APPLICATION FOR SPECIAL EVENT PERMIT

APPLICANT / ORGANIZATION INFORMATION

Applicant/Organization Name: _____

Contact Person: _____

Address: _____ _____ _____ _____
Street City State Zip

(_____) _____ (_____) _____
Home Phone Cellular Phone

EVENT INFORMATION

Event Name: _____

Date(s) of Event: _____ **Hours of Event:** _____

Event Location: _____

Detailed Description of Event: _____

_____

_____

Do you plan to sell/provide alcoholic beverages? Y N

Do you plan to sell/provide food? Y N

Do you plan to install tents/canopies? Y N

Will you be using sound amplification? Y N

Note – If food or beverages are to be sold, evidence of Health Dept. approval must be furnished. Evidence of public liability insurance may be required as determined by the City Manager

_____ _____
Applicants Signature Date

We hereby approve the application for special use permit subject to the attached conditions.

_____ _____
Police Chief Fire Chief