

SPECIAL EVENT PERMIT

OFFICE USE ONLY:

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 _____

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.

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 It is understood that the City of Eastlake is not liable and, at any time upon official notice, this permit shall be withdrawn and use for specified permit was issued shall be immediately discontinued.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: _____