APPLICATION FOR SPECIAL EVENT PERMIT Fill in all information completely

Location:			(Map must be attached)
ORGANIZATION	APPL	ICANT	
NAME	NAME		
ADDRESS	ADDRES	s	
CITY, STATE ZIP	CITY, ST	ATE	ZIP
PHONE NUMBER	PHON	NE NUMBER	
EMERGENCY CONTACT	EMEI NUM	RGENCY PHONE BER	
Date(s) of Proposed Event		pated Number of ipants	
Hours of Operation:			
Type of Proposed Event''''ECORPI "			
SOCIAL''''' SPECIAL PROM GATHERING APPEARANCE ACTIV	MOTIONAL FOOTRAG	CE BLOCK PARTY	BICYCLE RACE QVJ GT
Description of EVENT and outline of security, traffic, crowd control, sanitation measures, etc.(attach separate sheet if needed): Attached to this application:			
			MAP
			SCHEDULE OF EVENTS
			OTHER
Applicant's Signature		Date	
I understand that	ents contained herein are true this permit will be issued or at additional information or p BELOW THIS LINE – DI	nly for that EVENT list permits may be require	ted. d.
Permit Number:		DOUTING.	
Permit Number: Permit Fee:	\$100.00	_ ROUTING: Board of Su	pervisors
Liability Insurance:	YES NO N/A	Fire Marshal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Expiration date of liability insurance		Director of Publ	ic Works
-		Township Engin	
		Township Munio Township Mana	
NOTES:			
APPROVED BY:		DATE:	