

EVENT APPLICATION

APPLICANT INFORMATION

Name:		
Business Name:		
Current address:		
City:	State:	ZIP Code:
Contact Number:	Secondary Number:	Email:

EVENT INFORMATION

Event Name:		
Event Description:		
Event Date:	Event Time:	
Set Up Date: (if different than event date)	Set Up Time:	Tear Down Time:
What will you be setting up? (tables, chairs, booths, tents)		
Will you be using a sound system? Yes No		
How many people do you expect? <100 100-300 301-500 500+		
Will you post signs prior to event? (sign permit applicable)		
Will you be advertising in media?		

Applicant signature

Date