

CITY OF EASTLAKE  
35150 LAKESHORE BLVD., EASTLAKE, OHIO 44095  
BUILDING DEPARTMENT  
Ph. No. 440-951-2200 Ext. 1004  
Email: [buildingdept@eastlakeohio.com](mailto:buildingdept@eastlakeohio.com)  
FAX: 440-975-4280

**SPECIAL EVENT PERMIT**

<b>OFFICE USE ONLY:</b>	
DATE: _____	APPROVED: YES _____ NO _____
DIRECTOR OF PUBLIC SAFETY/MAYOR: _____	

**APPLICANT/RESPONSIBLE PARTY INFORMATION:**

DATE: \_\_\_\_\_

Applicant: \_\_\_\_\_

PRINT

Responsible Party: \_\_\_\_\_

PRINT

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**EVENT INFORMATION:**

Purpose of Permit: \_\_\_\_\_

Location: \_\_\_\_\_

City Property: \_\_\_\_\_ Private Property: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Time of Day: \_\_\_\_\_ to \_\_\_\_\_

Set-Up Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Breakdown Required: Yes \_\_\_\_\_ No \_\_\_\_\_

(Over)

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Event Information: (cont'd)

Requesting Traffic Control: Yes \_\_\_\_\_ No \_\_\_\_\_ Approximate No. Vehicles: \_\_\_\_\_

Approximate No. Attendees: \_\_\_\_\_ Average Age: \_\_\_\_\_

Types of Beverages Served: **Alcoholic:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Non-Alcoholic:** Yes \_\_\_\_\_ No \_\_\_\_\_

Fee or Bond Posted: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Amount: \$ \_\_\_\_\_

**Note:** Person(s) responsible must leave premises in a clean and orderly manner, and shall make sure that any and all debris has been removed and placed in proper containers.

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The undersigned will hereby accept full responsibility for maintenance, any damage or claims, any nuisance or any violations of the City of Eastlake, Ohio Ordinances or laws of the State of Ohio. It is understood that the City of Eastlake is not liable and, at any time upon official notice, this permit shall be withdrawn and use for specified permit was issued shall be immediately discontinued.

Person Responsible: \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

Approved for Special Event: \_\_\_\_\_  
Director of Public Safety/Mayor

Date: \_\_\_\_\_