

** Return application in person to City Hall, Mayor's Office, Second Floor or fax to (228) 466-5490**

Organization Name _____

Organization Mailing Address _____

Contact Person _____

Telephone Numbers: Daytime _____ Evening _____

Application Date _____ Event Date _____

Event Hours _____ Expected Attendance _____

Event Description _____

Event Location Desired

Splash Pad Al Smith Park Shoo Fly

VCJ Gym Depot Commagere Park

City Park MLK Park Garden Center

City Street(s) Name of Street(s) _____

What kind of alcohol, if any, will be served? Beer Wine Liquor

Will outdoor amplification be used or will there be music or other loud noises? Yes No

Are other special needs being requested? Barricades Trash Barrels Electricity Stage

Security required? Yes No

If Yes, security to be provided by: Applicant City

Other _____

I understand that additional information may be requested or special permits required based on the nature of the stated event activity. I also understand that my request may require action by the City Council. If so, I will be notified of the meeting time and place.

Signature of Applicant

Application received by: _____ Date: _____

Approved _____ Disapproved _____ Date _____

Notify Police Department Fire Department Beautification Public Works

Comments _____
