Event Permit Attendance Under 500

JUL 10 READ

Name of Event 5 YEAR ANNIVERSARY
Organizer
Name of individual responsible or event and organization of applicable
Day phone/cell phone/home phone 5/5-576-2811
Address 723 S. 315+
Email_ lown. dor 196469 at yahao.com
Location of Event
Where will event take place Rides Bar & Gri. Address 723 So 315+
Date of event A-9. 27 Time 5-11 pm
Details of Event
Will beer/alcohol be available at this event (please check) ☐Yes ☐No
Will concessions be sold at this event (please check)
Will music be provided (please check) ☐Yes ☐No
Number of people at your event 100 +0 150
Reason for Event (Check one and complete description)
□Block Party □Church □Private ➡Public □School ☑Other
Briefly describe your event I want to have live music
on Patio for 5 year anniversory.
Two person band would play 6:30 pm- 9:30 p
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I agree that the information provided is accurate and that the undersigned has agreed to all related fees and regulations as it pertains to this permit request. Date 7-9-14
A certificate of insurance naming the city hold-harmless must accompany this event permit before processing.