



APPLICATION Special Event Permit

Please fill out completely. Write legibly or type.

1. Event Name: _____

2. Event Date(s): _____

3. Name of Organization: _____

Address: _____

City/State/Zip: _____

4. First Contact Name: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Second Contact Name: _____

Work Phone: _____ Home Phone: _____ Fax: _____

5. Organization Type: Non-Profit___ Government___ Corporation___

Other___ (explain) _____

6. Purpose of event: _____

7. Give a brief description of the event: _____

8. Is this a first time event?___ If no, how old?___

Please list any variations from previous year: _____

9. Event Location: Park___ Street___ Private Address___

10. Name of Park and/or Street(s)and Private Address: _____

11. Event Type: (check all that apply)

Carnival___ Concert___ Fireworks___ Run/Walk___ Festival___

Sporting Event___ Other___ (explain) _____

12. Event Operation Schedule (specify day, date and times):

Indicate S for set up, E for event day, T for tear down
If you need more room, list on a separate sheet of paper.

13. Estimated attendance per day: _____

14. Estimated peak attendance at any given time: _____

15. Is this a charity or fund raiser event? Yes _____ No _____

If so, please list name of organizations, contact name, phone number and address
for each organization:

<u>Organization</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Address</u>
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16. Will this event be open to the public? ____ or invitation only? _____

17. Will you charge admission? Yes _____ No _____

18. Will you be taking donations? Yes _____ No _____

19. List all streets you propose to close:

<u>Street (indicate cross streets)</u>	<u>Closing Date and Time</u>	<u>Opening Date and Time</u>
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If you need more room, list on a separate sheet of paper.

20. Will food be served _____ and/or prepared _____ at your event?
How many food vendors do you anticipate? _____

- Please list the names and phone numbers of each food vendor:

<u>Vendor Name</u>	<u>Vendor Phone</u>
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If you need more room, list on a separate sheet of paper.

21. Will there be booth vendors at your event? _____yes _____no
Total number of booth vendors anticipated? _____

- Please list the names and phone numbers of each booth vendor:

<u>Vendor Name</u>	<u>Vendor Phone</u>
_____	_____
_____	_____
_____	_____

If you need more room, list on a separate sheet of paper.

22. Will alcoholic beverages be available at your event? Yes_____ No_____

a) What type of alcoholic beverages will be available:
Beer_____ Wine_____ (Distilled Spirits)_____

b) Note what days, dates and times alcoholic beverages will be available:

23. Will there be any live entertainment or music at your event? Yes_____ No_____

If so, please answer all of the following:

a) Will stages be built? Yes_____ No_____
if yes, how many?_____

b) Will recording equipment, sound amplification equipment or other attention getting devices be used? Yes_____ No_____
if yes, please describe:_____

24. Will additional electrical wiring be utilized for your event? Yes_____ No_____

25. Will you be using generators_____ and/or utility power_____

26. Will tents be erected for your event? Yes_____ No_____ if so, how many_____

27. Will you require access to water? Yes_____ No_____

28. Have you arranged for security at your event? Yes_____ No_____

If so, who will be providing security:_____

29. Describe your plans for Emergency Medical Services: _____

30. Describe your plans for trash removal, as well as any organizations or persons directly involved with this aspect of the event: _____

31. Describe your plans for restroom facilities: _____

**This application will not be processed unless a site map is included. Indicate location of tents, stages, portable rest rooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc. Also, indicate where streets will be blocked and how (fencing, barricades, stages, tents, etc.).

All information in this application and the enclosed site map is accurate to the best of my knowledge. I understand that if any changes are made to the site layout, I must submit a revised application and site map to the City Central Office.

SIGNATURE

DATE

Return the completed application to the City Central Office at 1001 College Street (City Hall). If you have any questions regarding filing out the application, you may call Bobbi J. Sexton at 393-3641.

Permit# _____

*****OFFICIAL USE ONLY*****

Date Returned _____ Date Distributed _____ Dept. Return Date _____ Permit# _____