

PUBLIC EVENT REQUEST FORM

Application Date:						
Organization:						
Type of Organization:	Profit _]	Not-for-Pro	ofit [
Contact Name:						
Address:						
Phone Number:						
Date of Event:						
Type of Event:						
Location of Event:						
Start and End Times:			to: _			
Will you be providing the foll	owing:					
Alcoholic Beverage Sales If Yes, type of beverages:	Yes			No		
• • • • • •	-	-	• •	•	Class F License - \$25.0 City prior to event date	
Entertainment If Yes, type of entertainment	Yes			No		
If Yes, complete attached:	Entertain	nent Pe	rmit application	ı - \$5.0	0 Fee	
Food Sales	Yes			No		
Raffle If Yes, complete attached:	Yes Raffle Per	mit app	olication - \$5.00	No Fee		
(A Certificate of Liability In	nsurance v	vill be r	required prior t	to the	event)	
Mayor				Chief	of Police	
Date Approved: Denie	d:		Approved:		Date Denied:	