

CITY OF PHILIP

SPECIAL EVENT APPLICATION

Date of application:	Contact phone #:	Applicant's name:
Organization:		
Event name:		Date(s) of event:
Purpose of event:		
Location of event:		
Map attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate routes available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact email address:
Event start time:	Event end time:	Total number of participants:
Set up date:	Set up time:	Dismantle date & time:
Street closures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which streets?	

Complete below section if there will be any alcohol consumed, sold or served

Name of security company:
General liability insurance attached. <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, applicant agrees to hold the City harmless from any loss during the event.

Applicants signature: _____ Date: _____

OFFICE USE ONLY:
Council approval date: _____ Mayor's Signature: _____