

## SPECIAL EVENTS PERMIT REQUIREMENTS

TYPE OF EVENT: \_\_\_\_\_

NAME OF PERSON/BUSINESS: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR EVENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE & TIME OF EVENT: \_\_\_\_\_

IS SANITATION FACILITIES AND POTABLE WATER AVAILABLE?: \_\_\_\_\_

IS SECURITY/CROWD MANAGEMENT PROVIDED FOR? : \_\_\_\_\_

WHAT TYPE OF PARKING AND/OR TRAFFIC ISSUES ARE PRESENT?: \_\_\_\_\_

WILL EMERGENCY & MEDICAL SERVICES BE NEEDED?: \_\_\_\_\_

WILL FIRE/SAFETY SERVICES BE NEEDED?: \_\_\_\_\_

INSURANCE AFFIDAVIT: \_\_\_\_\_

PROVISIONS FOR CLEAN-UP OF PREMISES & SURROUNDING AREA/TRASH  
DISPOSAL: \_\_\_\_\_

ARE TEMPORARY CONSTRUCTION BARRICADES/FENCING NEEDED?: \_\_\_\_\_

PROVISIONS FOR REMOVAL OF ADVERTISING/PROMOTIONAL MATERIALS: \_\_\_\_\_

WILL THERE BE ALCOHOL CONSUMPTION?: \_\_\_\_\_

IF SO, INSURANCE AFFIDAVIT: \_\_\_\_\_

FEE PAID PER CITY ORDINANCE : \_\_\_\_\_

DATE(S) PERMIT IS ACTIVE FOR: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

City Administrator