

# Public Gathering Permit Application

## Event Information

Event Name

Description / Purpose of Gathering

Event Date

Event Time

e.g. 2:00 PM - 5:00 PM

Location / Address

Expected Number of Attendees

Is the event ticketed or open to public?

Select

## Applicant Information

Applicant Name / Organization

Contact Person

Phone Number

Email Address

Mailing Address

## Additional Details

Will your event require any of the following? (Check all that apply)

Road Closure

Security

Food Vendors

Amplified Sound

Other Requirements (please specify)

## Emergency Contact

Contact Name

Contact Phone

Additional Notes

Applicant Signature

Date