



Temporary Event Permit Application

Two week notice required prior to the event and
Include proposed event layout.

Date: _____

Organization Name: _____

Contact Name: _____

Phone: _____

Email Address: _____

Event information

Date of event: _____

Purpose: _____

Location of Event: _____

Activities associated with event:

Food trucks Cooking Fireworks Tents Alcohol

Other: _____

Will you need a Police Officer? Yes or No (if your event includes alcohol click yes)

Starting time: _____

Ending time: _____

Number of Participants: _____

Any traffic plans and/or security measures needed for event: _____

Approved By: **Fire Chief** _____ **Date:** _____

Police Chief _____ **Date:** _____

Planning Director _____ **Date:** _____

Mayor _____ **Date:** _____