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## Special Event Application

A person or organization seeking the issuance of a permit for a parade, demonstration or event on public property or streets shall submit the following application to the City Clerk's office at city hall between the hours of 7:30 a.m. and 4:30 p.m. on Mondays through Fridays (legal holidays excepted). The application must be submitted to the City Clerk's office a minimum of thirty (30) days in advance of the event.

**Incomplete or inaccurate applications may result in delays in obtaining approval for your permit.**

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s), organization, church, or entity conducting event:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

\*Person(s) or organization the event is to be conducted for or on behalf of:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Organization \_\_\_\_\_  
Headquarters Phone: \_\_\_\_\_  
Authorized & Responsible Heads of organization: \_\_\_\_\_  
\_\_\_\_\_

*\*If the event is on behalf of any person other than the applicant, the applicant must attach a letter in writing from this person/organization authorizing the applicant to apply for the permit on her or her behalf to this application.*

Event Coordinator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Event Location/Parade Route: (Start & Termination Points): (Include map) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event/Parade Days/Times \_\_\_\_\_

IF PARADE - The approximate number of persons, floats, animals or vehicles which will constitute the parade.

Type of animals? \_\_\_\_\_

Type and placement of any sound amplification equipment to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF PARADE - Street(s) utilized or effected for assembly area: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The time at which units of the parade will begin to assemble at the assembly area:  
\_\_\_\_\_  
\_\_\_\_\_

What provisions are in place for cleanup of the site after the event:  
\_\_\_\_\_  
\_\_\_\_\_

What are your provisions for toilet facilities – include the number, type and locations of toilet facilities:  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information City Officials might need to determine if a permit should be issued?  
\_\_\_\_\_  
\_\_\_\_\_

Person completing application:  
Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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**APPLICATION APPROVAL/DENIAL:**

Approved: (yes/no) \_\_\_\_\_ Date: \_\_\_\_\_

Authority Signatures: Mayor \_\_\_\_\_ Council President \_\_\_\_\_

Chief of Police \_\_\_\_\_