

Conway County

Special Use Permit Application

Please complete and return to: Conway County Judge's Office
117 S. Moose St.
Morrilton, AR 72110

Conway County
Temporary Use Permit Application

Property Owner

Name _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Daytime Phone _____ Cell Phone _____

Event Organizer (if different from owner)

Name _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Daytime Phone _____ Cell Phone _____

Event Details

Date of Event _____
Parking _____ Camping _____ Music/Event _____ Other _____ (check all that apply)
Event Address Acreage _____
Anticipated Attendance _____

Checklist

_____ Attached copy of overall layout, first aid stations, ingress and egress routes, location of campsites, toilet facilities, and trash receptacles or dumpsters.

_____ Attached copy of your liability insurance for the event.

_____ Attached Security Plan

_____ Attached Medical Plan

_____ Notarized signature sheet from owner if different from the applicant

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Please initial that you have read and understand the following:

_____ The application and requested information must be submitted at least 90 prior to the event

_____ Will be valid for three weeks prior to and one week following the event

_____ Can be revoked if deemed a nuisance

_____ You are responsible for properly disposing of all waste and garbage throughout the term of the event, and immediately upon conclusion of the event, the area must be returned to a clean condition.

_____ The event cannot contribute to an overburdening of County services

_____ The event cannot impair the use of adjacent property

_____ The event cannot detrimentally affect the public health, safety, and welfare.

I hereby certify that I have read and examined this application and know the same to be true and correct to the best of my knowledge. All information within, attached to or submitted with this application shall become part of public record. By signing the application I am granting Officials from Conway County Emergency Services and their supporting agencies as well as Arkansas Department of Health permission to access the event site for inspections.

Property Owner

Owner Name _____ Date _____
Signature

Owner Name _____
Printed

Applicant/Responsible Party (if different from above)

Name _____ Date _____
Signature

Name _____
Printed

Office Use Only

Application Received: _____ Approved/Denied

Reviewed By: _____