

City of Laingsburg

Park & Amphitheater

Event Permit

APPLICATION

City of Laingsburg
Park & Amphitheater
EVENT PERMIT APPLICATION

For your application to be considered, BOTH sides of this form must be completed

EVENT NAME:

DATE(s) *(Include Day of week and date)*

(If multiple dates, list all dates on separate page)

EVENT DESCRIPTION Provide a clear, detailed description. Insufficient information may delay the application process.

Event Set Up Time _____ am/pm Event Start Time _____ am/pm

Event Clean Up time: _____ am/pm Event End Time _____ am/pm

No. of participants expected:

NAME OF SPONSORING ORGANIZATION:

Contact Name:

Phone Number:

Address:

Email:

Onsite Coordinator:

Name:

Address

Phone:

Email:

Fax:

Are you planning to take a voluntary collection from the audience? YES _____ NO _____ If YES, what will the proceeds be used for?

If you will need any of the following, please describe in detail and discuss with staff:

Additional Trash containers/bags

Access to the secured storage closet

Additional Police Coverage

Street Closing

Portable Restrooms

Do you intend to sell food? Yes _____ No _____ If yes please describe and include your Health Department Certificate

Will there be Food Trucks at your event? Yes _____ No _____ if yes please describe:

As an authorized official of the organization making this application, I CERTIFY that we have read and understand The City of Laingsburg Event Policy and will abide by all of Parks Department Rules and Regulations and those set forth in this policy.

Event Director/Sponsoring Organization Signature: _____

Title: _____ Date: _____

CITY OF LAINGSBURG USE ONLY

	Date rec'd	Approval Date:	If denied: (date)
Certificate of Insurance		Restrictions:	Reason for denial:
Certified copy of Resolution			
Meeting Minutes			
Non-profit Status Verification			
Other requirements			