EQUALS TWO HUNDRED (200) FEET FOR CLARITY.)

OFFICE USE

Date Received:_____

Fees Paid_____ Receipt #_____

Notices sent to respective agency: (if applicable)

BOCC _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

County R & B _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

County Sheriff _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

Emergency Management _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

Improvement District _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

Rural Fire District _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

State Highway _____

Date completed_____

Response?_____Yes _____No (if yes, attach comments)

Date Permit issued or denied:_____

Reason for denial:_____

