

## Reenactment Requirements for the Town of Payson

A Special Event Permit is required at least twenty (20) days prior to the event.

The following list of requirements must be met before the reenactment will be allowed:

- 1) The group must provide Press and/or social media notification to at least one local newspaper and two local radio stations at least five days prior to any reenactment event.
- 2) The group must notify the Payson Police Department dispatch center at (928) 474-5177 at least 1 (one) hour prior to the event starting.
- 3) The group must notify and provide information to any neighborhood within 300 feet of the event location
- 4) The group responsible for the event is required to post 3'x4' signage on all four sides of the stage area, notifying the audience that, "this is a reenactment event and no live ammunition is being utilized within the stage area."
- 5) Audience setbacks must be fifty feet on all four sides of the viewing area
- 6) Only factory loaded ammunition will be used.
  - a. Written affirmation of brand, manufacturer and lot of ammunition must be provided.
- 7) A list of all actors and participants must be provided to the Town of Payson.
- 8) At least five audio announcements advising "this is a reenactment event and no live ammunition is being utilized within the stage area" must be made prior to each reenactment demonstration on an appropriate loud speaker system.
- 9) A Safety Officer must be identified and be the party conducting the weapons check and completing written documentation of the condition of each weapon within the safety area.
- 10) The written weapons check must be completed and available for inspection prior to the show by Town of Payson personnel.



# Payson Police Department Special Event Permit

The Town of Payson Police Department is authorized to approve permits for special events that occur within the town limits. Please attach a copy of insurance information listing Town of Payson as a co-insured.

This application shall be submitted to the Payson Police Department for approval at least twenty (20) working days prior to the event.

## APPLICATION

**Date Submitted:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Event date and time:** \_\_\_\_\_

**Description of Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Organizer's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Complete bottom portion for Reenactment Events Only**

**Safety Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Names of Actors Participating:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please provide sketch of acting scene to include audience safety barriers, signage locations and safety check area.**

**Every participant is insured**

**YES**

**NO**

\_\_\_\_\_  
**Signature of Person Submitting Request:**

\_\_\_\_\_  
**Date:**

**Payson Police Department comments and requirements:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Granted:**      **Yes**       **No**

**Authorized By:** \_\_\_\_\_

Chief of Police or Designee