

**Special Event Permit**

**This permit must be submitted fourteen (14) business days prior to the scheduled event**

<b>Services Requested (Staffing Fees May Apply *)</b>			
<input type="checkbox"/> Indoor Pyrotechnics	<input type="checkbox"/> Outdoor Pyrotechnics	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Outdoor Cooking
<input type="checkbox"/> Emergency Medical Services Standby	<input type="checkbox"/> Concert	<input type="checkbox"/> Other _____	
Event Name: _____			
Event Location: _____			
Event Date: _____		Start Time: _____	End Time: _____
Estimated Attendance: _____		Alcohol <input type="checkbox"/> Will <input type="checkbox"/> Will NOT be served	
Sponsor / Responsible Party: _____			
Contact Person: _____			
Phone #: _____	Fax #: _____	Email: _____	
Contact Address: _____			
City: _____	State: _____	Zip Code: _____	
Brief Description of Event: _____			
<p>This form must be completed and returned a minimum of fourteen (14) business days prior to the scheduled event. The individual making this request assumes responsibility for the payment in full within thirty (30) days of the event. In some situations, payment or a deposit may be required in advance.</p>			
Responsible Party (Signature) _____		Date: _____	
<p>*Billing Rates: \$36.50 per person / per hour; \$73 per hour for on-site Ambulance A Two hour minimum is required for all events in addition to an allowance of 30 minutes before and after each event period</p>			
<b>For Official Use</b>			
Only: _____	Date Received: _____	<input type="checkbox"/> Permit Approved	<input type="checkbox"/> Permit Denied
Approving Signature: _____		Date Approved: _____	
Comments: _____			

For further information concerning this permit, you may contact the department at:  
(864) 656-2242 or via email [cufd-ems@clemson.edu](mailto:cufd-ems@clemson.edu)