

Community Event Application



Event Name _____

Event Dates & Times _____

Location of Event _____

Description of Event

Will special accommodations, such as moving in of tables, a temporary stage, or other items, need to be made for the event? Yes No

If yes, what are those requirements, who will attend to those issues, and when do they have to be done?

Name of the organization responsible for the event? _____

Is this a fundraiser event? If yes, please specify what organization this supports. Please provide organizations Non Profit designation and Tax ID _____

What activities are involved in this Event? _____

Does Alcohol plan to be Served? (Y/N) _____. If Yes, Must apply for temporary alcohol event license. Has the permit been applied for (Y/N) _____

Must apply for temporary alcohol event license

Organization's Name _____ Address _____

Organization's Type _____ Organization's Tax ID _____

(Organization must include copy of Organization Registration and Copy of Tax ID)

Primary Responsible Contact _____ Phone Number _____

Email Address _____

Secondary Contact Person _____ Phone Number _____

Email Address _____

The following permits and licenses are required

Insurance Certificate: Provide a certificate of insurance coverage included in the application

Business Registration: Provide a copy of business Registration

- Office Use Only -

Has a certificate of insurance coverage for this type of event included in the application?

YES NO

If the organization does not have insurance coverage, is there a joint organization that is providing insurance coverage for this event? _____

****Insurance is required, a copy of the necessary insurance must be provided to the City before the application will be considered for an event.***

Signature by Organization's primary contact for event _____

Date of Approval by Committee _____ City Council Approval Date _____

Approval by Mayor _____ Administrator Approval _____