Please Review attached ORDINANCE NO. If additional space is needed, you may de Note: Cleaning/Damage Deposit may be Permit Required 60 Days prior to propose	o so on additional sheets of pape required also at \$200.00/day (o	Special Event <sup>8666</sup> Permit Application Class 1 \$200.00 Class 2 \$100.00 r r a portion thereof)	
Date(s) of Event:			
Applicant(s):			
Address:	City/ST/Zip:		
Principle Contact and Phone#:			
Day/Hours during which Assembly is to occur:			
Event Location/Address:	Asser	nbly Type:	
List Activities:	I		
Site Capacity:	Anticipated Attend	lance:	
Maximum Permitted to Attend:			
Crowd Control Plans:			
Plans for Supplying Potable Water:			
Sanitary Waste/Plans for Providing Toilet/Lavatory Facilities and Disposing:			
Solid Waste/Plans for Holding, Collection and Disposing of:			
Medical Services/Plans to Provide Medical Facilities:			
Lighting & Power/Plans to Illuminate the Location of Assembly:			
Plans for Parking Vehicles / Access:			
Security Plans:			
Plans for Fire Protection:			
Plans for Sound Control:			
Number of Amplifiers/Location and Power:			
Plans for Food Concessions:			
Names of Concessionaires:			
Plans for Camping Facilities if any(not allowed on Town property):			
Structures – any Temporary or Permanent (Fences/Party Tents) provide sizes and SITE PLAN:			
Proof of Liability Insurance must be provided.			
By signing this application, I do swear and affirm the	at the statements contained he	rein are true and correct to the best of my knowledge.	
Signed:	Date:		

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Signed:\_\_\_\_\_

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