

City of Soda Springs

Application for Firearm Event

Date of Application: _____

Liability insurance is required for all firearm events.

Person filling out the application: _____ Phone Number: _____

Organization/Entity Sponsoring the Event: _____

Planned Date(s) of Event: _____ Time: _____ am / pm to _____ am / pm

Type of Firearms to be used: _____

Insurer Name: _____ Phone Number: _____

Limits of Insurance Coverage: _____

Number of Adults that will be present for supervision: _____

What are the safety measures and safe guards you will have in place for this event to prevent injury to persons or damage to property? (You may write on back or attach another sheet if more room is needed.)

Applicant Signature: _____ Date: _____

Approved by Chief of Police: Yes / No Signed: _____ Date: _____

City Council Approved: Yes / No